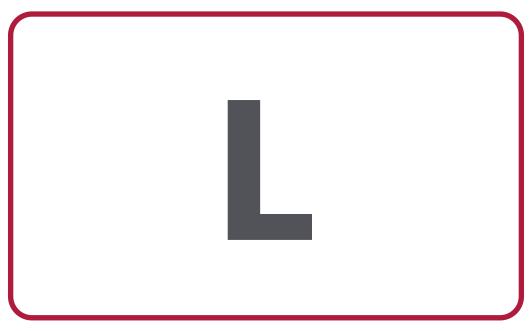


Child Care Scholarship Program

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.

200 West Baltimore Street Baltimore, MD 21201 | 410-767-0100 Deaf and hard of hearing use Relay.

marylandpublicschools.org

⊠Virtual Inspection □In-person Inspection	Maryland	Chil	partment of Edu d Care Scholars INFORMAL SPECTION CI	CARE	Child Care	Return to: ccs.informalproviders@maryland. ov
Inspection Date: 04/14/2023 Time In: 1:30PM Follow-up Inspection Date: 04/19/2023 Time In: 10:30AM			Time Out: 10:46AM Regu		t: Did not pass. Follow-up ired. v-up Result: PASSED	
Informal Care						
Type of Care (check one):	D Non-rel	ative Info	ormal Provider C	are Relative	Informal Pro	vider Care
Provider Information						
First Name: Huyen Last Name: Lam Provider ID #:				Provid Email:	ler ID: <u>465762</u>	
Care Location Inspected		_				
Street Address: Address Verified? Yes.	Ci	ty:	County	St	ate Zip	Code
Name of Children in Care	(add pages if ne	eded)	Scholarship	Date of Birth	Age	/ Present (Y/N)
				(04/06/2010)	13yr./N	
				(04/26/2011)	11yr./N	
				(01/01/2014)	9yr. / N	
				1	-	
Safety of the Home Directions: Review and deter pages may be used for comm	mine complianc ients.	e with ead	ch standard. Note	any comments or c Y – Yes, N – No,	orrective actio D – Discusse	ns needed. Additional d, n/a – Not Applicable
Health and Safety Training:				Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe if needed
Basic Health and Safety Tra	aining Complete	ed?		Y	Relative In	nformal Care – Certificate Submitte
Home is free of health and	a safety hazaro	ls:		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	nc		Y		No evidence of infestation
Is well-lit and well-	ventilated			Y		s were turned on and natural window lighting
Has hot and cold n	unning water			Y	lested	by provider and steam observed on camera
Has a working insid	de toilet			Y	Flu	shed by provider and observed
Has utilities for cod		nd heatin	g	Y		
Has a working and				Y	Thermostat tested by provider for cooling & heating	
Has a working refri	gerator and sto	ve		Y		sted by provider and observed
Has a working tele	phone			Y		ound call made to provider's phone
 Has operational sm 	noke detector(s)		Y		sted by provider and observed
 Has first aid kit/sup 	plies			Y	Medical Supplies: Band-Aids, Gauze, Alcohol Peroxide stored on top of fridge	
 Has protective cov accessible to children 		lectrical o	outlet that is	Y	Corrective Action Completed: Outlet coverings needed in bathrooms, kitchen, living and dining room	
Harmful items are stored a children:	appropriately a	ind away	from	Standard Met Y/N	Comments/ Corrective /	Notes Action /Timeframe if needed
Sharp or pointed its	ems			Y	Corrective Action Completed: Knives moved to higher level or lock on drawer	
Medications of any	kind			Y	Ste	pred in high cabinet in kitchen
Matches, lighters a	nd flammable p	oroducts		Y		Does not own
Alcoholic beverage	S			Y		Does not own

MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

Y Stored in garage will move high
o o-
Y Corrective Action Completed: Cleaning Age moved to a highest shelf in garage
Y Stored in garage
ndard Met Comments/Notes Y/N Corrective Action /Timeframe if needed
Y No diaper age children in care
Y
Y
Y No diaper age children in care
Y
Adard Met Comments/Notes Y/N Corrective Action /Timeframe if needed
Y
Y
Y
Y
rent of an emergency. This contains a Disaster Supply Kit (includi
ter Supply Kit. Be certain that the Disaster Supply Kit contains le. Comment and note below if needed.
Selder or binder for EPP docume
⊠Backpack(s) or carrying case(s)
Consider special toys or games
iter Sole. C

⊠ Thermometer

Change of clothes

Blanket(s)

Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Medications

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: Stored in garage near exit

Item Specification (if needed):

Medications for 11yr., 1 flashlight, 1 pk of D batteries, 1 first aid kit, 1 thermometer, 4 bottled waters, 5 canned foods, 3 outfits (top/bottom), 3 blankets, folder w/ EPP and ECMA docs per child, 1 duffle bag, playing cards, 1 pair of scissors, 1 roll of duct tape, and trash bags(sealing plastic)

Items to be reviewed on 04/19/2023: Corrected & Reviewed on 04/19/2023

- Outlet coverings in common spaces (bathroom, living room, dining room, kitchen)
- Knives moved to higher level or lock added to drawer
- Cleaning agents moved to higher shelf in garage
- ERTG: ERTG: daily medication must be added

Emergency Documents

SInformal Provider Emergency Preparedness Plan (this completed form)

⊠Authorization for emergency medical care

Planning and Maintenance

-					Contraction of the second s	
Person respo	insible for up	dating the Disa	ster Supply Kit	t and the Fr	nergency Do	cuments regularly:

First	Name
Thac)

Last Name Broadnax

Bro

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.

Shelter In Place Procedure:

The provider will gather the children by calling out their names and grab the ERTG and head to the spare bedroom(1 door 0 windows) in basement. Provider will use sealing plastic and tape to seal the door if needed. Provider will call the parent to inform them of the emergency and when the emergency has ended.

Evacuation Location(s) Procedures:

Primary: The provider will account for the children and ERTG and head to her vehicle with the children. The provider will ensure all doors are locked and each child secured in their seat belts. The provider will call and inform the parent and then drive to the provider will call the provider to the provider and children will shelter in the provider will call the parent again when the emergency is over.

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and go the providers vehicle. The provider will ensure all kids are in their seat belts and doors locked. She will call the parent on the way provider will call the parent again once they are secured.

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:	HUY	EN LAM	Printed Name:			
Signature:			Signature			
Date: 5/3/	23	Phone:	Date: 04/19/2023	Phone: 1-877-227-0125		

SVirtual Inspection		te Department of Ed Child Care Scholar INFORMAL INSPECTION C	CARE	hild Care Rotum to ocs.informalproviders@maryland.g ov	
Inspection Date: 11/23/2022	1	Time In: 10:30AM	Time Out 11:15/	AM Result PASSED	
Informal Care	-		1	THE PARTY PARTY	
Type of Care (start	171 Mars and all	Informal Provider C			
ander information	C. Non-relative	Informal Provider C	are coRelative	Informal Provider Care	
First Name: Demetrious Provider ID #	- 1	ast Name: Lancast	aster Provider (D		
Care Location Inspected					
Address Verified? Yes	City:		ounty: State	Zip Code	
Name of Children in Care (add p	ages if needed)	Scholarship	Date of Birth	Age / Present (V/N)	
the second s			12/2/2013	Age / Present (Y/N) 8 / No, at School	
			4/17/2020	2 /No, at School	
			10/12/2021	1 /Yes	
0			8/19/2022	2 Months / Yes	
Safety of the Home					
Directions: Review and determine co bages may be used for comments.	ompliance with	each standard. Note	any comments or c Y - Yes, N - No,	orrective actions needed. Additional D - Discussed, n/a - Not Applicable	
lealth and Safety Training: asic Health and Safety Training C			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
			Y	Certificate Submitted	
ome is free of health and safety	hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair			Y	and reading the second	
Is free of insect or rodent in			Y	No sign of infestation	
Is well-lit and well-ventilated			Y		
 Has hot and cold running w. Has a working inside toilet 			Y	Steam observed	
rido a working inside toilet			Y	Flush observed	
duinties for cooking, light		ng	Y		
ride a monting and sale field			Y	Thermostat dialed up	
 Has a working refrigerator an Has a working telephone 	nd stove		Y		
Has operational smoke detec	standa)		Y	Provider's cell called	
Has first aid kit/supplies	lon(s)		Y Y	Band-aids, alcohol wipes, Neosporin, gauz	
Has protective coverings on a accessible to children	ny electrical	outlet that is	Y	scissors, ice pack	
ul items are stored appropriate n:	ely and away	from	Standard Met Y/N	Comments/Notes	
Sharp or pointed items			Y	Corrective Action /Timeframe if needed Locked in cabinet	
Medications of any kind			Y	Upper cabinet	
Matches, lighters and flammab	le producte		Y	and the second sec	
Alcoholic beverages	is products			None	
			Y	None	
Guns			Υ	None	
Cleaning agents			Y	Locked in cabinets	
Poisonous substances			Y	Other than medications and cleaning solu	

GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes
	ing diapering area.	Y	Corrective Action /Timeframe if needed
sanitary manner	are disposed of in a	Y	
Child is changed immediately when s/he has diaper, clothing or bedding.	s a solled or wet	Y	
Chapering procedures are followed		Y	
Handwashing procedure sare followed washed thoroughly with soap and warm runn Toileting: Diapering: Before food preparation and eating: After playing outdoors; and After playing outdoors; and disease.	event the spread of	Y	
CHILD ABUSE, NEGLECT AND MISTREAT	MENT STANDARDS	Standard Met	Comments/Notes
A child is not subject to any form of abuse, Physical injury Any sexual abuse Mental injury	Including:	Y/N Y	Corrective Action /Timeframe if needed
 A child in care is not subjected to any form including: The failure to give proper care and attern including leaving a child unattended up that indicate that the child's health or very placed at substantial risk of harm: Mental injury to a child, or a substantial injury that is caused by the failure to gi attention to a child. 	ention to a child nder circumstances velfare is harmed or I risk of mental ve proper care and	¥	
 A child in care is not subjected to mistreatme Any deliberate act that hurts a child phy 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 distaste child's mouth Requiring a child to stand on one foot as Tying child to a cot or other equipment 	s ful items in a punishment	Y	
The provider immediately reports any suspected reglect or mistreatment by calling 911 and you Department of Social Services Child Protective	rload	Y	
mergency Ready-to-Go Pack	d apply approximately		
ded medications) and Emergency Documents.	cosily accessible in th	e event of an em	ergency. This contains a Disaster Supply Kit (including
aster Supply Kit			
ctions: Review and determine that each item is adequing supplies for each child in care. Also the items are	uately included in the D clean, organized, and i	isaster Supply Ki usable, Commen	t. Be certain that the Disaster Supply Kit contains t and note below if needed
ear rashinght	Bottled water		
Batteries for Flashlight	⊠Non-perishable fo	od	E Folder or binder for EPP documen
Portable First Aid Kit	⊠Diapers		Backpack(s) or carrying case(s)
	Change of clothes		⊠Consider special toys or games ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
Medications N/A	Blanket(s)		bags

Items in the Disaster Supply Kit are clean, organized, and usat Emergency Ready to Go Pack is available and easily accessib Location of The Emergency Ready to go Pack: By the front Rem Specification (If needed): 4 shirts, 4 pants, 20 Diapers and 2 boxes wipes 2 extra D balte Band aids, ointment, alcohol wipes, gauze, tape, Neosporin, Be 12oz water bottles, 4 can of spagettios, 4 chicken noodle soup. Items to review on xx/xx/xxxx If needed: N/A	e in the event of an emergency (t door	Y/N)? Y
Rem Specification (if needed): 4 shirts, 4 pants, 20 Diapers and 2 boxes wipes 2 extra D batte Band aids, ointment, alcohol wipes, gauze, tape, Neosporin, Be 12oz water bottles, 4 can of spagettios, 4 chicken noedle soup.	t door	
Item Specification (if needed): 4 shirts, 4 pants, 20 Diapers and 2 boxes wipes 2 extra D batte Band aids, ointment, alcohol wipes, gauze, tape, Neosporin, Be 12oz water bottles, 4 can of spagettios, 4 chicken noedle soup.		
Band aids, 20 Diapers and 2 boxes wipes 2 extra D batter 12oz water bottles, 4 can of spagettios, 4 chicken noedle soup.		
sources, a can of spagettios. 4 chicken noodle soup.		
sources, a can of spagettios. 4 chicken noodle soup.	ries, 4 emergency blankets, bubt	oles, books
Itome to mul	6 to do apple sauce 4 euror man	
The review on xx/xx/xxxx if peeded: N/A	a support source, a cups man	carin oranges , Similac baby formula
IN THE REAL PROPERTY AND A STATE		
Emergency Documents		
⊠ Informal Provider Emergency Preparedness Plan (this ⊗Authorization for emergency Preparedness Plan (this		
erneigency medical care	completed form)	
Planning and Maintenance		
Person responsible for undating the Dissels O		
First Name Demetrious Last Name L	ancaster	arly:
Description of how the Emergency Ready-to-Go Pack will be tra	insported to an evacuation loc:	ation: Carried
Shelter In Place Procedure:		
The provider will pick up and		
The provider will pick up non-walking child and gather the walkin has no windows and one door. If the need should arise the provi parent once everyone is in the bathroom and secure.	ig children, grab the ERTB, an	d head to the main level bathroom which
parent once everyone is in the bathroom and secure.	der will use plastic and tape to	seal the shelter. The provider will call the
secure,		
vacuation Procedures:		
racuation Procedures:		
he provider will gather the children and place younger two child ompartment, she will hold the	from he that is a second second	
ompartment, she will hold the	ren in the double stroller, with	the emergency bag placed in the bottom
Gauon, which is	and an one proceed	IV Walk IDP IO the primary average
ovider will call the parents before leaving the care location and	than a provider will ask to be t	cirected to a room they can shelter. The
hev couldn't shelter at the primary least	Service and and all addressed	are in the evacuation location.
wider will gather the children and the emergency bag, and pro-	internate evacuation location	
Idren in rear facing car seats and secure		which is he
a con bours and becore	ceed to the provider's vehicle	where she was secure upp torse was
vider will ask to be directed to a room where mey can shelter.	ooster, before driving t	where she was secure upp torse was
vider will ask to be directed to a room where they can shelter, or they are secure in the alternate evacuation location.	beed to the provider's vehicle booster, before driving to The provider will call the pare	where she was secure upp torse was
vider will ask to be directed to a room where mey can shelter, in they are secure in the alternate evacuation location.	ceed to the provider's vehicle poster, before driving i The provider will call the pare	where she was secure upp torse was
vider will ask to be directed to a room where mey can shelter, in they are secure in the alternate evacuation location.	ceed to the provider's vehicle ooster, before driving to The provider will call the pare	where she was secure upp torse was
vider will ask to be directed to a room where they can shelter, or they are secure in the alternate evacuation location.	ceed to the provider's vehicle boster, before driving to The provider will call the pare	where she was secure upp torse was
atures & Date	The provider will call the pare	where she will secure the three younges to the location. Once at the location the ints before leaving the care location and
atures & Date	The provider will call the pare	where she will secure the three younges to the location. Once at the location the ints before leaving the care location and
atures & Date	The provider will call the pare	where she will secure the three younges to the location. Once at the location the ints before leaving the care location and
or they are secure in the alternate evacuation location.	The provider will call the pare	where she will secure the three younges to the location. Once at the location the onts before leaving the care location and wed, and any corrections if needed have ided is subject to random, unannounced
atures & Date owledgement: By signing below the parties acknowledge that a discussed. The parties also acknowledge that, if approved, th privisit which will be conducted virtually or in-person. PROVIDER	The provider will call the pare all standards have been revie te home in which care is provi	where she will secure the three younges to the location. Once at the location the ints before leaving the care location and
atures & Date owledgement: By signing below the parties acknowledge that a discussed. The parties also ecknowledge that, if approved, th provide will be conducted virtually or in-person. PROVIDER	The provider will call the pare	where she will secure the three younges to the location. Once at the location the onts before leaving the care location and wed, and any corrections if needed have ided is subject to random, unannounced
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atures & Date owledgement: By signing below the parties acknowledge that if discussed. The parties also acknowledge that, if approved, th privisit which will be conducted virtually or in-person. PROVIDER d Name: Demetrinus 1 ancaster ur 1 2-3 2022 Phone	The provider will call the pare all standards have been revie te home in which care is provi Printed Name: Signature:	where she win secure the three younges to the location. Once at the location the onts before leaving the care location and wed, and any corrections if needed have ided is subject to random, unannounced INSPECTOR
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⊠Virtual Inspection □In-person Inspection	Maryland State De Chil IN	hild Care	Return to: ccs.informalproviders@maryland.g ov		
Inspection Date: 09/19/2023	Time	In: 9:30AM	Time Out: 10:594	M Result:	PASSED
Informal Care					
Type of Care (check one):	Non-relative Info	ormal Provider C	are Relative	Informal Prov	vider Care
Provider Information					
and an and a state of the state		<u>A</u>		Provide	er ID: <u>525893</u>
First Name: Kimberly Provider ID #:	Last	Name: Lawier		Email:	
Care Location Inspected					
Street Address: Address Verified? Yes.	City:	County:	State	Zip Cod	e:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(12/10/2022)	9mos. / Y	
Safety of the Home					
Directions: Review and determ pages may be used for comme	ine compliance with each	ch standard. Note	any comments or co Y - Yes, N - No, I	orrective actio D – Discusse	ns needed. Additional d, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments	/Notes Action /Timeframe if needed
Basic Health and Safety Train	ing Completed?	, E.,	Y	Non-Re	elative Informal Care – Certificate Submitted
Home is free of health and a	safety hazards:		Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
 Is in good repair 			Y		All areas were clean
 Is free of insect or ro 	dent infestation		Y	No evidence of infestation All lights were turned on and natural window	
Is well-lit and well-ve	ntilated	<u> </u>	Y		lighting
 Has hot and cold run 	ning water		Y	Tested by provider and steam observed on camera	
 Has a working inside 	e toilet	_	Y	Flushed by provider and observed	
 Has utilities for cook 	ing, lighting and heatir	ng	Y		
 Has a working and s 	afe heating system		Y		ostat tested by provider for cooling & heating
 Has a working refrig 	erator and stove		Y		ested by provider and observed
 Has a working telept 	none		Y	Outbound call made by informal team to provid phone	
 Has operational smoothing 	oke detector(s)		Y	Tested by provider and observed	
 Has first aid kit/supp 	lies		Y	First aid kit stored under the sink and in the kitchen cabinet	
 Has protective cover accessible to childre 	rings on any electrical n	outlet that is	Y	All outlets covered or occupied	
Harmful items are stored an children:	ppropriately and awa	y from	Standard Met Y/N	Comments Corrective	Notes Action /Timeframe if needed
Sharp or pointed iter	ns		Y	Store	d in knife block on back of counter
Medications of any i	kind		Y		ored in top cabinet above stove
 Matches, lighters an 	d flammable products		Y		wed to top cabinet above stove
Alcoholic beverages			Y		ed in top cabinet above the fridge
Guns		Guns			n locked safe within a lock box in the parent's bedroom

Cleaning agents	Y	Cleaning products stored in locked bathroom and kitchen cabinet and top shelf of pantry door hange	
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	Diapering area in living room	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Ŷ	Yes, thrown away using baby diaper bin	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	Yes changing area had all necessary diaper 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 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

Batteries for Flashlight

⊠Bottled water ⊠Non-perishable food Solder or binder for EPP documents Backpack(s) or carrying case(s)

⊠Diapers

Consider special toys or games

⊠ Thermometer	⊠Change of cl	othes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
12 Thermometer	Zichange of G	Ullica	bags
Medications (N/A)	⊠Blanket(s)		
Items in the Disaster Supply Kit ar	e clean, organized, and usable (Y/	N)? Y	
Emergency Ready-to-Go Pack is a	available and easily accessible in th	ne event of an emergency (Y/N)? Y
Item Specification (If needed):	dy to go Pack: Stored in the livit		
under shorts, 2 bottled water bags, 1 roll of duct tape, an	ers, 3 diapers and 1pk of wipes, d folder w/ EPP and ECMA docs	1 small toy, 1 flashlight, 2 ext	is, 2 blankets, 1 dress and 1 pair of tra D batteries, 1 pair of scissors, 3 trash
- Items to be reviewed on xx/	xx/xxxx: N/A		
Emergency Documents			
Informal Provider Emerge	ancy Preparedness Plan (this con	npleted form)	
Authorization for emerger	ncy medical care		
Planning and Maintenance			
Person responsible for updating th	e Disaster Supply Kit and the En	nergency Documents regular	y:
First Name Kelsey	Last Name Tarr		
Description of how the Emergency	Ready-to-Go Pack will be trans	ported to an evacuation locati	on: carried by the provider.
Shelter in Place Procedure:			
The provider will pick up the child sealing plastic and tape to secure emergency occurs, during and after	the doors and the vents if the ne	ed should arise. The provider	s 0 windows). The provider will use the will immediately call the parent when the
Evacuation Procedures			
Primary: The provider will account secure the child in her rear-facing contact and parent before and after with emerge	car seat and drive to to receive instruction of whe	. Upon arriva	e provider's vehicle. The provider will I the provider will call the direct point of ne provider will immediately call the
Alternate: If they could not access to the provider's vehicle. The prov arrival the provider will provider will immediately call the p	ider will secure the child in her re . The	ar-facing car seat and drive t provider and child will shelte	
Çare Hours:			
Signatures & Date			The second s
Acknowledgement: By signing belo	acknowledge that, if approved, the	Il standards have been review a home in which care is provid	wed, and any corrections if needed have led is subject to random, unannounced
PROV			INSPECTOR
Printed Name:	Lawler	Printed Name:	
		Signature:	
Date: 1: 20:20 20 Price	one:	Date: 09/19/2023	Phone: 1-877-227-0125

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ØVirtual Inspection □In-person Inspection	Maryland St	ate Department of Ec Child Care Schola INFORMAL INSPECTION C	CARE	hild Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 04/11/2023	spection Date: 04/11/2023 Time In: 9:30AM		Time Out: 10:38A	M Result	: PASSED
Informal Care	(Table 1			And State	St
Type of Care (check one):	Non-relat	ive Informal Provider	Care DRelative	Informal Pro	wider Care
Provider Information					
First Name: Jonica Lasl Name: Lawrence Provider ID #:			nce	e Provider ID: <u>512012</u> Email	
Care Location Inspected	Store The second	Contraction of the second			The Oradan
Street Address: Address Verified? Yes.		City	County:	State	Zip Code:
Name of Children in Care (ad	id pages if need	led) Scholarship	Date of Birth	Age	/ Present (Y/N)
			(02/08/2022)	1yr. / Y	
				A SALE ANY ANY ANY	A CONTRACT OF
Safety of the Home	語の意味的	and the second		Kana and	and a stand of the association of the
Directions: Review and determi	ne compliance	with each standard. No	te any comments or o	D - Discussion	ed, n/a – Not Applicable
pages may be used for commen Health and Safety Training:	115.		Standard Met Y/N	Comment	the second se
Basic Health and Safety Train	ing Completed	?	Y	Non-F	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:			Standard Met Y/N	Comment	ts/Notes e 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		ts were turned on and natural window lighting	
Has hot and cold run	ning water		Y		d by provider and steam observed on camera
 Has a working inside 	toilet		Y	F	lushed by provider and observed
 Has utilities for cooking 	ng, lighting and	dheating	Y		
Has a working and sa	afe heating sys	tem	Y	Thermostat tested by provider for cooling a heating	
 Has a working refrige 	rator and stov	e	Y	Tested by provider and observed	
 Has a working teleph 	one		Y		bound call made to provider's phone
 Has operational smol 	ke detector(s)		Y		Tested by provider and observed
Has first aid kit/suppli			Y	Medica	al Supplies: Band-Aids, Gauze, Alcohol, Peroxide
 Has protective coveri accessible to children 	ngs on any ele I	ectrical outlet that is	Y	A	Il outlets were occupied or covered
Harmful items are stored ap children:	propriately an	d away from	Standard Met Y/N	Comment	ts/Notes re Action /Timeframe if needed
Sharp or pointed item	IS	6	Y	Store	d in knife holder on the back of kitchen counter
 Medications of any ki 	nd		Y	5	Stored in high cabinet in bathroom
 Matches, lighters and 	flammable pro	oducts	Y		Does not own
 Alcoholic beverages 			Y		Does not own
• Guns			Y		Does not own
Cleaning agents			Y	All clear	ning agents stored under kitchen with lo
Poisonous substance			Y		Does not own
GENERAL CLEANLINESS ST	TANDARDS		Standard Met	Commen	nts/Notes

MSDE OCC Informal Care Inspection Checklist

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	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Diapering area in child's bedroom
sanitary manner.	Y	Diapers are thrown away daily in diaper genie
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Ŷ	All additional diapering needs in storage holde In child's bedroom
 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. 	¥	
 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 	¥	
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	

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	Solder 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
X POLADIE FINST NO TOT		Heavy Duty Scissors, duct tape/
⊠Thermometer	⊠Change of clothes	packing tape & sealing plastic/trash bags
Medications	Blanket(s)	

Items in the Disaster Supply Kit are clean, organiz	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	: In parent's nome once near exit door	
Item Specification (if needed):	bottled water, 1 canned foods/ 2 baby foods, 1	container of nuts, 1 first ald kit, 1 pair of
<u>1 duffle bag (carry-on suitcase), 1 liter of scissors, 2 trash bags, roll of duct tape, fe</u>	bottled water, 1 canned foods/ 2 baby foods, 1 errousulphate medicine(daily dosage)/Tylenol	(as needed) 5 diapers/1pk of wipes, 2
books 2 outfite/tons/bottoms/jackets), 1 [ned blanket, forder with the control the	ht w/ 1 pk of extra AA batteries, 1
thermometer, and folder w/ EPP and ECM.	A forms.	
Items to be reviewed on xx/xx/xxxx: N/A		
Emergency Documents		
Sinformal Provider Emergency Preparedr	ness Plan (this completed form)	
Authorization for emergency medical ca	re	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regula	rly:
First Name	Last Name	
labir	Marakkarakath Vadakkepurayil	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation loca	tion: carried/rolled by the provider.
Shelter In Place Procedure:		
The provider will gather the child make sure all d	oors and windows are locked and head into	1 door 1 window). Then
ensure the bag is in place within the	The provider will use sealing plastic and tape	to seal any spaces if necessary. Then the
provider will call and text if needed the parents of	efore, during and after the emergency.	
Evacuation Location(s) Procedures:		
Primary: The provider will account for the child a	and ERTG and carry them to her vehicle, she	will call the parents and secure the child in
receive instructions about where to locate for she	elter. Once they are settled and secured she w	All call the parents and text if needed using
her personal cellphone.		
Alternate: If they could not access the primary I	eastion the provider will gather the child and	ERTG and carry them into her vehicle, she
the location and inform them of the emergency.	Joon arrival she will call an office associate to	be instructed of where to shelter within th
building. Once they are secured she will call the	parents to give them updates.	
Signatures & Date Acknowledgement: By signing below the parties a	cknowledge that all standards have been revi	ewed, and any corrections if needed have
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge th	at, if approved, the home in which care is prov	vided is subject to random, unannounced
pop up visit which will be conducted virtually or in	-person.	
PROVIDER		INSPECTOR
Printed Name: Jonica Lowrence	e Printed Name:	
Signature:	Signature:	
Date: 4/18/23 Phone:	Date: 04/11/2023	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 ccs.info	to: ormalpro	oviders@maryland.gov
Inspection Date: 5/30/2024	Time	Time Out: 4:43pr	n Re	sult: Pass	sed		
Informal Care							
Type of Care (check one):	Non-relative Infe	ormal Provider C	ana Dalativa	Informal.	Desider	Care	
Provider Information	C Non-relative min	official Provider C.	are ⊠Relative	Informal	Provider	Care	
First Name: Hee Provider ID #	Last	Name: Lee		Pro	ovider ID:	55372	9
				En	nail:		
Care Location Inspected							
<u>Street Address</u> Address Verified?: Yes	<u>City</u> :		County:		State:		Zip Code:
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	1	Prese	ent (Y/N)
			12/10/2022	1 /Y			
			11/1/2019	4 /Y			
			7/13/2017	6 /Y			
Safety of the Home		1	1	1			
Health and Safety Training: Basic Health and Safety Training Completed?			Y/N Y Standard Met				eframe if needed
Home is free of health and safety hazards:			Standard Met Y/N		ents/Note		eframe if needed
 Is in good repair 			Y				
 Is free of insect or n 	odent infestation		Y				
 Is well-lit and well-v 	entilated		Y				
 Has hot and cold rule 			Y				
 Has a working insid 			Y				
	king, lighting and heati	ng	Y				
 Has a working and 			Y				
 Has a working refrig 			Y			_	
Has a working telep			Y				
 Has operational smi Has first aid kit/supp 			Y				
	rings on any electrical	outlet that is	Y Y				
Harmful items are stored ap children:		y from	Standard Met Y/N		ents/Note		frame if needed
Sharp or pointed iter	ms		Y	Conect	ACUO	in / i ime	maine ir needed
Medications of any kind			Y				
Matches, lighters and flammable products			Y				
Alcoholic beverages			Y				
Guns		-	Y				
Cleaning agents			Y				
Poisonous substance	es		Y				
			Standard Met		ents/Note		

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MSDE OCC Informal Care Inspection Checklist 2020-03-26

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Il areas of the home are kept clean, includir	ng diapering area.	Y	
rash, garbage and wet and soiled diapers a anitary manner.		Y	
hild is changed immediately when s/he has iaper, clothing or bedding.	a soiled or wet	Y	
iapering procedures are followed.		Y	
 andwashing procedures are followed. Provashed thoroughly with soap and warm runn Toileting; Diapering; Before food preparation and eating After playing outdoors; and At other times when necessary to p disease. 	ning water after.	Y	
HILD ABUSE, NEGLECT AND MISTREA	TMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abus Physical injury Any sexual abuse Mental injury 	se, including:	Y	
 A child in care is not subjected to any for including: The failure to give proper care and including leaving a child unattende that indicate that the child's health placed at substantial risk of harm; Mental injury to a child, or a substantial right to a child. 	attention to a child d under circumstances or welfare is harmed or antial risk of mental	Y	
 A child in care is not subjected to mistre Any deliberate act that hurts a chile emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discip Not attending to a child's physical Shouting, Cursing, Shaming, Ridic Washing a child's mouth with soap Putting pepper or other spicy or dischild's mouth Requiring a child to stand on one f Tying child to a cot or other equipping 	d physically or bline needs suling stasteful items in a foot as punishment	Y	
The provider immediately reports any su neglect or mistreatment by calling 911 at Department of Social Services Child Pro	nd your local	Y	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack mu (including needed medications) and Er	ist be available and easily an mergency Documents.	ccessible in the ever	t of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit			
Directions: Review and determine that contains enough supplies for each child	each item is adequately inc d in care. Also that the items	cluded in the Disaste are clean, organize	r Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed.
⊠Flashlight	Bottled water		Section of the sectio
⊠Batteries	⊠Non-perishab	le food	Backpack(s) or carrying case(s)
Portable First Aid Kit	Diapers		⊠Consider special toys or games
Thermometer	⊠Change of clo	othes	☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Medications N/A	Blanket(s)		

and the second second

A STATISTICS OF THE CONTRACT OF

	usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily acce		/N)? Yes
Location of Emergency Ready to go Pack: Near the fro		
Item Specification (if needed):		
Canned Tuna, Peaches and Beans		
Packing tape, duct tape, scissors and Sealing plast	lic	
To be observed for compliance on :		
mergency Documents		
⊠Informal Provider Emergency Preparedness Plan	n (this completed form)	
Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit a	and the Emergency Documents regul	arly:
First Name Last Na	ame	
Description of how the Emergency Ready-to-Go Pack wi	0 k - 1	
Shelter In Place Procedures:	il be transported to an evacuation loc	ation:
window(s)). The provider will use the plastic to seal the d secured.	ioor and contact the parent <u>during th</u>	e emergency and after the children are
Evacuation Procedures:		
she will shelter in the (1 door(s) 2 wind	<u>.</u> The Provider will dow(s)). The Provider will contact the	to the this location where parents after everyone is secured and safe
The Provider will gather the children and carry the emerge place the bag in the vehicle before relocating to the place the bag in the vehicle before relocating to the location where she will shelter in the	L The Provider will dow(s)). The Provider will contact the gency bag to the car. The Provider wi The Provider y	to the this location where parents after everyone is secured and safe
The Provider will gather the children and carry the emerge place the bag in the vehicle before relocating to the place the bag in the vehicle before relocating to the location where she will shelter in the secured and safe	L The Provider will dow(s)). The Provider will contact the gency bag to the car. The Provider wi The Provider y	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and will to the this
The Provider will gather the children and carry the emerge place the bag in the vehicle before relocating to the place the bag in the vehicle before relocating to the location where she will shelter in the secured and safe	L he Provider will dow(s)). The Provider will contact the pency bag to the car. The Provider wind The Provider vinder 1 door(s) 3 window(s)). The Provider	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and vill to the this will contact the parents after everyone is
CARE HOURS:	contact the Provider will dow(s)). The Provider will contact the pency bag to the car. The Provider wind The Provider vinder 1 door(s) 3 window(s)). The Provider	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and vill to the this will contact the parents after everyone is
CARE HOURS:	contact the Provider will dow(s)). The Provider will contact the pency bag to the car. The Provider wind The Provider vinder 1 door(s) 3 window(s)). The Provider	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and vill to the this will contact the parents after everyone is
The Provider will gather the children and carry the emergence the bag in the vehicle before relocating to the secured and safe CARE HOURS:	contact the Provider will dow(s)). The Provider will contact the pency bag to the car. The Provider wind The Provider vinder 1 door(s) 3 window(s)). The Provider	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and will contact the parents after everyone is will contact the parents after everyone is ed, and any corrections if needed have d is subject to random, unan nounced
The Provider will gather the children and carry the emerge place the bag in the vehicle before relocating to the location where she will shelter in the secured and safe <u>CARE HOURS</u> : <u>-</u> Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appro- pop up visit which will be conducted virtually or in-person.	the Provider will dow(s)). The Provider will contact the pency bag to the car. The Provider will The Provider will the Provider vill a door(s) 3 window(s)). The Provider ge that all standards have been reviewe oved, the home in which care is provide	to the this location where parents after everyone is secured and safe Il secure the child(ren) in a car seats and will contact the parents after everyone is will contact the parents after everyone is ed, and any corrections if needed have d is subject to random, unan nounced

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5-29-2025/3:00pm/68 minutes	INSI	PECTION TYPE	AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:		Initial Application	0-23 months				
-	1	Renewal Application	2 year olds	1	1	1	
PROVIDER ID:		Complaint Investigation	3 year olds				
553729		Monitoring	4 year olds				
APPLICATION DATE:		Other	5's (pre-school)				
05/19/2025		·	5-12 (school age)	2	2	0	
COUNTY:		Follow-Up	13-19 year olds				
Montgomery County			TOTAL	3	3	1	
			Overnight				

FATALITY:	SERIOUS INJURY:		COMPLAINT #:		
N/A	N/A	٢	I/A		
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver's Lic	ense	EXP. DATE: 1/17/2028	
CARE LOCATION: Child's He	ome Informal Child Care Prov	vider's Home			
CARE TYPE: Relative I	nformal Child Care Non-Rela	tive Informal (Child Care		
INFORMAL PROVIDER NAME: Hee Lee					
PERSON(S) INTERVIEWED: Angela Chang, Hee Lee and Jason Chang					

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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 1 – Safety of Home							
C 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.	 Harmful items are stored appropriately and away from children 				
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				

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. Rest Area and Furnishings			
С	5.	Trash garbage and wet or soiled diapers are disposed	C a) SIDS prevention review			
	•	of in a sanitary manner.	C b) Infant/toddler rest furnishings			
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	C c) Crib safety			
С	7.	Diapering procedures are followed.	C d) Individual rest place			
	8.	Handwashing procedures are followed.	 e) The provider shall provide furnishings for each child approved for care in the home. 			
С		a) Toileting	ei) Younger than 12 months old, a crib, portable crib,			
С		b) Diapering	C or playpen 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				
С		e) Preventing the spread of disease				

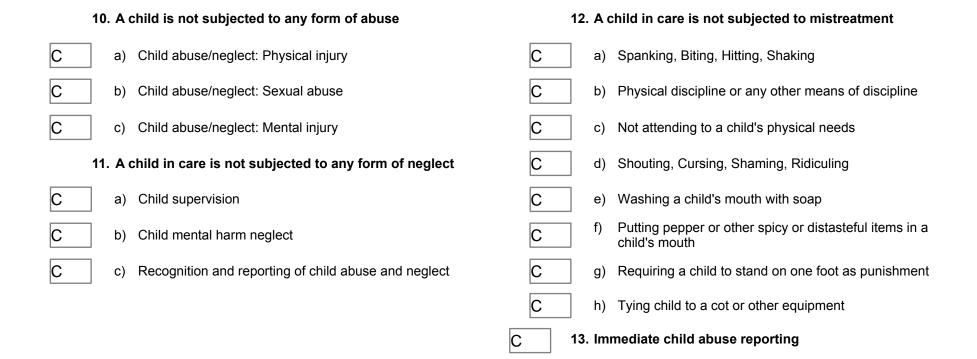
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 3 – Child Abuse, Neglect and Mistreatment Standards

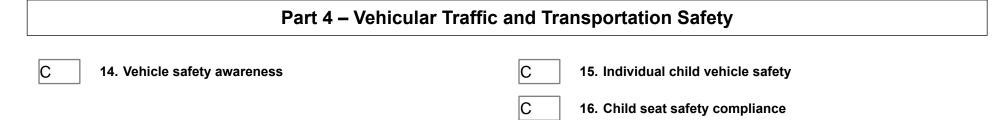


All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable



Part	5 – O	utdoor	Activity	Area
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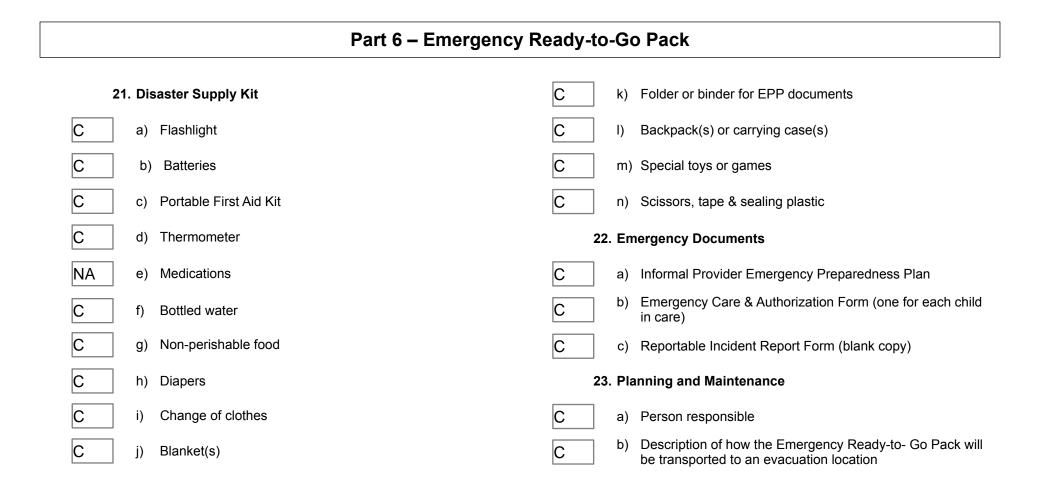
17. Safe outdoor play area С 20. Pool Safety 18. Enclosed safe play area C a) 4 ft. fence that surrounds the pool C b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment C entry/exit way С c) Secured Lock C d) Sensor or alarm on the access door

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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable



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

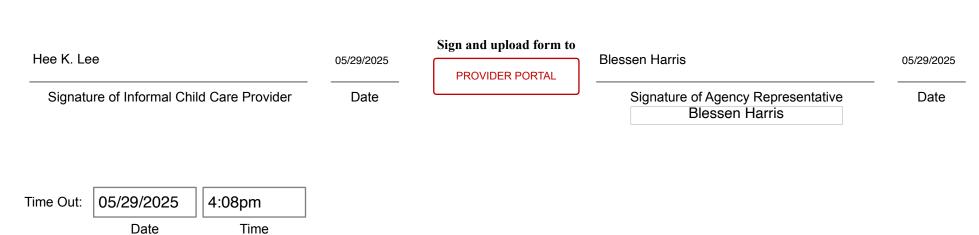
Instructions: 1. Review each Standard that applies to the Inspection being conducted.

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

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

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

consistent with standards for parental consent



Date	Start Time	End Time	Duration	Follow-Up
05/29/2025	3:00 pm	4:08 pm	68 minutes	

Total Duration: 68 minutes

Minutes

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:	
553729	-	20876	Montgomery County	
INFORMAL PROVIDER NAME:		CARE LOCATION:		
Hee Lee		Child's H	ome Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED:				
Angela Chang, Hee Lee ar	nd Jason Chang			
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:		
Renewal Initial		3:00pm/5-29-2025/68 mi	nutes	

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	No corrections needed		

Blessen Harris	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Blessen Harris				

⊠Virtual Inspection ⊡In-person Inspection	Maryland State Department of Ec Child Care Schola INFORMAL INSPECTION C		rship Program		Return to: ccs.informalproviders@maryland.g ov	
Inspection Date: 03/03/2022	Tim	e In: 1:45PM	Time Out: 2:40		Result: Passed if returned by 5:00PM on 3/4/2022	
Informal Care	Contraction of the second		1			
Type of Care (check one):	Non-relative In	formal Provider C	are Mostal			
Provider Information		ionnai Provider C		e Informal Prov	vider Care	
First Name: Anilda Last Name: Leiva			-		er ID: Not issued	
Care Location Inspected				Email:		
Street Address. Address Verified? Yes	City	County	s	itate Zi	p Code	
Name of Children in Care (add	pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			6/27/2021	7 months	/ Yes	
Safety of the Home						
Directions: Review and determine bages may be used for comments		ch standard. Note	any comments or c Y - Yes, N - No.	corrective action	s needed. Additional I, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N	Comments		
Basic Health and Safety Training	g Completed?		N/A			
Home is free of health and saf	ety hazards:		Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed	
 Is in good repair 			Y			
 Is free of insect or rode 	the second s		Ŷ		odents or insects	
 Is well-lit and well-ventil 	ated		Ŷ		artificial lighting.	
 Has hot and cold running 	ig water		Ŷ	Steam obser		
 Has a working inside to 			Y	Flush observ	1974 T.	
 Has utilities for cooking. 		g	Y		e turned orange when turned on	
 Has a working and safe 	an entrance of a second s		Y	Turned up fr		
 Has a working refrigerat 			Y		light and frozen food observed	
 Has a working telephon 	and the second sec		Y		all phone. Outbound call observed.	
Has operational smoke detector(s)		Y		pressed. The alarm sounded.		
Has first aid kit/supplies		Y		es, ointment, tape, gloves, Q-tips, ban depressors, small and large gauze,		
 Has protective coverings on any electrical outlet that is accessible to children 		Y	Outlets not i	n use were covered.		
larmful items are stored appro hildren:	priately and away	from	Standard Met Y/N		ction /Timeframe if needed	
 Sharp or pointed items 			Y	Up on the cou	unter towards the back	
 Medications of any kind 			Y	None in the h	ouse	
Matches, lighters and flammable products		Y	None in the h	ouse		

 Alcoholic beverages 	Y	None in the house
Guns	Y	None in the house
 Cleaning agents 	Y	Locked in cabinets
 Poisonous substances 	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diaperi	ng area. Y	
Trash, garbage and wet and soiled diapers are dispos sanitary manner.	ed of in a Y	
Child is changed immediately when s/he has a soiled diaper, clothing or bedding.	pr wet Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running water Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease. 	after: Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT S	TANDARDS Standard Met	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, includir Physical injury Any sexual abuse Mental injury 	ng: Y	
 Including: The failure to give proper care and attention t including leaving a child unattended under cir that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk o injury that is caused by the failure to give propattention to a child. 	cumstances is harmed or Y	
 A child in care is not subjected to mistreatment, ind Any deliberate act that hurts a child physically 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 ite child's mouth Requiring a child to stand on one foot as punit Tying child to a cot or other equipment 	ms in a	
The provider immediately reports any suspected ch neglect or mistreatment by calling 911 and your <u>loc</u> Department of Social Services Child Protective Services	al Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and eas needed medications) and Emergency Documents.	ily accessible in the event of an en	nergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequate mough supplies for each child in care. Also the items are clear	y included in the Disaster Supply h	Kit. Be certain that the Disaster Supply Kit contains
	Bottled water	
	Non-perishable food	Sector or binder for EPP documents Backpack(s) or carrying case(s)

MSDE OCC Informal Care Inspection Checklist

Backpack(s) or carrying case(s)

의 Portable First Aid Kit	図Diapers	⊠Consider special toys or games
10 Thermometer	図Change of clothes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
Medications	⊠Blanket(s)	bags
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 emergence	W (Y/N)2 Y
Location of The Emergency Ready to		
Item Specification (If needed);		
2 boxes if tuna salad kit, fruit cup, apple of	thips. 2 pouches of baby food, formula & 2 16 oz. b	cotting of water
Flashlight with Rechargeable batteries an	id one extra AAA battery	
Tvlenol . hand sanitizer One Sweater 2 top, 2 pants and a burpin	a shatta	
4 diapers and one box of baby wipes	g ciom	
Teething toys, pop up toy		
Alcohol wipes, ointment, tape, gloves, Q-	tips, band aids, tongue depressors, small and large	gauze, ice pack.
Items to review on xx/xx/xxxx if neede	<u>d:</u>	
Emergency Documents		
Sinformal Provider Emergency P	reparedness Plan (this completed form)	
Authorization for emergency me		
Britter and an		
Discrime and Maintenance		
	ester Supply Kit and the Ememory Documents red	nularty:
Planning and Maintenance Person responsible for updating the Disa First Name	ester Supply Kit and the Emergency Documents reg	gularty:
Person responsible for updating the Disa First Name	Last Name	and the second
Person responsible for updating the Disa First Name		and the second
Person responsible for updating the Disa First Name	Last Name	ocation: Bag pack carried on the back.
Person responsible for updating the Disa First Name Description of how the Emergency Read Shelter In Place Procedure:	Last Name y-to-Go Pack will be transported to an evacuation I	ocation: Bag pack carried on the back.
Person responsible for updating the Disa First Name Description of how the Emergency Read Shelter In Place Procedure:	Last Name	ocation: Bag pack carried on the back.
Person responsible for updating the Disa First Name Description of how the Emergency Read <u>Shelter in Place Procedure:</u> The provider will grab the emergency to bathroom has one door and no window.	Last Name y-to-Go Pack will be transported to an evacuation I go bag, gather the baby and go into the bathroom I Once safe, provider will communicate with parent.	ocation: Bag pack carried on the back. ocated on the main floor of the house. The
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Revised 10/2021

⊠Thermometer	 ☑ Heavy Duty Scissors, duct ☑ Change of clothes ☑ Dacking tape & sealing plastic ☑ bags 					
⊠ Medications	⊠Blanket(s)	nags				
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y						
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an eme	rgency (Y/N)? Y				
Location of The Emergency Ready to go Pack:	Stored in hallway closet near exit	MAX - 100 - 107				
and CCMA per child, coloring books and f	<u>(carrying case), 1 large blanket, no : lash cards, 4 bottled waters, 1 pair (</u>	spec meds (only gen med Tylenol) folder with EPP				
 Items to be reviewed on 05/31/2023: Corre ERTG: 3 bottled waters, 1 pair of scissors 	cted & Reviewed on 05/31/2023 and 1 roll of duct tape					
Emergency Documents						
☑ Informal Provider Emergency Preparedn ☑ Authorization for emergency medical car	ess Plan (this completed form)					
Planning and Maintenance						
Person responsible for updating the Disaster Sup	ply Kit and the Emergency Documer	nts regularly:				
First Name Jeffrey	Last Name					
Description of how the Emergency Ready-to-Go	Lewis Pack will be transported to an overall	ation logation: gambal but the second to				
Shelter In Place Procedure: The provider will gather the children and ERTG a use sealing plastic and tape to seal any spaces a when the emergency is over. Evacuation Procedures:	nd head into the s needed. The provider will call, text	Once in the room the provider will and email the parent immediately and afterward				
	oungest child in rear-facing seat. Th	head to the provider's vehicle. The provider will 2 en they will drive to the Upon ruction of where to shelter in the location.				
Alternate: If they could not access the primary is head to the provider's vehicle. The provider will 2 Then they will drive to the provider and will enter the provider and emergency has ended.	rival the provider will call or text the	the children and grab the ERTG backpack and seat and the youngest child in rear-facing seat. parent and then the provider with his key access (1 door 1 window) and stay there until the				
Care Hours: M-F 6:00am-4:00pm						
Signatures & Date	and the second					
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	ar, il appioved, the nome in which ca	een reviewed, and any corrections if needed have re is provided is subject to random, unannounced				
PROVIDER INSPECTOR						
	ew." Printed Name:					
	Signature:					
Date: 07/24/2] Phone:	Date: 05/31/202	23 Phone: 1-877-227-0125				
, ,		CCS				

a design

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Return to: Child Care Scholarship Program ccs.informalproviders@marylar INFORMAL CARE INSPECTION CHECKLIST					n to: formalproviders@maryland.gov
Inspection Date: 3/28/2024	Time In: 1:30pm		Time Out: 2:10pm F		sult: Pas	ssed
Informal Care	Manager Vallager	9 1 S . 198			c	
Type of Care (check one):	☑ Non-relative Info	rmal Provider C	are	Informal	Provider	Care
Provider Information						
First Name: Marissa Provider ID #:	Edot Harro: Eomo				ovider ID nail:	: 544487
Care Location Inspected						
Street Address: Address Verified?: Yes		City	County	S	state	Zip Code
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			11/23/23	4 m	os. /Y	
			11/23/23		os. /Y	
Safety of the Home						
						l'an and de d
Additional pages may	nd determine compliance be used for comments.	e with each stand	ard. Note any comm Y – Yes, N – No.	D – Discu	ssed, n/	actions needed. a – Not Applicable
Health and Safety Training			Standard Met Y/N		ents/Not	es on /Timeframe if needed
Basic Health and Sa	afety Training Complete	ed?	Y			
Home is free of health and	Home is free of health and safety hazards:		Standard Met Y/N		ents/Not tive Action	es on /Timeframe if needed
 Is in good repair 			Y			
Is free of insect or re	odent infestation		Y			
Is well-lit and well-v			Y			
Has hot and cold ru			Y			
Has a working insid			Y			
	king, lighting and heatin	g	Y			
	safe heating system		Y Y			
Has a working refrig Has a working telep			Y			
Has a working telep Has operational sm			Y			
Has first aid kit/supp			Y			
	rings on any electrical of	outlet that is	Y	12 Out	ets cover	ad
accessible to childre			-	12 Out	ets cover	ed
Harmful items are stored appropriately and away from children:			Standard Met Y/N		nts/Note ve Actio	s n /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 substance	ces		Y	0	- 4- 191- 1	
GENERAL CLEANLINESS			Standard Met Y/N		nts/Note ive Actio	s n /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 r (including needed medications) and	nust be available and easily accessible in the event Emergency Documents.	of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
Directions: Review and determine th contains enough supplies for each ch	at each item is adequately included in the Disaster nild in care. Also that the items are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit I, 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,	organized, and usable (Y/N)? Yes	

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Emergency Ready-to-Go Pack is available and easily accessible in the	e event of an emergency (Y/N)? Yes					
Location of Emergency Ready to go Pack: Kept under the children	n's stroller in the main room					
Item Specification (if needed):						
 Duct tape, sealing plastic, scissors 						
• 2 flashlights						
2 blankets						
 Infants Tylenol Baby formula 3 bottled waters and 1 gallon of water 						
					 2 canned foods Plushy toys 	
					• Flushy toys	
To be observed for compliance on :						
•						
Emergency Documents						
☑Informal Provider Emergency Preparedness Plan (this compared to the second	pleted form)					
Authorization for emergency medical care						
Planning and Maintenance						
Person responsible for updating the Disaster Supply Kit and the Eme						
First Name Caroline Last Name Burnet	t					
Description of how the Emergency Ready-to-Go Pack will be transpo	orted to an evacuation location:					
Shelter In Place Procedures:						
The Provider will place the children in the stroller where the bag is al vents). The Provider will fifth contact the Parent via text initially and call to update the parent once camera within the shelter location which has two way audio if the art	e threat is environmental (1 door 1 exhaust vent). The Provider will e secured in the shelter location. The parent also has access to a					
Evacuation Procedures:						
The Provider will place the children in the stroller where the bag is all the Provider will gain instruction on where to windows). The Provider will contact the Parent via text initially and ca	They may shelter in (1+ doors 1+					
The Provider will place the children in the stroller where the bag is a The Provider will gain instruction on where to shelter from text initially and call to update the parent once secured in the evacuation of the evacuation of the stroller from the stroller fro	m an . The Provider will contact the Parent via					
CARE HOURS:						
Signatures & Date						
Acknowledgement: By signing below the parties acknowledge that all sta been discussed. The parties also acknowledge that, if approved, the hor pop up visit which will be conducted virtually or in-person.						
PROVIDER	INSPECTOR					
Printed Name: Marcia a a a a a a a a a a a a a a a a a a	Printed Name					
Signatu	Signature:					

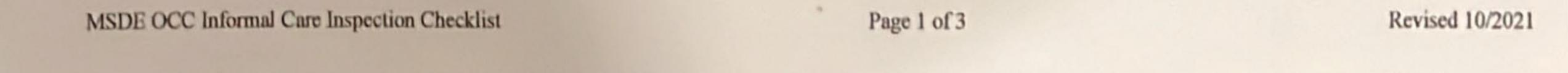
Phone:

Date: 3-28-2024

Date: 3/28/2024

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	C	Department of Edu child Care Scholars INFORMAL (INSPECTION CH	ship Program CARE	Child Care Return to: ccs.informalproviders@maryland.g
Inspection Date: 12/6/2023 Follow-up Inspection Date: 1		me in: 1:30PM me in: 4:45PM	Time Out: 2:46P Time Out: 4:56P	
Informal Care				
Type of Care (check one):	□ Non-relative	Informal Provider Ca	are ØRelative	Informal Provider Care
Provider Information				
First Name: Pamela Provider ID #:	La	ast Name: Lisenby		Provider ID: 534611 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)
			(12/03/2018)	6yr. / Y
			(11/26/2017)	5yr. / Y
Safety of the Home				
pages may be used for comm	nents.	each standard. Note	Any comments or co Y - Yes, N - No, I Standard Met	orrective actions needed. Additional D – Discussed, n/a – Not Applicable Comments/Notes
Health and Safety Training			Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Tra	ining 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 it 	rodent infestation		Y	No evidence of infestation
 Is well-lit and well-well-well-well-well-well-well-well			Y	All lights were turned on and natural window lighting Tested by provider and observed the steam from
 Has hot and cold rule 	unning water		Y	kitchen sink
Has a working insid			Y	Flushed by provider and observed
 Has utilities for coordinate 	oking, lighting and he	ating	Y	
	safe heating system		Y	Thermostat tested by provider for cooling & heating
 Has a working refri 	gerator and stove		Y	Tested by provider and observed
 Has a working telep 	phone		Y	Outbound call made by informal team to provider phone
 Has operational sm 	noke detector(s)		Y	Tested by provider and observed
 Has first aid kit/sup 			Y	First aid kit in bin on top of fridge and in both bathrooms
Has protective cover accessible to childred	erings on any electric ren	cal outlet that is	Y	Corrective Action Required: All outlets were covered or occupied
Harmful items are stored a	appropriately and a	way from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
children:		way nom	T/N	
 children: Sharp or pointed ite 	ems	way nom	Y	Knife holder and block on back of kitchen counter
		way nom		Stored in bin on top of fridge
 Sharp or pointed ite Medications of any 				
 Sharp or pointed ite Medications of any 	kind and flammable produc			Stored in bin on top of fridge



Cleaning agents	Y	All cleaning moved to top of cabinet and 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 in care
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	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. 		
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. 		
 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 		
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
 ☑ Portable First Aid Kit

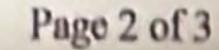
⊠Non-perishable food

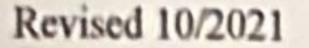
⊠Diapers (N/A)

☑ Folder or binder for EPP documents
☑ Backpack(s) or carrying case(s)

Consider special toys or games

MSDE OCC Informal Care Inspection Checklist





ØT	hermometer	
Real of the	inominon or or	

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, 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: Stored in the living room closet by exit

 <u>1 duffle bag (carrying case)</u>, <u>1 flashlight</u>, <u>1 bag of extra AA batteries</u>, <u>1 first aid kit</u>, <u>1 thermometer</u>, <u>no specific medications only</u> <u>gen cough medicine</u>, <u>4 bottled waters</u>, <u>4 canned foods</u>, <u>2 outfits (top/bottom/underwear)</u>, <u>1 large blanket</u>, <u>folder w/ EPP and</u> <u>ECMA docs per child</u>, <u>3 books</u>, <u>1 toy</u>, <u>1 pair of scissors</u>, <u>1 roll of duct tape and 1 roll of trash bags</u> <u>Items to be reviewed on 12/6/2023</u>: <u>Corrected & Reviewed on 12/6/2023</u>

- Outlet coverings needed in all areas

1Emergency Documents

⊠Informal Provider Emergency Preparedness Plan (this completed form)

NAuthorization for any second in the

Planning and Maintenance	
Person responsible for updating	g the Disaster Supply Kit and the Emergency Documents regularly:
First Name Vivian	Last Name Garland

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.

Shelter In Place Procedure:

The provider will gather the children, grab the ERTG bag, go into the child's bedroom closet (1 door 0 windows). If needed the provider will use the sealing plastic and tape to seal the door for protection. The provider will call the parent in addition to authorities if the emergency requires their assistance.

Evacuation Procedures

Primary: The provider will gather all children, perform a head count and grab the ERTG. The provider and children will The provider will ensure both children are secured in their forward-facing car seats. Upon arrival the provider will when they are there, once inside they would (1 door 0 windows). The provider will face time the parent to update her of the emergency.

Alternate: If they could not access the primary location, the provider will gather all children, perform a head count and grab the ERTG. The provider and children will drive to The provider will ensure both children are secured in their forward-facing car seats. Upon arrival the provider will 1 door 1 window). The provider will face time the parent to update her of the emergency.

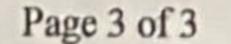
Care Hours:

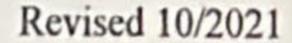
Signatures & Date

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	IN	SPECTOR
Printed Name: Panala 1150	Printed Name:	
Signature	Signature:	
Date: 12-15-23 Phone:	Date: 12/06/2023	Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist





⊠Virtual Inspection □In-person Inspection		epartment of Ec Care Care Scholarsh INFORMAL C SPECTION CH	Return to: ccs.informalproviders@maryland.gov			
Inspection Date: 5/02/2024	Time	Time In: 1:30pm Time Out: 2:25pm R			sult: Passed	
Informal Care	I	15.		Caller .		
Type of Care (check one):	□ Non-relative Info	ormal Provider C	are Relative	Informal F	Provider Care	
Provider Information						
First Name: Casey Provider ID #:	Last	Name: Littleton	1		Provider ID: 510254 Email:	
Care Location Inspected		aparter da en alterna en est	and the second			
Street Address: Address Verified?: Yes		City	ounty		Zip Code	
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
an action of the second s		-	7/08/2013	10 / N		
			9/15/2015	8 / N		
	n de la companya de La companya de la comp		11/15/2016	7 / N	Charles and the provide the state of the second strength	
Safety of the Home	and a second		4 ,			
Directions: Review an	nd determine compliance be used for comments.				rrective actions needed. ssed, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N		ents/Notes ive Action /Timeframe if needed	
Basic Health and Sa	fety Training Complete	ed?	Y			
Home is free of health and s	safety hazards:		Standard Met Y/N		nts/Notes ive Action /Timeframe if needed	
Is in good repair			Y			
Is free of insect or ro			Y			
Is well-lit and well-ve			Y			
Has hot and cold run			Y		and the second se	
	 Has a working inside toilet Has utilities for cooking, lighting and heating 		Y Y			
		9	Y			
 Has a working and s Has a working refrig 		and the second state of the second	Y	-		
Has a working telept			Y		and the second	
Has operational smo			Y		n	
Has first aid kit/supp			Y			
	rings on any electrical	outlet that is	Y			
Harmful items are stored ap children:	opropriately and away	/ from	Standard Met Y/N	Commen Correctiv	ts/Notes re Action /Timeframe if needed	
Sharp or pointed iter	ns		Y			
Medications of any k	the second se		Y		OCKED ROOM	
and the second se	d flammable products		Y	KEPT IN	LOCKED ROOM	
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents			Y			
Poisonous substance	es		Y Standard Mat	Comment	to Matan	
GENERAL CLEANLINESS S	TANDARDS		Standard Met Y/N	Correctiv	ts/Notes ve Action /Timeframe if needed	

ID 210 324

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. 	¥	
 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 (including needed medications) and		t of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
	that each item is adequately included in the Disaster child in care. Also that the items are clean, organized	
⊠Flashlight	⊠Bottled water	Solder or binder for EPP documents
⊠Batteries	⊠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

Blanket(s)

Medications

ID 510254

Items in the Disaster Supply Kit are clean, organiz	red, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an emergency (Y/	N)? Yes
Location of Emergency Ready to go Pack: PA	NTRY	
Item Specification (if needed): 6 Bottled Water 5 Canned Fruit/ Foods 		
 Roll of Plastic, 2 packs of backup batteries, Duct Tape an Tylenol Pop it Toys, Coloring Books and Crayons <u>To be observed for compliance on</u>: 	d Scissors	
Emergency Documents		
☑ Informal Provider Emergency Preparedr ☑ Authorization for emergency medical car		
Planning and Maintenance		
Person responsible for updating the Disaster Sup First Name Casey	oply Kit and the Emergency Documents regula Last Name Littleton	rły:
Evacuation Procedures: The Provider will gather the children in the living items and escort the children to the van. The Pro- the oldest before relocating to the main of the van. The Pro- where she will the provider relocating to the main of the result of the relocation of the van. The Pro- the oldest before relocating to the van. The Pro- the oldest befor	Il contact the parent to provide an update <u>afte</u> room and account for them all. She will gather ovider will <u>secure the child(ren) in a Booster</u> . The Provider 1 skylight window(s) 1 skylight window(s)) 1 stylight window(s) the childroom them of the need to relocate.	the emergency bag ensuring she has all seat for the youngest and seat belt for ren. The Provider will contact the parents the emergency bag ensuring she has all seat for the youngest and seat belt for where she will
Signatures & Date		1
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-per	if approved, the home in which care is provided	
PROVIDER		INSPECTOR
Printed Name: Casey Littleto	Printed Name	
Signature	Signature:	
Date: 5-2-24 Phone:	Date: 5/02/2024	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 04/18/202 Follow-up Inspection Date:		ne In: 3:30PM ne In: 4:00PM	Time Out: 4:39P Time Out: 4:10P	M Requi	t: Did not pass. Follow-up red. t: PASSED
Informal Care					
Type of Care (check one):	□ Non-relative Ir	nformal Provider Ca	are Relative	Informal Pro	vider Care
Provider Information					
First Name: Casey Provider ID #:	Las	st Name: Littleton	- Elon en llora con	Provid Email:	ler ID: <u>510254</u>
Care Location Inspected					
Street Address: Address Verified? Yes.	City	Count	ty: Sta	te D Zip C	Code:
Name of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(07/18/2013)	9yr. / Y	
			(09/15/2015)	7yr. / Y	
			(11/15/2016)	6yr. / Y	
Safety of the Home		•			
Directions: Review and dete		each standard. Note	any comments or c	orrective actio	ons needed. Additional ed, n/a – Not Applicable
Pages may be used for comm Health and Safety Trainin			Standard Met Y/N	Comment	
Basic Health and Safety Tr	aining Completed?		Y		nformal Care – Certificate Submitted
Home is free of health an			Standard Met Y/N	Comment	and the second
Is in good repair		Y		All areas were clean	
	rodent infestation		Y	1.80	No evidence of infestation
Is well-lit and well-	-ventilated		Y	All light	s 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 ins	ide toilet		Y	Flu	ushed by provider and observed
Has utilities for co	oking, lighting and hea	ting	Y		
Has a working and	d safe heating system		Y	Thermo	ostat tested by provider for cooling & heating
 Has a working ref 	rigerator and stove		Y	Te	ested by provider and observed
Has a working tele	ephone		Y	Outbo	ound call made to provider's phone
 Has operational s 	moke detector(s)		Y		ested by provider and observed
Has first aid kit/su	pplies		Y		Supplies: Band-Aids, Gauze, Alcohol, , Ointment moved to high level shelf in hallway closet
Has protective cor accessible to child	verings on any electrica dren	al outlet that is	Y	All	outlets were occupied or covered
Harmful items are stored children:	appropriately and aw	ay from	Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe if needed
Sharp or pointed i	tems		Y	Stored in hi	gh kitchen cabinet above the stove and sink
Medications of an	y kind		Y	Correcti	ve Action Completed: Lock added to parents door
Matches, lighters	and flammable product	s	Y	Store	d on top shelf in parent's bedroom
Alcoholic beverag	es		Y	Does not own	

• Guns	Y	Does not own	
Cleaning agents	Y	Corrective Action Completed: Lock added to cabinet with cleaning agent needed	
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 in care	
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	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 <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

Batteries for Flashlight

Bottled water
 Non-perishable food

X

Portable First Aid Kit

⊠Diapers (N/A)

Solder or binder for EPP documents

☑ Backpack(s) or carrying case(s)☑ Consider special toys or games

⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
	MPloaket(a)	bags
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		
Energency Ready-to-60 Fack is available and easily accessible in the event of an energency (Thy):		
 Location of The Emergency Ready to go Pack: Stored within the kitchen pantry Item Specification (if needed): <u>1 first aid kit, gen med (Tylenol), smallest child takes (inhaler) but parent cannot have additional medicine? 1 flashlight, 1 pk of AA batteries, 1 roll of sealing plastic, 1 duffle bag (carrying case), 3 small blankets, 3 outfits (top/bottom/underwear), 5 canned foods, 5 bottled waters, 3 books, folder w/ EPP and ECMA per child, 1 pair of scissors, and 1 roll of duct tape, and 1 thermometer</u> 		
Items to be reviewed on 04/19/2023: Corrected & Reviewed on 04/19/2023		
 Safety lock added to mother's room with medications, prescriptions, lighters Lock added to kitchen cabinet with cleaning agents Assess the space and accessibility of the shelter-in-place pantry ERTG: Missing thermometer 		
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:		
First Name Last Name		
<u>Casey</u>	_ittleton (Provider)	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure: The provider will gather the children, ensure all doors are locked and State Constitution for the youngest child in care and head into the kitchen pantry (1 door 0 windows), where the ERTG will already be stored. The provider will seal and tape the door if needed. The provider will call or text the parent before and after the lockdown.		
Evacuation Location(s) Procedures:		
Primary: The provider will account for the children, ERTG, and the provider for the youngest child. The provider will secure both children in their booster seats and the oldest child within the car seat belt within her vehicle. The provider will call or text the parent once they are secured and on the way to provider will secure Secure . The provider provider will secure both children , upon entry they would shelter in the provider will secure both children (1 door 0 windows). The provider will keep notifying the parent via call or text until the emergency has ended. Alternate: If they could not access the primary location, the provider will gather the children, ERTG and provider for the youngest child.		
She will then contact the second of the emergency and drive to the second of the provider will also call the mother and inform her that the location is changing. Upon arrival, Second of the provider will call the parent and stay in the location is changing. Upon arrival, Second of the provider will call the parent and stay in the location until the emergency has ended.		
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:	Printed Name:	
S	Signature:	
Date: Mby 3 2023 Phone:	Date: 04/19/2023	Phone: 1-877-227-0125