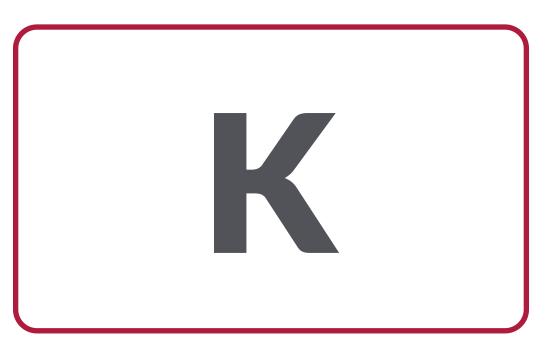


Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

DISCLAIMER: The information in this document is provided as a public service by the MSDE Office of Child Care. Although the information contained herein is believed to be accurate and reliable, it is presented without guarantees and does not constitute an endorsement, either expressed or implied, of any child care provider or program. The Office of Child Care disclaims liability for any errors in, or omissions from monitoring record information.

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 03/03/2022 Follow-up Inspection Date: 03/04/2022	Time	e In: 3:30 PM e In: 11:00 AM	Time Out: 4:56 PM Time Out: 11:10 AM	to:	w up	NOT PASS Result: PASSED if returned alproviders@marvland.gov by //04/2022.
Informal Care			1	1	-	
Type of Care (check one):	ative Info	ormal Provider C	are ⊠Relative Inf	ormal Dro	م دادان	0.00
Provider Information			El (clauve IIII	offiai Pio	vider	Care
First Name: Deana Provider ID #:	Last	Name: Kalla				391059
Care Location Inspected				Email:		
Street Address: City Address Verified? Yes.		County	y State	Zij	p Coc	de
Name of Children in Care (add pages if nee	eded)	Scholarship	Date of Birth	Age	1	Present (Y/N)
Al Control of the Con			(07/16/2015)	6yr/N		
)	1	
					1	
					1	
					1	
					1	
Safety of the Home	-					

Discours Dis			
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or of Y - Yes, N - No, I	corrective actions needed. Additional O - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	N/A	Relative Informal Provider	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	Home was clean	
Is free of insect or rodent infestation	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y	A lot of natural window lighting and inside light	
 Has hot and cold running water 	Υ	Tested the shower	
Has a working inside toilet	Υ	Toilet was flushed	
 Has utilities for cooking, lighting, and heating 	Y		
Has a working and safe heating system	Y	Tested the thermostat	
Has a working refrigerator and stove	Υ	Refrigerator/freezer clean and stove functioning properly	
Has a working telephone	Y	Working cellphone	
Has operational smoke detector(s)	Y	Tested by provider	
Has first aid kit/supplies	Y		
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	Outlets covered/occupied in communal areas	
larmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y		
Medications of any kind	Y	Stored in high cabinet in the bathroom	
Matches, lighters and flammable products	Y	Does not own	

Alcoholic beverages	Y	Does not own
Guns	Υ	Does not own
Cleaning agents	Υ	Stored on high level shelf in hallway closet
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	Absolutely yes.
Diapering procedures are followed.	N/A	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	Both bathroom and kitchen soap stations full stocked
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	The state of the s
A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> repartment of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

	⊠Non-perishable food	⊠ Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠ Diapers (N/A)	
⊠Thermometer	⊠Change of clothes	
⊠Medications	⊠ Blanket(s)	Jugo
Items in the Disaster Supply Kit are clear	n, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is availab	le and easily accessible in the event of an emerge	ency (Y/N)? Yes, stored in front closet by the exit.
Emergency Documents		
⊠Informal Provider Emergency Provider Emergency Provided Authorization for emergency medium	reparedness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disa	aster Supply Kit and the Emergency Documents	s regularly:
First Name	Last Name	
Describe to the first terms of t		
	y-to-Go Pack will be transported to an evacuat	ion location:
Item Specification (if-needed): 1 Flashlight		
One pk of AA batteries		
2 Bottled Waters		
3 Cans of Food		
1 Carrying travel to-go bag		
1 First Aid Kit		
1 Thermometer		
Diapers (N/A)		
1 Blanket		
1 Sweatsuit Outfit		
1 Scissor, 1 Duct Tape & 8 Trash Bags		
1 Coloring Book		
Shelter-in Place: Grab the child and the the parent via cellphone – Call/Text/Email	to-go bag and proceed to go to the shelter (ba il and inform her of the emergency.	sement room) (1 window one door), will contact
Evacuation Loc. (Primary): Get the child ensure his seat belt is buckled properly. I and one door). Remain there until the em	d and the to-go bag and then contact the parer The provider has a spare key to the parents' ho nergency is over.	nt and transport him via car and provider will ome and will go into her basement area (1 window
Evacuation Loc. (Alternate): The provide to the fire station, upon arrival will contact Will stay until the em	t the parent via call or text. Will be directed by	nake sure they are secure in the vehicle, will drive to go within
Item to be Reviewed on: 03/04/2022 - 0		
Provider must show all (5pages) Provider must state the Evacuation	of the EPP document (must include missing on Loc. (Secondary) plan of action.	g Evacuation Loc. (Secondary) section)
Signatures & Date		
Acknowledgement: By signing below the p been discussed. The parties also acknowl pop-up visit which will be conducted virtual	ledge that, if approved, the home in which care	en reviewed, and any corrections if needed have is provided is subject to random, unannounced

PROVIDER

INSPECTOR

Printed Name: Deana Kallo	Printed Name:	
Signature	Signature:	
Date: 3 7 2022 Phone:	Date:03/04/2022	Phone: 1-877-227-0125

☑Virtual Inspection☐In-personInspection

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 10/30/2024	Time In: 1:30pm	Time Out: 2:30pr	m Result: Passed			
Informal Care						
Type of Care (check one):	Non-relative Informal Provider	Care ⊠Relative	Informal Provider Care			
Provider Information	only to mension the sorting of .					
First Name: Aelita	Last Name: Kaspare	Last Name: Kasparova		Provider ID: 559949		
Provider ID #:	A STATE OF STATE OF					
Care Location Inspected	of distant actuator			H CONTRACTOR CONTRACTOR		
<u>Street Address:</u> <u>Address Verifiea?</u> . Tes	<u>City</u> :	County:	State:	Zip Code:		
Name of Children in Care (add pag	es if needed) Scholarship	Date of Birth	Age / Pre	sent (Y/N)		
		7/7/2014	10yrs/ N			

Safety of the Home		
Directions: Review and determine compliance with each standard Additional pages may be used for comments.		D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
 Has a working and safe heating system 	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
 Has operational smoke detector(s) 	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	9)
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	-20
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Folder or binder for EPP documents **⊠Flashlight** ⊠Bottled water **⊠** Batteries Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Consider special toys or games ⊠Portable First Aid Kit **⊠**Diapers **⊠**Thermometer Packing Tape & Sealing Plastic/ Trash ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

Emergency Ready-to-Go Pack is available and e	easily accessible in the	event of an emergency (Y/	N)? Y
Location of Emergency Ready to go Pack: Pr	ovider's closet		
Item Specification (if needed):			·
To be observed for compliance on:			
•			
•			
Emergency Documents			
⊠Informal Provider Emergency Prepared		leted form)	
⊠ Authorization for emergency medical ca	are		
Planning and Maintenance			
Person responsible for updating the Disaster Su	1		dy:
First Name Aelita	Last Name Kaspard	ova	
Description of how the Emergency Ready-to-Go	Pack will be transpor	ted to an evacuation local	tion:
Shelter In Place Procedures:			
The Provider will gather the ready to go bag and The provider will contact parent before, during a	the children, take the and after sheltering.	em to sheltering	#1 of doors, #0 of window(s)).
Evacuation Procedures:			
The Provider will gather the children and the rea will travel to the evacuation location of window(s)). The provider will contact parent	gaining a	ccess by	The provider #1 of doors, #0
The Provider will gather the children and the rea will travel to the evacuation location of window(s)). The provider will contact parent	gaining ag	cess by	The provider (#1 of doors, #0
CARE HOURS: - Monday-Friday 8am-9:20am & 3:15pr	m-6pm		
Signatures & Date			
Acknowledgement: By signing below the parties ach been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	, if approved, the home	dards have been reviewed, e in which care is provided i	and any corrections if needed have s subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: AELITA KASPAR	OVA	Printed Name:	
Signature:		Signature:	
Date: 10/3//2024 Phone:		Date: 10/30/2024	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

INFORMAL CARE
INSPECTION CHECKLIST

Return to: cos.informalproviders@maryland.gov

Inspection Date: 10/1/2024	Time	e In: 3:30pm	Time Out: 4:5	5pm F	Result Pa	assed
Informal Care				-		
Type of Care (check one): Non-	relative Inf	ormal Provider C	are ⊠Relati	ive Informa	l Provide	r Care
Provider Information						
First Name: Wubayhu	Last	Name: Kassa		P	rovider II	0: 560542
Provider ID #:	Last	Name. Nassa		E	mail:	L. Comeil com
Care Location Inspected						
Street Address: Address Verified?: Yes	City:		County:		State	Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
(11/15/2022	22mor	nths/ Y	
Safety of the Home			-			
Directions: Review and determine	compliance	with each standa	ard. Note any com	ments or co	orrective	actions needed.
Additional pages may be used for	comments.		Y - Yes, N - NO,	D-Disco	13344,	- CANCELLE .
lealth and Safety Training:			Standard Met Y/N	Correc	ents/Not tive Acti	on /Timeframe if needed
Basic Health and Safety Training	Complete	d?	Y			
lome is free of health and safety haza	rds:		Standard Met Y/N	Correc	ents/Not tive Acti	on /Timeframe if needed
Is in good repair			Y			
Is free of insect or rodent infestation		Y				
Is well-lit and well-ventilated			Y			
Has hot and cold running water		Y				
Has a working inside toilet			Y			
Has utilities for cooking, lighting a	and heating		Y			
Has a working and safe heating s	system		Y			
Has a working refrigerator and strength	ove		Υ			
Has a working telephone			Y			
Has operational smoke detector(s)	5)		Y			
Has first aid kit/supplies			Y			
Has protective coverings on any e accessible to children	electrical ou	tlet that is	Y			
armful items are stored appropriately a hildren:	and away f	rom	Standard Met Y/N	Commen	Comment of the Party of the Par	/Timeframe if needed
Sharp or pointed items			Y			
Medications of any kind			Y			
Matches, lighters and flammable p	roducts		Y			
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents			Y			
Poisonous substances			Y			
ENERAL CLEANLINESS STANDARDS			Standard Met Y/N	Comment		/Timeframe if needed
areas of the home are kept clean, includi	ng diaperin	g area.		20110011	- Avion	, initiality it ileeded

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in eare is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	Bottled water	□ Folder or binder for EPP documents □ Folder or binder for EPP
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	XI Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Tras Bags
Medications-N/A	⊠Blanket(s)	

Emergency Ready-to-Go Pack is available and	easily accessible in the event of an emergency (Y/N)? Y
Location of Emergency Ready to go Pack: In Item Specification (if needed): To be observed for compliance on :	
Emergency Documents	
⊠Informal Provider Emergency Prepared Authorization for emergency medical ca	
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name Wubayhu	Last Name Kassa
The Provider will gather the ready to go bag and window(s)). The provider will contact parent be Evacuation Procedures: The Provider will gather the children and the read the provider will travel to the evacuation (#2 of doors, #1 of window(s)). The provider will gather the children and the read the Provider will gather the children and the read the provider will gather the children and the read the provider will travel to the evacuation.	dy to go bag, they will be traveling by child will be secured in a location to contact parent before, during and after sheltering by to go bag, they will be traveling by child will be secured in a
Signatures & Date	
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-pe	nowledge that all standards have been reviewed, and any corrections if needed have if approved, the home in which care is provided is subject to random, unannounced rson.
PROVIDER	INSPECTOR

Signatures & Date		and the same of th
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	standards have been reviewe home in which care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: wubayhu kassa	Printed Name:	
Signatur	Signature:	•
Date: 10 11 24 Phone:	Date: 10/1/2024	Phone: 1-877-227-0125

⊠Virtual Inspection ☐In-person Inspection

Maryland State Department of Education/Office of Child Care **Child Care Scholarship Program**

INFORMAL CARE **INSPECTION CHECKLIST** Return to: ccs.informalproviders@maryland.gov

Inspection Date: 5/22/2024	Time In:	: 1:30pm	Time O	ut: 2:15pm	n Res	sult: Pas	ssed
Informal Care							
Type of Care (check one): ☐ Non-relati	ive Inform	nal Provider Ca	are 🗵	Relative l	Informal F	Provider	Care
Provider Information							
First Name: Lydia	Last Nar	me: Keirle			Pro	vider ID	: 503973
Provider ID #:					Em	ail:	
Care Location Inspected					<u> </u>		
Street Address: Cit Address Verified?: Yes	У:	<u>C</u>	ounty:			State:	Zip Code:
Name of Children in Care (add pages if need	led)	Scholarship	Date o	of Birth	Age	/	Present (Y/N)
			3	2/3/2014	10 /Y		
			2/7/	2016	8 /Y		
			4/18	/2020	4 /Y		
0-5-4					1		
Safety of the Home							
Directions: Review and determine com Additional pages may be used for com							actions needed. /a – Not Applicable
Health and Safety Training:				ard Met '/N		ents/Not	es on /Timeframe if needed
Basic Health and Safety Training Co	mpleted?	1		Υ			
Home is free of health and safety hazards:				ard Met '/N		ents/Not	es on /Timeframe if needed
Is in good repair				Υ			
Is free of insect or rodent infestation				Υ			
 Is well-lit and well-ventilated 				Υ			
 Has hot and cold running water 				Υ			
 Has a working inside toilet 				Υ			
Has utilities for cooking, lighting and			,	Υ			
 Has a working and safe heating syst 	iem		,	Υ			
Has a working refrigerator and stove	<u>; </u>		,	Υ			
Has a working telephone				Y			
Has operational smoke detector(s)				Υ			
Has first aid kit/supplies				Υ			
Has protective coverings on any elec- accessible to children	ctrical outl	let that is		Υ			
Harmful items are stored appropriately and children:	d away fro	om		ard Met /N	Commer Correctiv		s n /Timeframe if needed
Sharp or pointed items			`	Y			
 Medications of any kind 			`	Y			
 Matches, lighters and flammable pro 	ducts		`	Y			
 Alcoholic beverages 			`	ſ			
• Guns			`	ſ	Locked in	n safe an	d out of reach of children
Cleaning agents			`	ſ			
 Poisonous substances 			`	ſ			
GENERAL CLEANLINESS STANDARDS			Standa Y	ard Met /N	Commer		s n /Timeframe if needed

All areas of the home are kept clean, including diaper	ring area.	Y		
Trash, garbage and wet and soiled diapers are disposanitary manner.	sed of in a	Y		
Child is changed immediately when s/he has a soiled diaper, clothing or bedding.	l or wet	Y		
Diapering procedures are followed.		Y		
Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease.	er after:	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS	Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
A child is not subject to any form of abuse, includ Physical injury Any sexual abuse Mental injury	ling:	Y		
A child in care is not subjected to any form of negincluding:	to a child circumstances e is harmed or of mental	Y		
A child in care is not subjected to mistreatment, in Any deliberate act that hurts a child physical emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful in child's mouth Requiring a child to stand on one foot as pu Tying child to a cot or other equipment	lly or tems in a	Y		
The provider immediately reports any suspected of neglect or mistreatment by calling 911 and your learn Department of Social Services Child Protective Services	ocal	Y		
Emergency Ready-to-Go Pack				
The Emergency Ready-to-Go Pack must be availated (including needed medications) and Emergency D		cessible in the event	of an emerge	ency. This contains a Disaster Supply Kit
Disaster Supply Kit				
Directions: Review and determine that each item contains enough supplies for each child in care. A				
⊠Flashlight	⊠Bottled water			⊠Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable	e food		⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers			⊠Consider special toys or games
⊠Thermometer	⊠Change of clot	thes		 ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
☐Medications N/A	⊠Blanket(s)			

Items in the Disaster Supply Kit are clean, organiz	rad, and treates (Y/H)7 Yes	
Emergency Ready to Go Pack is available and ex		(11)7 Yao
Location of Emercency Ready to us Pack; Ker Item Specification (if needed); Canned tune, veggles and snacks Deck of cards, tubix cube and Woody Add To be observed for compilance on 1		
Emergency Decuments		
⊠Informal Provider Emergency Preparedo ©Authorization for emergency medical ca		
Planning and Maintenance		
Person responsible for updating the Disaster Bu First Name Lydia	oply Kit and the Emergency Documents regul Last Name Keirle	nrty:
Evacuation Procedures: The Provider will gather the children with the assetting to the parent before relocating to the fider(s) 0 wind securing the children. The Provider will gather the children with the assetting the Children. The Provider will gather the children with the assetting that the Provider will secure the children parent before relocating to the location where she will shelter in location and after the emergency is over. The Procedure the children in location and after the emergency is over.	er children sesisting with the youngest child. I door(a) D window(s)). The provider will conduct during the emergency and after the children helping the youngest content seat for the pidest and a carry tow(s)). The Provider will contact the parent of a bouster seat for the pidest and a carry tow(s). The Provider will contact the parent of the bouster seat for the pidest and a carry to bouster seat for the pidest and a carry to bouster seat for the pidest and a carry to bouster seat for the pidest and a carry tow (s). The provider will call it safe, it is closured to the pidest and a carry tow (s).	the will grab the ERTG bag and will shelter set a head count once the children are in on are secured in gest child and carry the emergency bag to east for the youngest and contact the o the this location where she will shelter in upon arriving to the new location and gest child and carry the emergency bag to east for the youngest and contact the not she will knock to gain entry to the this act the perent upon arriving to the new
Signatures & Date		and any controlled a dependent house
Acknowledgement. By signing below the parties act been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	, if approved, the home in which care is provide:	d le subject lo rendom, unannounced
PROVIDER		INSPECTOR
Printed Name: Lydia Keinle	Printed Name:	
Signature:	Bignature:	1 1 1 1 1 1 1 1 1 1 1 1
Date: 5/20/24 Phone:	Date: 6/22/2024	Phone: 1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
4/1/2025/ 3:30pm/67
APPLICANT ID:
N/A
PROVIDER ID:
503973
APPLICATION DATE:
02/21/2025
COUNTY:
Carroll

INSPECTION TYPE					
V	Initial Application				
	Renewal Application				
	Complaint Investigation				
	Monitoring				
	Other				

Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds				
3 year olds				
4 year olds	1	1		
5's (pre-school)		•		
5-12 (school age)	2	2		
13-19 year olds				
TOTAL	3	3		
Overnight				

FATALITY: N/A	SERIOUS INJURY:	COMPLAINT #:				
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver License	EXP. DATE: 07/25/2030			
CARE LOCATION: Child's Home Informal Child Care Provider's Home						
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care						
INFORMAL PROVIDER NAME: Lydia Keirle						
PERSON(S) INTERVIEWED: Lydia Keir	1e					

ICCP Form IR108c

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3.Enter finding notes as appropriate.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 1 – Safety of Home

С	1.	Health & Safety Training (Basic 3 hrs. & the Annual Update)	С	k)	Has first aid kit/supplies
	2.	Home is free of health and safety hazards	С	I)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		armful items are stored appropriately and away from nildren
С		b) Is free of insect or rodent infestation	С	a)	Sharp or pointed items
С		c) Is well-lit and well-ventilated	С	b)	Medications of any kind should be stored
С		d) Has hot and cold running water	С	c)	Matches lighters and flammable products
С		e) Has a working inside toilet	С	d)	Alcoholic beverages
С		f) Has utilities for cooking, lighting and heating	С	e)'	Weapons and firearms
С		g) Has a working and safe heating system	С	f)	Cannabis edibles, smoking and vaping paraphernalia and by products
С		h) Has a working refrigerator and stove	С	g)	Cleaning agents
С		i) Has a working telephone	С	h)	Poisonous substances
С		j) Has operational smoke and carbon-monoxide detector(s)	С	i)	Interior environmental hazards

Page 2 ICCP Form IR108c

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3.Enter finding notes as appropriate.

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Part 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st Area and Furnishings
	5.	Trash garbage and wet or soiled diapers are disposed	С	a)	SIDS prevention review
	J.	of in a sanitary manner. Children are changed immediately when they have a	С	b)	Infant/toddler rest furnishings
С	6.	soiled or wet diaper, clothing or bedding. Diapering procedures are followed.	С	c)	Crib safety
С	7.	Handwashing procedures are followed.	С	d)	Individual rest place
	8.			e)	The provider shall provide furnishings for each child approved for care in the home.
С		a) Toileting	С	7	ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С	_	eii) At least 12 months old and younger than 5 years
С		c) Food preparation and eating		_	old, a bed, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

ICCP Form IR108c

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

10.A child is not subjected to any form of abuse 12.A child in care is not subjected to mistreatment С Child abuse/neglect: Physical injury C a) Spanking, Biting, Hitting, Shaking b) Child abuse/neglect: Sexual abuse b) Physical discipline or any other means of discipline Child abuse/neglect: Mental injury Not attending to a child's physical needs 11.A child in care is not subjected to any form of neglect С d) Shouting, Cursing, Shaming, Ridiculing Child supervision С e)Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a Child mental harm neglect child's mouth Requiring a child to stand on one foot as punishment Recognition and reporting of child abuse and neglect С C g) C h) Tying child to a cot or other equipment 13.Immediate child abuse reporting

ICCP Form IR108c

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3.Enter finding notes as appropriate.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 4 – Vehicular Traffic and Transportation Safety					
C 14.Vehicle safety awareness	C 15.Individual child vehicle safety C 16.Child seat safety compliance				

Part 5 – Outdoor Activity Area

С	17.Safe outdoor play area	2	0.Pod	ol Safety
С	18.Enclosed safe play area	С	a)	4 ft. fence that surrounds the pool Self-closing
С	19.Traffic and congested areas assessment	С	b)	and self-latching mechanism on the entry/exit way
		С	c)	Secured Lock
		C	d)	Sensor or alarm on the access door

ICCP Form IR108c Page 5

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3.Enter finding notes as appropriate.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

ach child
Pack will

Page 6

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

consistent with standards for parental consent

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3.Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

	Part 7 – Health & Safety Review						
С	24.Shelter in Place	С	31.Health & Safety Review: Premises safety, hazard protection				
С	25.Lockdown (partial & full)	С	32.Emergency response planning				
2	6.Home is free of health and safety hazards	С	33.Food allergy emergency preparedness				
С	a) Primary Evacuation Location	С	34.Hazardous materials management				
С	b) Alternate Evacuation Location	С	35.Prevention and control of infectious diseases (including immunization)				
С	27.Infant sleep safety	С	36.Pediatric first-aid and CPR				
D	28.Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	С	37.Appropriate precautions in transporting children				
С	29.Recognition and reporting of child abuse and neglect	С	38.Substance-free child care environment				
С	30.Health & Safety Review: Administration of medication.						

ICCP Form IR108c Page 7

India Koirle	4/1/25	Sign and upload form to PROVIDER PORTAL	Liliana Martinez	04/01/2025
Signature of Informal Child Care Provider	Date		Signature of Agency Representative	 Date

Time Out: 04/01/2025 16:37

Date Time

Date	Start Time	End Time	Duration	Follow-Up
04/01/2025	15:30	16:37	67	

Total Duration: 67

Minutes

SUMMARY OF CORRECTION

	SUMMA	ART OF CORRECTION		
PROVIDER ID: 503973	APPLICANT ID:	ZIP CODE: 21157	COUNTY:	
INFORMAL PROV		CARE LOCATION:		nformal Child Care Provider's Home
person(s) inte Lydia Keirle				
visit type: Initial Inspe	ction	INSPECTION TIME/DATE 4/1/2025/3:30pm		
	nmary of Correction has been submitted to the Child has either observed the following corrections or rev	riewed the submitted summary of corre	ction(s) and has made a dete	
STANDARD NUMBER	STANDARD TEXT	SUMMAR	RY OF CORRECTION	DATE OF CORRECTION
	All standards were met			

	All standards were met						
Liliana Martinez		04/25		mplete	Includes overflo	ow page	
Signature o	f Agency Representative	Date	C0	mplete		IC	CCP Form SOC1080

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 3/12/2025	Time	In. 3:30pm	Time Out: 4:01PN	f Result Passed
Informal Care				
Type of Care (check one): Provider Information	☐ Non-relative Info	ormal Provider C	are X Relative	informal Provider Care
First Name. Melissa Provider ID #. Care Location Inspected	Last	Name, Kendali		Provider ID. 571775 Email.
Street Address Address Verified?, Yes	Cdy.	County.	State	Zo Code.
Name of Children in Care (20	dd pages if needed)	Scholarship	Date of Birth 9/25/2024	Age / Present (Y/N) 4 months/ N

Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed? Home is free of health and safety hazards:	Y Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
 Is free of insect or rodent infestation 	Y	
 Is well-lit and well-ventilated 	Y	
 Has hot and cold running water 	Y	
Has a working inside toilet	Υ	
 Has utilities for cooking, lighting and heating 	Y	
 Has a working and safe heating system 	Y	
 Has a working refrigerator and stove 	Y	
 Has a working telephone 	Y	
 Has operational smoke detector(s) 	Y	
 Has first aid kit/supplies 	Υ	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Sharp or pointed items 	Y	40
Medications of any kind	Y	
 Matches, lighters and flammable products 	Υ	
 Alcoholic beverages 	Υ	
Guns	Υ	
Cleaning agents	· Y	
 Poisonous substances 	Υ	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	

Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when sihe has a soiled or wet fiaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after. Toileting. Diapering. Before food preparation and eating. After playing outdoors, and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	T .
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that huns a child physically or emotionally, including. Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	
Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily as	cessible in the even	t of an emergency. This contains a Disaster Survely Kir
(including needed medications) and Emergency Documents. Disaster Supply Kit		/

The Emergency Ready-to-Go Pack (including needed medications) and	must be available and easily accessible in the event [Emergency Documents.	t of an emergency. This contains a Disaster Supply Kit
saster Supply Kit		
Directions: Review and determine tr contains enough supplies for each of	hat each item is adequately included in the Disaster shild in care. Also that the items are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit it, and usable. Comment and note below if needed.
⊠Flashlight	⊠ Bottled water	⊠ Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	☐ Backpack(s) or carrying case(s)
☑Portable First Aid Kit	© Deapers	Consider special toys or games
⊠Thermometer	R Change of dothes	
☑Medications N/A	EBlanket(s)	

Emergency Ready-to-Go Pack is avail	lable and easily accessible in the event of an emergency (Y/N)? Y
Location of Emergency Ready to go Item Specification (if needed): To be observed for compliance on	
Emergency Documents	
XInformal Provider Emergency XAuthorization for emergency (Planning and Maintenance	Preparedness Plan (this completed form) medical care
Person responsible for updating the D	isaster Supply Kit and the Emergency Documents regularly:
First Name Melissa	Last Name Kendall
Shelter In Place Procedures: The Provider will gather the ready to a will contact parent before, during and Evacuation Procedures: The Provider will gather the children a provider will travel to window(s)). The provider will contact the Provider will gather the children a provider will travel to	and the ready to go bag, they will be traveling gaining access to shelter in the parent before, during and after sheltering and the ready to go bag, they will be traveling and the ready to go bag, they will be traveling shelter in the parent before, during and after sheltering The

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, the pap up visit which will be conducted virtually or in-person.	all standards have been reviewe e home in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
PROVIDER	Market Land Land Land Land Land Land	INSPECTOR
Printed Name. Melissa Kendall	Printed Name.	
Signature	Signature:	
Date: 3/13/25 Phone	Date: 3/12/2025	Phone, 1-877-227-0125

□In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

Return to:

ccs.informalproviders@maryland.gov INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 6/15/20 7/11/20	pection Date: 6/15/2022 Time In: 3:30 pm 1:45 pm		Time Out: 4:33 2:00		ult: Failed Passed	
Informal Care						
Type of Care (check one	e): 🗵 Non-relative Inf	ormal Provider Ca	are Delativ	re Informal Pr	royidor Coro	
Provider Information		orman rovider de	ire Likelativ	e inioiniai Pi	ovider Care	
First Name: Martha	Last	Name: Kendrick		Drovi	idor ID: 492454	
Provider ID #	Last	Name. Kendrick	k Provider ID: 483451 Email:			
Care Location Inspects	ed			Ellia	11.	
Street Address: Address Verified?: Yes	City	County	Stat	te 2	Zip Code	
Name of Children in Ca	re (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y	(/N)
			05/05/2011	11 y/o	N	
			05/04/2012	10 y/o	Pot Acc	
			07/02/2013	8 y/o	Λ.	
			05/01/2015	7 y/o	N	
			11/04/2016	6 y/o	<i>Y</i>	
			02/16/2018	77 100	Λ.	
			02/10/2010	4 y/o	/1	
Health and Safety Train	ing: d Safety Training Complete	143	Standard Met Y/N	Comment	s/Notes e Action /Timeframe	e if needed
Home is free of health a		907	Y Standard Met	Comment		
Is in good repair	The state of the s		Y/N Y	Corrective	Action /Timeframe	e if needed
The state of the s	or rodent infestation		Y			
Is well-lit and we	STATE OF THE PARTY		Y			
Has hot and cold	The state of the s		Y	1		
Has a working in			Y			
	ooking, lighting and heating	g	Y			
	nd safe heating system		Y			
 Has a working re 	efrigerator and stove		Υ			
 Has a working te 	elephone		Υ			
 Has operational 	smoke detector(s)		Y	Battery add	ded to smoke detector	or
Has first aid kit/supplies			Υ	Bandages,	Gauze, Neosporin,	
Has protective coverings on any electrical outlet that is accessible to children		utlet that is	Y	6 outlets ar		
darmful items are stored children:	d appropriately and away	from	Standard Met Y/N	Comments/	Notes Action /Timeframe i	f needed
 Sharp or pointed 	items		Y			
 Medications of ar 	ny kind		Y			
 Matches, lighters 	and flammable products		Y			
 Alcoholic beverage 	ges		Y			

Y

• Guns	Y	The second secon
Cleaning agents	Y	All cleaning item in a locked basement
Poisonous substances GENERAL CLEANLINESS STANDARDS	Y Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	The state of the s
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠ Batteries

Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠ Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organi	zed, and usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an em-	ergency (Y/N)? Yes.
Location of Emergency Ready to go Pack: New Item Specification (if needed): Alcohol Pads, Bandages, gauze, gauze as packs of 4 Batteries 6 cans of Chicken Soup Red Folder with EPP and ECMA for each as Granola Bars Calamine Lotion 6 bottles of water Pull Ups x3 Bottoms, underwear and top for all child Coloring Books for each child Sealing Plastic, Large black Scissors at Missing Items and Health and Safety Standard Missing Battery in the Smoke Detector Missing Batteries for the Flash light Missing Non Perishable Foods (Canneeded)	tape, Neosporin, emergency burn of the child defined the child def	
Emergency Documents		
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Docume	ents regularly:
First Name	Last Name	nio regulariy.
Description of how the Emergency Ready-to-Go Shelter In Place Procedures:	Pack will be transported to an evacu	uation location:
10 - 17 - 12 - 13	emergency to go bag and shelter in ne is safe.	n the bathroom on the first floor (1 door 0 windows).
Evacuation Procedures: PRIMARY-		
The Provider will have all children line up at the fr where they will be secured in a booster seat for the n entry f window). Once safe and secured in the home the	he youngest child and all other child from the The Provider and child	The provider will lead the children to the vehicle ren in a seat belt. The provider will drive to the dren will shelter in the living room (1 door 1 large
ALTERNATE-		
e Provider will gain entry to the f	ne youngest child and all other child riends home from the Pr	the provider will lead the children to the vehicle ren in a seat belt. The provider will drive to a family rovider and children will shelter in the living room (2 that they are secure and accounted for. She will then

⊠Diapers

⊠Portable First Aid Kit

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	Il standards have been reviewe home in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Mow they Kender CK	Printed Name:	
	Signature:	
Date: 7/13/2000 Phone:	Date; 7/11/2022	Phone: 1-877-227-0125

☐ In-person Inspection

Safety of the Home

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program **INFORMAL CARE** INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 09/21/2023 Follow-up Inspection Date: 09/25/2023	Time In: 1:30PM Time In: 3:00PM	Time Out: 2:47Pl Time Out: 3:21Pl	
Informal Care			
Type of Care (check one):	ative Informal Provider C	are Relative	Informal Provider Care
Provider Information			
First Name: Diana	Last Name: Kennedy		Provider ID: <u>527460</u>
Provider ID #:	255, 115, 115, 115, 115	.,	Email:
Care Location Inspected			
Street Address: Address Verified? Yes.	City:	unty: Sta	Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(04/17/2012)	11yr. / N
		(04/21/2014)	9yr. / N

Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any deminents of C $Y = Y_{00}$, $N = N_{0}$,	D – Discussed, n/a – Not Applicable
Health and Safety Training:	Speciderd Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed the steam from hot water
Has a working inside toilet	Y	Flushed by provider and observed
the utilities for cooking lighting and heating	Y	
Has a working and safe heating system	Υ	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Υ	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	Υ	Tested by provider and observed
Use first aid kit/supplies	Y	First aid kit stored in providers bedroom bathroom
Has first and kindsupplies Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
children:	Y	Moved to high shelf in bathroom closet

Poisonous substances	Y	Stored in the garage, moved to high shelf of garage rack
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash thrown away via
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	⊠Bottled water	
⊠ Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	□ Consider special toys or games
× Portable 1 mess		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer		packing tape & sealing plastic/trash
		bags

Medications (N/A)	⊠Blanket(s)			
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y				
Emergency Ready-to-Go Pack is available and e Location of The Emergency Ready to go Pack Item Specification (if needed): 3 backpacks (carrying case), 2 flashlights 8 canned food, 2 outfits (top/bottom), 2 b bags, and 2 rolls of duct tape, and folder Items to be reviewed on 09/25/2023: Outlet coverings in all areas (kitchen, bed ERTG: Missing ECMA docs per child	asily accessible in the event of an emergency (Y/N)? Y Stored in hallway closet near exit 1 case of D batteries, 1 first aid kit, 1 thermometer, no specific meds, 5 bottled waters, ankets, folder w/ EPP and ECMA docs per child, 2 books, 1 pair of scissors, 3 trash			
Emergency Documents				
Planning and Maintenance				
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:			
First Name Diana	Last Name Kennedy(Provider)			
The provider will gather the children and grab the the sealing plastic and tape to seal the door if the with emergency updates. Evacuation Procedures Primary: The provider will account for the children The provider will ensure be to gain access The provider will text then follow-up with a call the parameters of the provider's vehicle and drive to arrival, the provider will call the door 3 windows). The provider will text then follow Care Hours:	Pack will be transported to an evacuation location: carried by the provider. BERTG and go into the basement storage room (1 door 0 windows) The provider will use a need arises. The provider will text then follow-up with a call the parent once secured and the provider will text then follow-up with a call the parent once secured and the provider and drive to extend the children are secured in their seat belts. Upon arrival, the provider will call the ovider and children would shelter in the rent once secured with emergency updates. Contains, the provider will account for the children, grab the ERTG and head to the the provider will ensure both children are secured in their seat belts. Upon the provider and children would shelter would shelter would shelter the parent once secured with emergency updates.			
S prictures & Date				
Acknowledgement: By signing below the parties a seen discussed. The parties also acknowledge the sop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.			
PROVIDER	INSPECTOR			
Printed Name: Diana Kenned	Printed Name:			
Signature:	Signature:			
Phone:	Date: 09/25/2023 Phone: 1-877-227-0125			

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 03/02/2023	Time	ln: 3:30PM	Time Out: 4:31F	PM Result: PASSED.		
Informal Care						
Type of Care (check one): ☐ Non-	relative Info	rmal Provider C	are ⊠Relative	e Informal Provider Care		
Provider Information						
First Name: Shanda	Last N	Last Name: Kennedy		Provider ID: <u>509074</u>		
Provider ID:				Email:		
Care Location Inspected						
Street Address: Address Verified: Yes.	City	County	State	Zip Code		
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)		
			(08/02/2020)	2/N		

		(08/02/2020)	2/N
Safety of the Ho	me		
	Review and determine compliance with each star iges may be used for comments.	ndard. Note any comm Y – Yes, N – No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
Is free of insect or rodent infestation		Y	No evidence of infestation
Is well-lit and well-ventilated		Y	All areas recessed lighting and ceiling fans
Has hot and cold running water		Y	Tested by provider and steam observed
Has a working inside toilet		Y	Tested by provider and observed
Has utilities for cooking, lighting and heating		Y	
Has a working and safe heating system		Y	Provider tested both settings of thermostat
 Has a worki 	ng refrigerator and stove	Y	
Has a working telephone		Y	Made call to provider's phone
Has operational smoke detector(s)		Y	Tested by provider and observed
Has first aid kit/supplies		Y	Home First Aid Kit on shelf in bathroom
 Has protective coverings on any electrical outlet that is accessible to children 		Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or po	inted items	Υ	Provider moved all knives to high level shelf in the kitchen
 Medications 	of any kind	Υ	High shelf in bathroom
Matches, lighters and flammable products		Υ	None inside, stored outside near grill
Alcoholic beverages		Υ	Stored on high level with the fridge
• Guns		Y	Provider unlocked the safe with code and then locked the gun safe back
 Cleaning ag 	ents	Υ	Stored on high level shelf in laundry room
 Poisonous s 	substances	Υ	Does not own
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.		Y	No diaper age children in care

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	No diaper age children in care
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. □ Flashlight □ Bottled water □ Folder or binder for EPP documents □ Batteries for Flashlight □ Non-perishable food □ Backpack(s) or carrying case(s)

⊠Consider special toys or games

⊠Diapers

⊠Portable First Aid Kit

⊠Thermometer	⊠Change of clothes	⊠Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags				
⊠Medications	⊠Blanket(s)					
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y						
 Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y Location of The Emergency Ready to go Pack: Emergency bag located in front room near exit door Item Specifications (if needed): 1 backpack, 1 flashlight light, 2 add. batteries, 1 blanket, 1 thermometer, 1 first aid kit, no specific medications required, 1 bottle of children ibuprofen, 2 bottled waters, 4 canned foods, 1 outfit (top/bottom), 1 small blanket, 1 toy and 1 small book, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic and folder of EPP/ECMA docs, no diaper age children Items to be reviewed on xx/xx/xxxx if needed: N/A 						
Emergency Documents						
⊠Informal Provider Emergency Preparedness Plan (this completed form) ⊠Authorization for emergency medical care						
Planning and Maintenance						
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:						
	Last Name Kennedy					
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried by the provider.						
Shelter-in-Place Procedures: Provider will grab the emergency bag and account for the child and go to the should arise the provider will seal the doorway with the sealing plastic and duct tape. She will call or text the parents and additional emergency contacts when they are safe in the sheltered location.						
Primary: The provider will gather the child and ready-to-go bag and head to the provider's vehicle, and secure the child in the car seat with restraints and then drive to the The provider is a member and will have immediate key access to the location. Upon entry into the building they will go inside any available meeting room (1-2 doors 0 windows) for shelter. The provider will call or text both parents once they are secured. If she were to have any cellular issues she can use the landline to contact the parents as well. Alternate: If they could not access the primary location, the provider along with the child and emergency bag will go to her vehicle and						
she would secure the child in the car seat restraints and drive to the use her keyless door code to enter the home. The provider and child will go into their master closet connected to the master bathroom which has (1 door and 0 windows). Once they are secured in the room the provider will call and/or text the parents to inform them and if needed will use the landline at the home to communicate with the parents.						
Signatures & Date						
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.						
PROVIDER		INSPECTOR				
Printed Name: Shanda Kennedy	Printed Name:					

Signature:

Date: 03/02/2023

Phone: 1-877-227-0125

Sign

Date: 3-2.23

Phone:

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 9/17/2024	Time In: 2:00 PM	Time Out: 2:47 PM	Result: Follow Up I	Needed
Inspection Date: 9/18/2024	Time In: 4:00 PM	Time Out: 4:10 PM	Result: Passed	
Informal Care				
Type of Care (check one):	on-relative Informal Provider C	Care ⊠Relative In	formal Provider Care	
Provider Information				
First Name: Shantelle	Last Name: Keohoka	ipu	Provider ID: 558894	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City	County	State: D	Zip Code:
Name of Children in Care (add pages	s if needed) Scholarship	Date of Birth	Age / Prese	ent (Y/N)
		4/9/2024	4 months/ Y	

		4/9/2024	4 months/ Y
Safe	ty of the Home		
	Directions: Review and determine compliance with each standarditional pages may be used for comments.	andard. Note any comm	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Basic Health and Safety Training Completed?	Y	
Home	is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Is in good repair	Y	
	Is free of insect or rodent infestation	Y	
•	Is well-lit and well-ventilated	Y	
•	Has hot and cold running water	Y	
	Has a working inside toilet	Y	
1.	Has utilities for cooking, lighting and heating	Y	
•	Has a working and safe heating system	Y	
	Has a working refrigerator and stove	Y	
	Has a working telephone	Y	
	Has operational smoke detector(s)	Υ	
	Has first aid kit/supplies	Y	
•	Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmf childre	ul items are stored appropriately and away from en:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Sharp or pointed items	Y	
•	Medications of any kind	Y	
	Matches, lighters and flammable products	Y	
•	Alcoholic beverages	Y	
•	Guns	Y	
•	Cleaning agents	Y	
•	Poisonous substances	Y	
SENER	RAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All area	es of the home are kept clean, including diapering area.	Y	

rash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Ÿ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting: • Diapering: • Before food preparation and eating: • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	¥	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. □ Folder or binder for EPP documents ⊠Bottled water ⊠Backpack(s) or carrying case(s) Non-perishable food **⊠** Batteries ⊠Consider special toys or games M Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags ⊠Blanket(s) ☐Medications-N/A Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

			Y/N)? Yes
Location of Emergency Ready to g	go Pack: In the bedroom		
To be observed for compliance on	9/18/2024:		
Door Knob Safety Covers			
Cabinet Safety Locks			
Emergency Documents			
⊠Informal Provider Emergen	cy Preparedness Plan (this	completed form)	
Planning and Maintenance			
Person responsible for updating the	Disaster Supply Kit and the	Emergency Documents regul	arly:
First Name	Last Name		
Shantelle	Keohokapu	penedad to an avacuation los	eation:
Description of how the Emergency F	Ready-to-Go Pack will be tra	insported to an evacuation too	ation.
helter in Place Procedures:			
rovider will ntered. The provider will text the provider will gather the child an rovider will text the parent be	d the ready to go ban takin	o them to car, securing the	child in a rear facing car seat. The crisical seat seat. The child in a rear facing car seat. The ring.
provider will provider will text the provider will be approved to the provider will be	d the ready to go ban takin	o them to car, securing the	child in a rear facing car seat. The
rovider will intered. The provider will text the provider will gather the child an provider will text the parent be	d the ready to go ban takin	o them to car, securing the	child in a rear facing car seat. The
The Provider will gather the child an provider will gather the child an provider will gather the child an provider will gather the parent be care thousand the parent becare the child and the parent becare the p	d the ready to go bag takin	o them to car, securing the o	child in a rear facing car seat. The ring.
The Provider will gather the child an provider will gather the child an provider will gather the child an provider will gather the parent be care Hours:	oarent perore/during shere of the ready to no bag takin efore/during sheltering and the parties acknowledge that howledge that, if approved, the	o them to car, securing the o	child in a rear facing car seat. The
trovider will the provider will text the provider will text the provider will text the child and the provider will text the parent be the provider will text the parent be the parent between discussed. The parties also acknowledgement by signing below the parties also acknowledgement between discussed. The parties also acknowledgement between the parties also ac	of the ready to go had taking and the ready to go had taking and the parties acknowledge that nowledge that, if approved, the intually or in-person.	o them to car, securing the o	child in a rear facing car seat. The ring.
the Provider will gather the child an rovider will gather the parent be the provider will text the parent be care HOURS: Signatures & Date Acknowledgement: By signing below to be parties also acknowledgement will be conducted viewer than the parties also acknowledgement will be conducted viewer than the parties also acknowledgement will be conducted viewer than the parties also acknowledgement will be conducted viewer than the parties also acknowledgement will be conducted viewer than the parties also acknowledgement.	the parties acknowledge that howledge that, if approved, the formal of the parties acknowledge that the	o them to car, securing the o	child in a rear facing car seat. The ring. ed, and any corrections if needed have d is subject to random, unannounced
The Provider will gather the child an provider will text the parent be chartered. CARE HOURS:	the parties acknowledge that howledge that, if approved, the formal of the parties acknowledge that the	all standards have been reviewed home in which care is provided	child in a rear facing car seat. The ring. ed, and any corrections if needed have d is subject to random, unannounced

☑Virtual Inspection☐In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 01/04/2024 Follow-up Inspection Date: 01/05/2024 Time In: 10:30AM Time In: 4:30PM Time Out: 11:30AM Time Out: 4:42PM Result: Follow-up Required. Follow-up Result: PASSED Informal Care Type of Care (check one): □Relative Informal Provider Care **Provider Information** Provider ID: <u>534133</u> First Name: Hannah Provider ID #: Last Name: Kessinger Email: Care Location Inspected Street Address Address Verified : Tes. Zip Code: County: Name of Children in Care (add pages if needed) Scholarship Date of Birth Present (Y/N) Age 1yr. / Y (02/11/2022)

Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or	orrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	All areas were clean	
Is free of insect or rodent infestation	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting	
Has hot and cold running water	Y	Tested by provider and observed hot water melting the ice	
Has a working inside toilet	Y	Flushed by provider and observed	
Has utilities for cooking, lighting and heating	Y		
Has a working and safe heating system	Y	Thermostat tested by provider for cooling heating	
Has a working refrigerator and stove	Υ	Tested by provider and observed Outbound call made by informal team to provide phone	
Has a working telephone	Y		
Has operational smoke detector(s)	Y	Corrective Action Completed: Tested by provide and observed 2 smoke detectors need to be replaced	
Has first aid kit/supplies	Y	First kit in bin in kitchen cabinet	
Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied	
armful items are stored appropriately and away from ildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Knives moved to locked kitchen cabinet	
Medications of any kind	Y	Stored in medicine and kitchen cabinets (high-lev	
Matabas lighters and flammable products	Y	Does not own	
Alcoholic beverages	Y	Does not own	
Alconolic beverages Guns	Y	Does not own	

Cleaning agents	Y	All cleaning products under locked bathroom and kitchen sink
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing station in child's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all diaper supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Tolleting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
e provider immediately reports any suspected child abuse, glect or mistreatment by calling 911 and your local partment of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

 ⊠Flashlight
 ⊠Bottled water
 ⊠Folder or binder for EPP documents

 ⊠Batteries for Flashlight
 ⊠Non-perishable food
 ⊠Backpack(s) or carrying case(s)

 ⊠Portable First Aid Kit
 ⊠Diapers
 ⊠Consider special toys or games

1	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Thermometer	⊠Blanket(s)	
⊠ Medications (N/A)	11 (V/NI)2 V	
	easily accessible in the event of an emer	gency (Y/N)? Y
Deady to go Paci	k: Stored in child's bedroom 1 bag of AA batteries, 1 first aid kit, ble sauce, 1 outfit (top/bottom), 1 med 1, 1 roll of duct tape and 2 trash bags 8 Reviewed on 1/5/2024	1 thermometer, no specific medications, 2 bottled blanket, 3 diapers w/ 1 pk of wipes, folder w/ EPP
Emergency Documents		
	Iness Plan (this completed form) are	
Planning and Maintenance		and an equipment
Person responsible for updating the Disaster Su	upply Kit and the Emergency Docume	ents regularly.
First Name Description of how the Emergency Ready-to-Gr	Last Name	
Evacuation Procedures Primary: The provider will gather child and the his stroller. Upon arrival, the provider will relay the emergency updates. Alternate: If they could not access the primar upon arrival she will upon arrival the about where to shelter specifically. Care Hours:	e ERTG bag and (1 door 0 windows)	Provider will ensure the child is secured in . Once secured the provider will call the parent to . d, the ERTG bag and secure the child in his stroller ing car seat and the ERTG bag in the car and drive to receive instructions
Signatures & Date	s acknowledge that all standards have	been reviewed, and any corrections if needed have
been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the nome in which c	are is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Hannah Kessinger	Printed Name	
Signature:	Signature:	
Date: 1/09/2024 Phone:	Date: 1/5/202	4 Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 9/11/2024	Time	In: 1:30pm	Time Out: 2:23pm	Result: Passed		
Informal Care			THE RESERVE			
Type of Care (check one):	□ Non-relative Info	THE RESERVE THE PARTY OF THE PA	The second secon	Informal Provider Care	AMERICAN PROPERTY AND ADDRESS OF THE PERSON NAMED IN	
Provider Information	1800年1月1日日本	distance of the for	the standard of the		STATE OF THE PARTY	
First Name: Cassidee	Last N	Last Name: Keys		Provider ID: 560877		
Provider ID #:				Email:		
Care Location Inspected					Zip Code:	
Street Address: Address Verified?: Yes	<u>City</u> :		County:	State:	ZIP Code.	
Name of Children in Care (ad	ld pages if needed)	Scholarship	Date of Birth	Age / Prese	nt (Y/N)	
			3/17/2024	5months/ Y		

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		3/17/2024	5months/ Y
Safety of the Home			
Directions: Review and determine compliance Additional pages may be used for comments.	with each standa	rd. Note any comm	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed	d?	Υ	
Home is free of health and safety hazards:		Standard Met Y/N	Corrective Action /Timeframe if needed
Is in good repair		Υ	
Is free of insect or rodent infestation		Υ	
Is well-lit and well-ventilated		Υ	
Has hot and cold running water		Υ	
Has a working inside toilet		Υ	
Has utilities for cooking, lighting and heating	3	Υ	
Has a working and safe heating system		Y	
Has a working refrigerator and stove		Υ	
Has a working telephone		Υ	
Has operational smoke detector(s)		Υ	
Has first aid kit/supplies		Υ	
Has protective coverings on any electrical o accessible to children	utlet that is	Υ	
Harmful items are stored appropriately and away children:	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	
 Medications of any kind 		Υ	
Matches, lighters and flammable products		Υ	
Alcoholic beverages		Υ	
• Guns		Υ	
Cleaning agents		Υ	
 Poisonous substances 		Υ	
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ring area.	Υ	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
the provider immediately reports any suspected child abuse, leglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. □ Folder or binder for EPP documents ⊠Flashlight ⊠ Backpack(s) or carrying case(s) □ Consider special toys or games □ Diapers □ Portable First Aid Kit Packing Tape & Sealing Plastic/ Trash □ Change of clothes ⊠Thermometer Bags \boxtimes Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergen	. /V/AD2 V
Emergency ready-to-our ack is available and e	asily accessible in the event of an emergency	y (Y/N)? Y
Location of Emergency Ready to go Pack: liv	ing room next to the TV stand	
Item Specification (if needed):		
To be observed for compliance on :		
•		
Emergency Documents	none Dian (this completed form)	
	MENT IN A SHARE A SHAR	
Planning and Maintenance Person responsible for updating the Disaster Sup	nnly Kit and the Emergency Documents rea	nularly:
First Name Cassidee	Last Name Keys	
That rame oddonace		
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation I	ocation:
Shelter In Place Procedures:		
The Provider will gather the ready to go bag and	the children, take them to the	1 of doors, #1 of window(s)). The provider
will contact parent before, during and after shelt		
Evacuation Procedures:		
	dute as been they will be traveling	secured by
The Provider will gather the children and the read provider will travel to the evacuation location	and gain	ing access (#4 of
doors, #10 of window(s)). The provider will con-	tact parent before, during and after sheltering	ng
The Provider will gather the children and the read	dy to go bag, they will be traveling	secured by #2 of doors
provider will travel to the evacuation location	gaining	access #2 of doors,
#1 of window(s)). The provider will contact paren	nt before, during and after sheltering	
- Monday-Friday 8am-5pm		
		AUTOM DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PAR
Signatures & Date	La des Abet all standards have been review	ved, and any corrections if needed have
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that,	if approved, the home in which care is provide	ed is subject to random, unannounced
pop up visit which will be conducted virtually or in-pe	erson.	INSPECTOR
PROVIDER	经主任机会 经证券 经证券 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
Printed Name: () ASSICCE WE	Printed Name:	
Signature:	Signature:	
Date: 9-12-2024 Phone	Date: 9/11/2024	Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child

Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 7/10/2024	Time	Time In: 3:30pm Time Out: 4:20pm		m Result: Passed	
Informal Care					
Type of Care (check one):	Non-relative Info	rmal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information			Per la	A. 1. 1/2	
First Name: Zubaidah	Last I	Last Name: Khattab		Provider ID: 516945	
Provider ID #:				Email:	
Care Location Inspected					
<u>Street Address</u> : <u>Address Verified?</u> : Yes	<u>City</u> :	City: State:			Zip Code:
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			10/14/2020	3 years old / Y	
			5/20/2023	1 year old / Y	

	5/20/2023	1 year old / Y
Safety of the Home		AND THE PARTY OF THE
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	
 Has operational smoke detector(s) 	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	P
 Matches, lighters and flammable products 	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Υ	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	The state of the s
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Bottled water □ Folder or binder for EPP documents **⊠** Batteries Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit ⊠Diapers □ Consider special toys or games ⊠Change of clothes **⊠**Thermometer Packing Tape & Sealing Plastic/ Trash Bags ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?

Emergency Ready-to-Go Pack is available and easily accessible in	the event of an emergency (Y	/N)? Yes
Location of Emergency Ready to go Pack: CLOSET NEAR FRO	NT DOOR	
Item Specification (if needed):		
• To be observed for compliance on _;		
•		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this co	mpleted form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the E	mergency Documents regula	arly:
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transist Shelter In Place Procedures: The Provider will grab the emergency bag and take the children to the Parent via text and phone p Evacuation Procedures: The Provider will place the children in their car seats and inform She would be door 4windows). The Provider would call/ text the parents once set The Provider will place the children in their car seats and inform him of their arrival. She would be door 3 windows). The Provider would call/ text the parents once set CARE HOURS:	1 door Prior to arriving cured. Prior to arriving	ation: 2 windows). The Provider would contact the Provider would contact 2 the Provider would contact to (1
Signatures & Date		de adam programa il acadad bayo
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the hop up visit which will be conducted virtually or in-person.	standards have been reviewed nome in which care is provided	is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Zubaidah Khattab	Printed Name:	
Signature:	Signature:	
Date: 0 - 11-20 24 Phone:	Date: 7/10/2024	Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 06/14/2023	Time In: 1:30PM	Time Out: 2:39PM	Result: PASSED
Informal Care			
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Zubaidah	Last Name: Khatta	b	Provider ID: <u>516945</u>
Provider ID #:			Email:
Care Location Inspected	Branch Astronomy	中和工作。	
Street Address: Address Verified? Yes.	City: Count	y:	State Zip Code:
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(10/14/2022)	2yr. / Y

Safety of the Home				
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Y	All areas were clean		
Is free of insect or rodent infestation	Υ	No evidence of infestation		
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting		
Has hot and cold running water	Y	Tested by provider and steam observed on camera		
Has a working inside toilet	Y	Flushed by provider and observed		
Has utilities for cooking, lighting and heating	Y			
Has a working and safe heating system	Y	Thermostat tested by provider for cooling heating		
Has a working refrigerator and stove	Y	Tested by provider and observed		
Has a working telephone	Y	Outbound call made to provider's phone		
Has operational smoke detector(s)	Y	Tested by provider and observed		
Has first aid kit/supplies	Y	First aid kit stored in locked kitchen cabinet		
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied		
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Y	Stored in locked kitchen drawers		
Medications of any kind	Y	Stored on high level shelf in hallway		
Matches, lighters and flammable products	Y	Does not own		
Alcoholic beverages	Y	Does not own		
Guns	Y	Does not own		
Cleaning agents	Y	Stored in higher level shelf in laundry room		
Poisonous substances	Y	Does not own		
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
All areas of the home are kept clean, including diapering area.	Y	Changing station in child's bedroom		

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available near changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Item Specification (if needed): 1 Sashlight 1 pk of AAA betteries 1 first o	Stored in living room near exit iid kit, 1 thermometer, no spec meds, 2 bottled waters, 2 canned foods, 2 diapers, 1 pk
 1 flashlight, 1 pk of AAA batteries, 1 first a of wipes, 2 outfits(top/bottom/shoes), 1 lar and 2 heavy duty trash bags and 1 duffle b 	rge blanket, folder w/ EPP and ECMA, 1 toy car, 1 pair of scissors, 1 roll of duct tape
tems to be reviewed on xx/xx/xxxxx: N/A	
Emergency Documents	型的原料。在1967年的特别的原则是1967年的第三人称单数的原则。
⊠Informal Provider Emergency Preparedn ⊠Authorization for emergency medical car	· · · · · · · · · · · · · · · · · · ·
Planning and Maintenance	All Marie Control of the Control of
Person responsible for updating the Disaster Sup First Name Raghida	ply Kit and the Emergency Documents regularly: Last Name Kammoun (Parent)
Description of how the Emergency Ready-to-Go I	Pack will be transported to an evacuation location: carried by the provider.
Shelter In Place Procedure: The provider will gather the child and ERTG and use black trash bags and tape to seal the space. Evacuation Procedures	go into Once secured the provider will call the parent with emergency updates.
Primary: The provider will account for the child a child in their forward-facing car seat and head to the child in their forward-facing car seat and head to the child in their forward-facing car seat and head to the child in their forward-facing car seat and head to the child in the child i	and grab the ERTG. The provider will call her transportation and upon arrival secure the the location. The provider will call the location are the key to enter the home. It bedroom (1 door 2 windows). The provider call the parent once they are settled.
to the	ocation, the provider will gather the child and ERTG and will call the parent to be driven arrival the provider will secure the child in the forward-facing car seat. The provider has ne provider and child will shelter in the bedroom (1 door 2 windows). The provider will
Care Hours: M-Th 9:00am-2:30pm	
Signatures & Date	
Acknowledgement: By signing below the parties as been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Zubaidah Khat	+ab Printed Name

Phone:

Signature:

Signature:

Date: 06/14/2023

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/04/2022 Follow Up Date: 10/05/2022		In: 1:30PM	Time Out 2:39PM Time Out 11:16AN	. It.	eds Follow up ssed	
Informal Care						
Type of Care (check one):	n-relative Info	ormal Provider Ca	are ⊠Relative In	formal Provide	r Care	
Provider Information			A STATE OF THE STA	Joe g		
First Name: Fereshteh	Locat	Name: Kheiraba	al .	Provider II	D: 434820	
Provider ID #	Last	Name. Kileiraba	u	Email:		
Care Location Inspected	To the second	(1900) Calebrate			20.00 State	
Street Address Ci Address Verified? Yes	ty:	County:	State	Zip Co	ode:	
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
			03/21/2018	4 / Yes		
			11/26/2012	9 / Yes		

Safety of the Home Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional Y - Yes, N - No, D - Discussed, n/a - Not Applicable pages may be used for comments. Standard Met Comments/Notes Health and Safety Training: Corrective Action /Timeframe if needed Y/N Basic Health and Safety Training Completed? Certificate Submitted Standard Met Comments/Notes Home is free of health and safety hazards: Corrective Action /Timeframe if needed YN Y Is in good repair Y No sign of infestation Is free of insect or rodent infestation Y Is well-lit and well-ventilated Y Steam observed Has hot and cold running water Y Flush observed Has a working inside toilet Y Has utilities for cooking, lighting and heating Y Has a working and safe heating system Thermostat dialed up Y Has a working refrigerator and stove Υ Provider's cell called Has a working telephone Y Has operational smoke detector(s) Y Band aids, tape, gauze, alcohol wipes Has first aid kit/supplies Has protective coverings on any electrical outlet that is Y Plug Covers in kitchen observed accessible to children Standard Met Harmful Items are stored appropriately and away from Comments/Notes Corrective Action /Timeframe if needed children: Sharp or pointed items Knives moved to higher cabinet Y Locked in case Medications of any kind Matches, lighters and flammable products Y None Alcoholic beverages Guns None In Laundry room locked Cleaning agents Other than medications and cleaning solutions Poisonous substances

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Totleting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.	٧	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed. ⊠ Bottled water **⊠Flashlight** ⊠Folder or binder for EPP documents ⊠Batteries for Flashlight ⊠Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit ⊠Diapers N/A ⊠Consider special toys or games ⊠Heavy Duty Scissors, duct tape/ **⊠**Thermometer ⊠Change of clothes packing tape & sealing plastic/trash **Medications** ⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	IIA V
Emergency Ready-to-Go Pack is available and easily accessible in th	
Location of The Emergency Ready to go Pack: In the coat closet	by front door
Item Specification (if needed):	
Jacket 2 shirts 2 pants, 2 extra AAA batteries, 3 books	
Band aids, ointment, alcohol wipes, Neosporin, gloves, Children's Mo	otnn. Acetaminophen,
4 Boz water bottles, one can each of peas, beans, mixed vegetables,	2 cans of tuna, Nuts, Crackers, Chips,
Items to review on 10/05/2022 if needed: Observed 10/05/2022	
Locks on laundry room cleaning agents	
Emergency Preparedness plan and Emergency Care and Medication	Authorization in the ERTG had
Emergency Documents	
	npleted form)
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Em	nergency Documents regularly:
First Name Last Name	
Description of how the Emergency Ready-to-Go Pack will be transp	
where she will secure booster seat and sea Once at the location, they will shelter in bedroom provider will use plastic and tape to seal the shelter. The provider will secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the after call. The provider will secure heading to. They will shelter in the bedroom that has o	will gather the children, the ERTG bag and head to attempt before driving to the primary evacuation location which is that has one window and one door. If the need should arise, the fill call the parents before leaving the care location and after they are emate evacuation location which is
Signatures & Date	
Acknowledgement. By signing below the parties acknowledge that all	standards have been reviewed, and any corrections if needed have
been discussed. The parties also acknowledge that, if approved the	home in which care is provided is subject to random, unannounced
pop up visit which will be conducted virtually or in-person PROVIDER	INSPECTOR
Printed Name Fereshteh Kheirabadi	Printed Name
Signature / ENESTITED A MET OLDERONT	Signature
0.106.03	
Date 10,5,22 Phone	Date 10/05/2022 Phone 1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/3 1/2025/2:30pm/67
APPLICANT ID:
PROVIDER ID: 576286
APPLICATION DATE: 02/25/2025
COUNTY: Howard

	Initial Application
_	Irritial Application
	Renewal Application
	Complaint Investigation
	Monitoring
	Other

	,			·
AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months	I	1		
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)	2	2		
13-19 year olds				
TOTAL	3	3		
Overnight				

FATALITY: N/A	SERIOUS INJURY: N/A		COMPLAINT #: N/A		
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Identificat	ion Card	EXP. DATE: 12/19/2032	
CARE LOCATION: Child's Ho	me Informal Child Care Prov	ider's Home			
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care					
INFORMAL PROVIDER NAME: Evelyn King					
PERSON(S) INTERVIEWED: Evelyn King and Zaianab Koroma					

Page 1

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care - Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 1 – Safety of Home								
С	1.	Нє	alth & Safety Training (Basic 3 hrs. & the Annual Update)	С	k)	Has first aid kit/supplies		
	2.	Но	me is free of health and safety hazards	С	I)	Has protective coverings on accessible electrical outlets		
С		a)	Is in good repair	3.	1525 72	rmful items are stored appropriately and away from ildren		
С		b)	Is free of insect or rodent infestation	С	a)	Sharp or pointed items		
С		c)	Is well-lit and well-ventilated	С	b)	Medications of any kind should be stored		
С		d)	Has hot and cold running water	С	c)	Matches lighters and flammable products		
С		e)	Has a working inside toilet	С	d)	Alcoholic beverages		
С		f)	Has utilities for cooking, lighting and heating	С	e)	Weapons and firearms		
С		g)	Has a working and safe heating system	С	f)	Cannabis edibles, smoking and vaping paraphernalia and by products		
С		h)	Has a working refrigerator and stove	С	g)	Cleaning agents		
С		i)	Has a working telephone	С	h)	Poisonous substances		
С		j)	Has operational smoke and carbon-monoxide detector(s)	С	i)	Interior environmental hazards		

ICCP Form IR108c

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care - Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

e) Preventing the spread of disease

- Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C} = \text{In Compliance, } \underline{D} = \text{Discussed, } \underline{N} = \text{Not in Compliance, } \underline{X} = \text{Not Inspected, } \underline{NA} = \text{Not Applicable}$

Part 2 – General Cleanliness							
С	4.		Il areas of the home are kept clean, including iapering area.	9.	Re	est Area and Furnishings	
С	5	т,	ash garbage and wet or soiled diapers are disposed	С	a)	SIDS prevention review	
	٥.		in a sanitary manner.	С	b)	Infant/toddler rest furnishings	
С	6.		hildren are changed immediately when they have a biled or wet diaper, clothing or bedding.	С	c)	Crib safety	
С	7.	Di	apering procedures are followed.	С	d)	Individual rest place	
	8.	На	andwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.	
С		a)	Toileting	С		ei) Younger than 12 months old, a crib, portable crib, or playpen	
С		b)	Diapering	С		eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag	
С		c)	Food preparation and eating				
С		d)	After playing outdoors				

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

10	10. A child is not subjected to any form of abuse		12. A child in care is not subjected to mistreatment			child in care is not subjected to mistreatment
С	a)	Child abuse/neglect: Physical injury	[С	a)	Spanking, Biting, Hitting, Shaking
С	b)	Child abuse/neglect: Sexual abuse		С	b)	Physical discipline or any other means of discipline
С	c)	Child abuse/neglect: Mental injury			c)	Not attending to a child's physical needs
11	. A c	child in care is not subjected to any form of neglect			d)	Shouting, Cursing, Shaming, Ridiculing
С	a)	Child supervision			e)	Washing a child's mouth with soap
С	b)	Child mental harm neglect			f)	Putting pepper or other spicy or distasteful items in a child's mouth
С	c)	Recognition and reporting of child abuse and neglect		С	g)	Requiring a child to stand on one foot as punishment
				С	h)	Tying child to a cot or other equipment
			D	13	. Im	mediate child abuse reporting

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

	Part 4 – Vehicular Traffic and Transportation Safety						
C	14. Vehicle safety awareness	C 15. Individual child vehicle safety C 16. Child seat safety compliance					
	Part 5 – 0	Outdoor Activity Area					
С	17. Safe outdoor play area	20. Pool Safety					
С	18. Enclosed safe play area	C a) 4 ft. fence that surrounds the pool					
С	19. Traffic and congested areas assessment	C b) Self-closing and self-latching mechanism on the entry/exit way					
		C c) Secured Lock					
		C d) Sensor or alarm on the access door					

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care - Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

	21. Di	isaster Supply Kit	С	k)	Folder or binder for EPP documents
С	a)	Flashlight	С	I)	Backpack(s) or carrying case(s)
С	b	Batteries	С	m)	Special toys or games
С	c)	Portable First Aid Kit	С	n)	Scissors, tape & sealing plastic
С	d)	Thermometer	22	. Em	ergency Documents
N/A	e)	Medications	С	a)	Informal Provider Emergency Preparedness Plan
С	f)	Bottled water	С	b)	Emergency Care & Authorization Form (one for each child in care)
С	g)	Non-perishable food	С	c)	Reportable Incident Report Form (blank copy)
С	h)	Diapers	23	. Pla	nning and Maintenance
С	i)	Change of clothes	С	a)	Person responsible
С	j)	Blanket(s)	С	b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care - Child Care Scholarship Program

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- Enter finding notes as appropriate.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

	Part 7 – Health & Safety Review					
С	24. Shelter in Place	С	31. Health & Safety Review: Premises safety, hazard protection			
С	25. Lockdown (partial & full)	С	32. Emergency response planning			
2	6. Home is free of health and safety hazards	С	33. Food allergy emergency preparedness			
С	a) Primary Evacuation Location	С	34. Hazardous materials management			
С	b) Alternate Evacuation Location	С	35. Prevention and control of infectious diseases (including immunization)			
С	27. Infant sleep safety	С	36. Pediatric first-aid and CPR			
D	28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	С	37. Appropriate precautions in transporting children			
С	29. Recognition and reporting of child abuse and neglect	С	38. Substance-free child care environment			
С	30. Health & Safety Review: Administration of medication, consistent with standards for parental consent					

Evelyn Kina 8	3-31-25	Sign and upload form to PROVIDER PORTAL	Liliana Martinez	03/31/2025
Signature of Informal Child Care Provider	Date	THOUBERTORINE	Signature of Agency Representative Liliana Martinez	Date

Time Out: 03/31/2025 15:37

Date

Date	Start Time	End Time	Duration	Follow-Up
03/31/2025	14:30	15:37	67	

Time

Total Duration: 67

Minutes

SUMMARY OF CORRECTION

	SUMINIARY OF CORRECTION								
APPLICANT ID:	ZIP CODE:	COUNTY:							
-	21045	21045 Howard							
NAME:	CARE LOCATION:	CARE LOCATION: Child's Home Informal Child Care							
			ovider's Home						
	·								
ianab Koroma									
on	3/31/2025/2:30pn	n/6/							
All Informal Child Care inspection stand	ards herein are governed by COMAF	R #: 13A.14.06.11.F.12(b).							
STANDARD TEXT	SUMMAF	RY OF CORRECTION	DATE OF CORRECTION						
i	NAME: WED: ianab Koroma On of Correction has been submitted to the Child ither observed the following corrections or rev	All Informal Child Care inspection standards herein are governed by COMAR	All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).						

Liliana Maritnez 03/25 Complete

Signature of Agency Representative

Date

ICCP Form SOC108c

⊠Virtual Inspection
☐In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.g ov

□In-person inspection	ı	INSPECTION CHECKLIST				
Inspection Date: 08/15/2022	Time In: 1:45PM		Time Out: 2:40PI	M Result: PASSED		
Informal Care						
Type of Care (check one):	☐ Non-relative In	formal Provider C	are ⊠Relative	Informal Provider Care		
Provider Information						
First Name: Maria Provider ID #	Las	Last Name: King		Provider ID: 476127 Email		
Care Location Inspected						
Street Address: Address Verified? Yes	City:	County:	State	Zip Code		
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)		
			1/7/2016	6 / No		
Safety of the Home						
Directions: Review and determine pages may be used for comme		ach standard. Note	any comments or co Y – Yes, N – No, I	orrective actions needed. Additional D – Discussed, n/a – Not Applicable		
Health and Safety Training			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Train	ning Completed?		Y	Certification Submitted		
Home is free of health and	safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair			Y			
Is free of insect or rodent infestation			Υ	No sign of infestation		
Is well-lit and well-ventilated		Y				
Has hot and cold running water		Y				
Has a working inside toilet		Y	Cabinet under sink locked			
Has utilities for cook			Y	Gas stove		
	safe heating system		Y			
Has a working refrig			Y			
Has a working telep			Y	Provider called on cell		
Has operational smoke detector(s)		Y				

 Has protective coverings on any electrical outlet that is accessible to children 	Υ	Covered if not in use
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Locked in drawer
Medications of any kind	Y	
Matches, lighters and flammable products	Y	On top of Fridge
Alcoholic beverages	Υ	
Guns	Y	None
Cleaning agents	Y	Locked
Poisonous substances	Y	

Has first aid kit/supplies

Y

Neosporin

Band-Aids, gauze, water block, Benadryl, Tylenol,

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	N/A	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y		
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y		
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y		

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N?A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Medications N/A	⊠Blanket(s)
Items in the Disaster Supply Kit are clean, organized	i, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily	y accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack: C	Closet on first floor
Item Specification (if needed):	
3 shirts, 1 pants, 1 shorts, pairs socks,	
4 extra AA batteries, candy land game	
Safety pins, gloves, scissors, gauze, alcohol wipes, 2 16oz water bottles, 2 cans of chicken & stars, chick	
*	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
⊠Informal Provider Emergency Preparednes	ss Plan (this completed form)
⊠Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply	Kit and the Emergency Documents regularly:
First Name La	ast Name
Description of how the Emergency Ready-to-Go Pa	ck will be transported to an evacuation location: Closet on first floor
2000, 4	······································
Shelter In Place Procedure:	
The provider do a head coun the	e ERTB and head to the storage room in the basement which has one door and no
windows. If the need should arise the provider will usecure, and let her know that they are sheltering in	use plastic and tape to seal the shelter. The provider will call the parent once they are place.
, in the second	
Evacuation Procedures:	
Then provider will do a head count, grab the	to the provider's vehicle where she will secure the
car seat before driving to the primary evacuation loc	e location. Once at the location, the provider will gain entry with spare key and head to
the storage/laundry room which has one door and n	no windows. If the need should arise, the provider will use plastic and tape to seal the
shelter. The provider will call the parents on the wa location.	by to the evacuation location and call again after they secure in the evacuation
If they couldn't shelter at the primary location, they	
The provider will call	they are on their way. Provider will gain entry with spare that has no windows and 2 doors. If the need should arise the provider will use plastic
	nat has no windows and 2 doors. If the need should arise the provider will use plastic ne parents on the way to evacuation location and call again after they are secure in the
alternate evacuation location.	
Signatures & Date	
	nowledge that all standards have been reviewed, and any corrections if needed have if approved, the home in which care is provided is subject to random, unannounced erson.
PROVIDER	INSPECTOR
Printed Name: MARIA A-KING	Printed Name:
Signatu	Signature:
Date: 8/15/2622 Phone	Date: 08/15/2022 Phone: 1-877-227-0125

☑Virtual Inspection☐In-person Inspection

Safety of the Home

pages may be used for comments.

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 12/20/2022 Time In: 9:00AM Time Out: 9:55AM Result: Did not Pass. Follow-Up Needed Time Out: 3:10PM Result: PASSED Follow-Up Inspection 12/20/2022 Time In: 3:00PM **Informal Care** Type of Care (check one): □ Non-relative Informal Provider Care ⊠Relative Informal Provider Care **Provider Information** Provider ID: First Name: Danaija Last Name: Kinlaw Provider ID# Email: **Care Location Inspected** Zip Code: Street Address: City: County: State Address Verified? Yes Name of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N) 8/20/2016 6 / No 8/1/2015 7 / No 12/31/2020 23 Mos./ No 5/28/2022 6 Mos. / No

pages may be asea for comments.	b bisousseu, ina mot applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Certificate Submitted Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y		
Home is free of health and safety hazards:	Standard Met Y/N		
Is in good repair	Y		
Is free of insect or rodent infestation	Y	No sign of Infestation	
Is well-lit and well-ventilated	Y		
Has hot and cold running water	Y	Steam Observed	
Has a working inside toilet	Y	Flush Observed	
 Has utilities for cooking, lighting and heating 	Y		
Has a working and safe heating system	Y		
Has a working refrigerator and stove	Y	Light came on when opened	
Has a working telephone	Y	Provider's cell called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Y	Peroxide, band-aïds, alcohol wipes, gauze	

Y - Yes, N - No, D - Discussed, n/a - Not Applicable

Covered, in use or behind furniture

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of counter
Medications of any kind	Y	
Matches, lighters and flammable products	Y	None
Alcoholic beverages	Υ	None
• Guns	Y	None
Cleaning agents	Y	
Poisonous substances	Y	Other than medications and cleaning solutions

accessible to children

Has protective coverings on any electrical outlet that is

Υ

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes
	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organi.	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack	: By the front door
Item Specification (if needed): 4 AAA batteries, 4 pants, 3 shirts, 3 underwear, Band-aids, gauze, tape, ointment, alcohol wipes, 4 16oz bottles of water, 1 large can each of green	Tylonol, cough syrup, 10 diapers, n beans, beef-a-roni, spaghetti & meatball, baked beans, formula & rice for it.
Items to review on 12/20/2022 if needed: Obse	rved 12/20/2022 @ 3:00PM
Ointment for first aid kit	
Emergency Documents	
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)
⊠ Authorization for emergency medical ca	ire
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name Danaija	Last Name Kinlaw
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: Rolled
	te them and the ERTB , and shelter in the main bedroom. The room has one door and r will use plastic and tape to seal the shelter. The provider will call the parent once they
secure the in car seats and to provider will gain entry windows and one door. The provider will seal the parents before leaving the care location and after lift they couldn't shelter at the primary location, the provider will grab the emergency bag, gather the car seats and the older two in seat belts, before front room that has two windows and one door.	the older children their seatbelts, before driving to the primary evacuation location, which y with spare key. Once at the location, they will shelter in the front room which has 2 e shelter with the trash bags and tape if the need should arise. The provider will call the or they are secure in the evacuation location. The exhildren, then proceed to the provider's vehicle where she will secure the younger two in driving to the location. Provider will gain entry with spare key. They will shelter in the lift the need should arise the provider will use plastic and tape to seal the shelter. The are location and after they are secure in the alternate evacuation location.

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.

	P	ROVIDER			INSPECTOR
Printed Na	ame: Dana	iia Kinlaw		Printed Name:	
Signature:				Signature:	
Date:	12/20/2022	Phone:		Date: 12/20/2022	Phone: 1-877-227-0125

⊠Virtual inspection

□In-person
Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs_informalproviders@maryland.gov

Inspection Date: 3/14/2025	Time In: 1:30 pm Time Out: 2:		n Result Passed
Informal Care			
Type of Care (check one): Non-relative	e Informal Provider C	are @Relative	Informal Provider Care
Provider Information			T re cooped
First Name: Danaija Provider ID #:	Last Name: Kinlaw		Provider ID: 503692 Email:
Care Location Inspected			State: Zip Code:
Street Address: Address Verified? Yes	Count	TX.	State: Zip Code.
Name of Children in Care (add pages if needs	d) Scholarship	Date of Birth	Age / Present (Y/N)
Ivanie of officer in our (08/01/2015	9 years old/ Y
		12/31/2020	3 years old/ Y
		05/28/2022	2 years old/ Y
		06/21/2024	7 months old/ Y
		08/20/2016	8 years old/ Y
		00/20/2010	

	00/20/2010	
Safety of the Home		
Directions: Review and determine compliance with each stand Additional pages may be used for comments.	ard. Note any comm	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/M	Corrective Action /Timeframe if neede
Is in good repair	Y	
	Y	
Is tree of insect of roderit intestation Is well-lit and well-ventilated	Y	
	Y	
Has hot and cold running water	Y	
Has a working inside toilet Has utilities for cooking, lighting and heating	Y	
	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies		
Has protective coverings on any electrical outlet that is accessible to children	1	
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
children:	Y	
Sharp or pointed items	Y	
Medications of any kind Medications of a	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	* 7
 Poisonous substances 		

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating: After playing outdoors, and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services	~	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. EFolder or binder for EPP documents ⊠Bottled water **⊠Flashlight** ⊠ Non-perishable food Batteries □ Consider special toys or games ☑ Heavy Duty Scissors, Duct Tape/ ⊠Thermometer

		Packing Tape & Sealing Plastic/ Trash Bags
⊠ Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are	clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is a	vailable and easily accessible in the event of an em	nergency (Y/N)? Yes
Location of Emergency Ready to	go Pack: Next to the front door	
Emergency Documents		
⊠Informal Provider Emerge	ncy Preparedness Plan (this completed form)	
⊠ Authorization for emergen	cy medical care	
Planning and Maintenance		
Person responsible for updating the	e Disaster Supply Kit and the Emergency Docum	nents regularly:
First Name Danaija	Last Name Kinlaw	
The Provider will gather the children	en and the ready to go bag, securing the infant est children in seat belts. The provider will 1 doors, 2 window(s)). The provider and the ready to go bag, securing the infant est children in seat belts. The provider will	in a rear facing car seat, the two toddlers in a front vider will text parent before, during and after sheltering. in a rear facing car seat, the two toddlers in a front rovider will text parent before, during and after
Signatures & Date		
Acknowledgement: By signing below been discussed. The parties also ac non up visit which will be conducted	with the parties acknowledge that all standards have be knowledge that, if approved, the home in which care wirtually or in-person.	een reviewed, and any corrections if needed have e is provided is subject to random, unan nounced

Printed Name:

Date: 03/14/2025

Signature:

PROVIDER

Phone:

Danaia Kinlaw

Printed Name:

Date: 03-16-25

Signature:

INSPECTOR

Phone: 1-877-227-0125

⊠Virtual Inspection
☐In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/02/2023	Time In: 1:30PM	Time Out: 2:51PN	Result: PASSED
Informal Care			
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relative I	Informal Provider Care
Provider Information	Mary Control of the C		
First Name: Sierra	Last Name: Kinse	1	Provider ID: <u>528405</u>
Provider ID #:			Email
Care Location Inspected			
Street Address: Address Verified? Yes.	City: County	State	Zip Code:
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(12/31/2022)	9mos./Y

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(12/31/2022)	9mos./ Y
Safety of the Home			
Directions: Review and determine compliance with ear	ch standard. Note	any comments or c Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	A DE LES AND	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	All areas were clean
Is free of insect or rodent infestation		Y	No evidence of infestation
Is well-lit and well-ventilated		Υ	All lights were turned on and natural window lighting
Has hot and cold running water		Υ	Tested by provider and observed steam in the bathroom
Has a working inside toilet		Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	q	Υ	
Has a working and safe heating system		Y	Thermostal tested by provider for cooling & heating and utility bill submitted
Has a working refrigerator and stove		Y	Tested by provider and observed
Has a working telephone		Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	113100	Y	Tested by provider and observed
Has first aid kit/supplies		Y	First aid kit stored in providers bathroom closet
Has protective coverings on any electrical of accessible to children	outlet that is	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Stored in knife holder on the back of the counter
Medications of any kind		Y	Stored on top shelf of hallway closet
Matches, lighters and flammable products		Y	Matches stored in top kitchen cabinet
Alcoholic beverages		Υ	Alcoholic beverages on back of counter on glass tray
Guns		Y	Does not own
Cleaning agents		Y	Moved to top of hallway closet, top shelf of provider's bathroom closet, in locked kitchen cabinet

 Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing station in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via garage trash bin
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight	⊠Bottled water	
⊠ Batteries for Flashlight	Non-perishable food	
⊠Portable First Aid Kit	⊠ Diapers (N/A)	
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Medications (N/A)	⊠Blanket(s)		
theme in the Dispater Supply Kit are clean, organ	ized, and usable (Y/N)	Y	
Emergency Ready-to-Go Pack is available and 6 Location of The Emergency Ready to go Paci Item Specification (if needed): 1 flashlight, 5 extra AA batteries, 1 first a canned foods, 1 jar of baby food, 20 diap duty trash bags, 1 roll of duct tape, folde	k: Stored in hallway cl aid kit, 1 thermometer, pers and 1 pk of wipes or w/ EPP and ECMA d	ioset near exit no specific medications 1 outfit /shirt/bottom/s	s, 4 bottled waters, 1 pair of scissors, 2
tems to be reviewed on xx/xx/xxxx: N/A			
Emergency Documents	The state of the s		
⊠Informal Provider Emergency Prepared Mauthorization for emergency medical c	iness Plan (this compl are	eted form)	
Planning and Maintenance			
Person responsible for updating the Disaster Su First Name Sierra Description of how the Emergency Ready-to-Go	Last Name Kinsey		
Shelter In Place Procedure: The provider will gather the child and ERTG and and tape to seal the window and vent if the need and tape to seal the window and vent if the need to seal the window and vent if the need to seal the window and vent if the need to seal the window and the child would she to secured in her rear-facing car seat and drive to and she and the child would she before, during and after once secured with emerical and the child would she to secure with the provider will ensure the child is secured with emerical and the child is secured will call or text the parent before, during Care Hours:	grab the ERTG and he the letter is regency updates.	nead to the provider's ve Upon arrival th 1 door 1 window). will account for the child g car seat and drive to child would shelter	thicle, The provider will ensure the child is the provider would use. The provider will call or text the parent leads to the provider's Upon arrival the door 1 window). The
Signatures & Date		tandarda barra barra mi	imund, and any corrections if needed have
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge t pop up visit which will be conducted virtually or in	that, if approved, the h	ome in which care is pro	vided is subject to random, unannounced
PROVIDER			INSPECTOR
		THE RESERVE OF THE PARTY OF THE	INSPECTOR
Printed Name: Sierra Kinsey		Printed Name:	INSPECTOR
Printed Name: Sierra Kinsey Signature:		Printed Name: Signature:	MSPECTOR

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 3/06/2024 Follow Up Date: 3/29/2024		In: 12:00pm In: 4:05pm	Time Out: 1:30pr Time Out: 4:11pr		esult: Follow Up nal Result: Pass	
Informal Care						
Type of Care (check one): ☐ Non-re	lative Info	rmal Provider C	are □Relative	Informal	Provider Care	
Provider Information						
First Name: Sarah	Last	Name: Kleis		Pro	ovider ID: 5295	75
Provider ID #				En	nail:	
Care Location Inspected						
Street Address. Address Verified?: Yes		City	County		State	Zip Code
Name of Children in Care (add pages if ne	eded)	Scholarship	Date of Birth	Age	/ Pres	sent (Y/N)
			2/21/2022	1	/Y	

	2/21/2022	1 /Y
	272 172022	1, ,,
Safety of the Home		
Directions: Review and determine compliance with each star Additional pages may be used for comments.		ments or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 	Υ	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	
 Has hot and cold running water 	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Υ	
Has a working telephone	Υ	
 Has operational smoke detector(s) 	Υ	
Has first aid kit/supplies	Υ	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Υ	
Guns	Υ	
Cleaning agents	Y	
Poisonous substances	Υ	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable, Comment and note below if needed. ⊠Non-perishable food Backpack(s) or carrying case(s) Batteries □ Consider special toys or games **⊠**Diapers □ Portable First Aid Kit ☑ Heavy Duty Scissors, Duct Tape/ □ Change of clothes Packing Tape & Sealing Plastic/ Trash Bags ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes

Location of Emergency Ready to go Pack: Near the front door	1
Item Specification (if needed):	
To be observed for compliance on 3/29/2024- Observed: Bathroom Ceiling repairs	
Emergency Documents	
	completed form)
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the I First Name Sarah Last Name Kle	
Evacuation Procedures: The Provider will place the child in the stroller, grab the bag and years.	head to the head t
The Provider will grab the bag, secure the child in their car seat vigain instruction on where to shelter and contact the Parent once secured. CARE HOURS:	within the vehicle and drive to the secured.
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: SARAH KLEIS	Printed Name:

Signature

Date:3/29/2024

Phone: 1-877-227-0125

Phone

Signature

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 10/13/2023 Follow-up Inspection Date: 10/17/2023	Time In: 11:00AM Time In: 9:00AM	Time Out: 12:15P! Time Out: 9:26AM	
Informal Care		4	and the second s
Type of Care (check one): ⊠ Non-relati	tive Informal Provider C	are □Relative Ir	nformal Provider Care
Provider Information			
First Name: Sarah	Last Name: Kleis		Provider ID: <u>529575</u>
Provider ID #	Water State of		Email
Care Location Inspected			
Street Address: . City: Address Verified? Yes.	County	State	Zíp Code:
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(02/12/2023)	7mos. / Y

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or of Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed via the kitchen faucet
Has a working inside toilet	Y	Flushed by provider and observed
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating – utility bill previously submitted
 Has a working refrigerator and stove 	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored in kitchen drawer
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	In knife holder on back of counter
Medications of any kind	Y	Stored on high shelf of the kitchen cabinet
 Matches, lighters and flammable products 	Y	Moved to higher kitchen cabinet
Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
Cleaning agents	Y	Corrective Action Completed: Kitchen and bathycom catainet locks added

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing station in the living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Taken out daily via trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in needed medications) and Emergency Documents.	the event of an em	nergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		

Y

Does not own

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight		⊠Bottled water	□ Folder or binder for EPP documents
⊠Batteries fo	or Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable F	irst Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermome	eter	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Poisonous substances

Miledianiana (N/A)	⊠ Planket(a)		
	⊠Blanket(s)		
Emergency Ready-to-Go Pack is available and ea		(Y/N)? Y	
	and according in the event of an emergency	(,	
Location of The Emergency Ready to go Pack	: Stored in living room near exit		
Item Specification (if needed):	nk of AAA battaries 4 first aid bit 4 thern	nometer, 2 bottled waters, 2 canned foods, 3	
		act tape, no specific medications, 2 outfits	
	rs, 1 roll of duct tape, 7 trash bags and fold		
Items to be reviewed on 10/17/2023: Corre			
1. Outlet coverings needed in all areas (be 2. Lock needed for basement door	drooms, common spaces, bathrooms, ba	sement)	
- 3. Lock needed for bathroom and kitchen	cabinet w/ cleaning products		
 4. Test properly functioning smoke detect 			
mergency Documents			
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)		
⊠Authorization for emergency medical ca	No.		
Planning and Maintenance			
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents red	nularly:	
irst Name	Last Name	,	
Sarah	Kleis		
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation le	ocation: carried by the provider.	
helter In Place Procedure:			
he provider will grab the child and ERTG and co loors are locked. The provider will use the sealing the sealed. Once secured the provider will call the	ng plastic and tape to seal the door if the ne	ed arises. There are no windows or vents to	
vacuation Procedures			
Primary: The provider will grab the child and ER	TG and head to the provider's vehicle. The	provider will secure the child in their rear-	
acing car seat and drive to	Upon arrival the provider will text and ca		
pdates and	. The provider and child would	**************************************	
(0 door 2 windows). Once secured the	provider will call the parent with emergency	y updates.	
Atternate: If they could not access the primary I	acation, the provider will grap the child and	EDTG and head to the provider's vehicle	
The provider will secure the child in their rear-fac		. Upon arrival the provider will receive	
about where to shelter specifically. Once secured the provider will call and text the parent with			
mergency updates.			
Care Hours:			
Signatures & Date			
acknowledgement. By signing below the parties a seen discussed. The parties also acknowledge the sop up visit which will be conducted virtually or in-	at, if approved, the home in which care is p		
PROVIDER	person.	INSPECTOR	
Printed Name: SARAH KLEIS	Printed Name:		
Signature:	Signature:		
Date: 0 7 2023 Phone	Date: 10/17/2023	Phone: 1-877-227-0125	