

## 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.

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/14/2023</b> Follow-up Inspection Date: <b>04/19/2023</b>	Time In: <b>1:30PM</b> Time In: <b>10:30AM</b>	Time Out: <b>2:34PM</b> Time Out: <b>10:46AM</b>	Result: <b>Did not pass. Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

### Provider Information

First Name: <b>Huyen</b>	Last Name: <b>Lam</b>	Provider ID: <b>465762</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(04/06/2010)	13yr.	N
[REDACTED]		(04/26/2011)	11yr.	N
[REDACTED]		(01/01/2014)	9yr.	N

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
**Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide stored on top of fridge
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: Outlet coverings needed in bathrooms, kitchen, living and dining room
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Corrective Action Completed: Knives moved to higher level or lock on drawer
• Medications of any kind	Y	Stored in high cabinet in kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own



• Guns	Y	Stored in garage will move high
• Cleaning agents	Y	Corrective Action Completed: Cleaning Agents moved to a highest shelf in garage
• Poisonous substances	Y	Stored in garage
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>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.</b>	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

☒ Portable First Aid Kit

☒ Bottled water

☒ Non-perishable food

☒ Diapers (N/A)

☒ Folder 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  
bags☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored in garage near exit**Item Specification (if needed):**

- Medications [REDACTED] 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: [REDACTED] daily medication must be added

**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  
ThaoLast Name  
Broadnax

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 [REDACTED] in which the provider [REDACTED] Upon entry, the provider and children will shelter in [REDACTED] (0 doors 2 windows). 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 [REDACTED]. The provider [REDACTED] upon entry they will shelter in [REDACTED] (1 door 3 windows). 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:	HUYEN LAM	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	5/3/23	Date:	04/19/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



☒ Virtual Inspection  
☐ In-person Inspection

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

Return to:  
 ocs.informalproviders@maryland.gov

Inspection Date: 11/23/2022

Time In: 10:30AM

Time Out: 11:15AM

Result: PASSED

**Informal Care**

Type of Care (check one):

☐ Non-relative Informal Provider Care

☒ Relative Informal Provider Care

**Provider Information**

First Name: Demetrious

Provider ID #

Last Name: Lancaster

Provider ID

Email

**Care Location Inspected**

Street Address

Address Verified? Yes

City

County

State

Zip Code

Name of Children in Care (add pages if needed)

Scholarship

Date of Birth

Age

Present (Y/N)

12/2/2013

8

/ No, at School

4/17/2020

2

/ No, at School

10/12/2021

1

/ Yes

8/19/2022

2

Months / Yes

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

**Health and Safety Training:**

Standard Met  
Y/N

Comments/Notes

Corrective Action /Timeframe if needed

Basic Health and Safety Training Completed?

Y

Certificate Submitted

**Home is free of health and safety hazards:**

Standard Met  
Y/N

Comments/Notes

Corrective Action /Timeframe if needed

• Is in good repair

Y

• Is free of insect or rodent infestation

Y

No sign of infestation

• Is well-lit and well-ventilated

Y

• Has hot and cold running water

Y

Steam observed

• Has a working inside toilet Look under sink

Y

Flush observed

• Has utilities for cooking, lighting and heating

Y

• Has a working and safe heating system

Y

Thermostat dialed up

• Has a working refrigerator and stove

Y

• Has a working telephone

Y

Provider's cell called

• Has operational smoke detector(s)

Y

• Has first aid kit/supplies

Y

Band-aids, alcohol wipes, Neosporin, gauze, scissors, ice pack

• Has protective coverings on any electrical outlet that is accessible to children

Y

**Harmful items are stored appropriately and away from children:**

Standard Met  
Y/N

Comments/Notes

Corrective Action /Timeframe if needed

• Sharp or pointed items

Y

Locked in cabinet

• Medications of any kind

Y

Upper cabinet

• Matches, lighters and flammable products

Y

None

• Alcoholic beverages

Y

None

• Guns

Y

None

• 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 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:		Y	
<ul style="list-style-type: none"> <li>• Toileting;</li> </ul>			
<ul style="list-style-type: none"> <li>• Diapering;</li> </ul>			
<ul style="list-style-type: none"> <li>• Before food preparation and eating;</li> </ul>			
<ul style="list-style-type: none"> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>			
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:		Y	
<ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>			
A child in care is not subjected to any form of neglect, including:			
<ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>		Y	
A child in care is not subjected to mistreatment, including:		Y	
<ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> </ul>			
<ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> </ul>			
<ul style="list-style-type: none"> <li>• Any other means of physical discipline</li> </ul>			
<ul style="list-style-type: none"> <li>• Not attending to a child's physical needs</li> </ul>			
<ul style="list-style-type: none"> <li>• Shouting, Cursing, Shaming, Ridiculing</li> </ul>			
<ul style="list-style-type: none"> <li>• Washing a child's mouth with soap</li> </ul>			
<ul style="list-style-type: none"> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> </ul>			
<ul style="list-style-type: none"> <li>• Requiring a child to stand on one foot as punishment</li> </ul>			
<ul style="list-style-type: none"> <li>• Tying child to a cot or other equipment</li> </ul>			
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.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents  |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)   |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games  |
| <input checked="" type="checkbox"/> Thermometer              | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications N/A          | <input checked="" type="checkbox"/> 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: By the front door

Item Specification (if needed):

4 shirts, 4 pants, 20 Diapers and 2 boxes wipes 2 extra D batteries, 4 emergency blankets, bubbles, books  
Band aids, ointment, alcohol wipes, gauze, tape, Neosporin, Benadryl, Tylenol,  
12oz water bottles, 4 can of spaghetti, 4 chicken noodle soup, 6 to go apple sauce, 4 cups mandarin oranges, Similac baby formula

Items to review on xx/xx/xxxx if needed: N/A

**Emergency Documents**

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)  
☒ Authorization for emergency medical care

**Planning and Maintenance**

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:

First Name **Demetrious**

Last Name **Lancaster**

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: **Carried**

Shelter In Place Procedure:

The provider will pick up non walking child and gather the walking children, grab the ERTB, and head to the main level bathroom which has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once everyone is in the bathroom and secure.

Evacuation Procedures:

The provider will gather the children and place younger two children in the double stroller, with the emergency bag placed in the bottom compartment, she will hold the [REDACTED] will hold on to the stroller proceed to walk to the primary evacuation location, which is [REDACTED]. Once at the location, the provider will ask to be directed to a room they can shelter. The provider will call the parents before leaving the care location and then again after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will gather the children and the emergency bag, and proceed to the provider's vehicle where she will secure the three youngest children in rear facing car seats and secure [REDACTED] booster, before driving to the location. Once at the location the provider will ask to be directed to a room where they can shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Demetrious Lancaster	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	11/23/2022	Date:	11/23/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/19/2023	Time In: 9:30AM	Time Out: 10:59AM	Result: PASSED
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### Informal Care

Type of Care (check one): ☒ Non-relative Informal Provider Care ☐ Relative Informal Provider Care

### Provider Information

First Name: <b>Kimberly</b>	Last Name: <b>Lawler</b>	Provider ID: <b>525893</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(12/10/2022)	9mos. / Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored under the sink and in the kitchen cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored in knife block on back of counter
• Medications of any kind	Y	Stored in top cabinet above stove
• Matches, lighters and flammable products	Y	Moved to top cabinet above stove
• Alcoholic beverages	Y	Stored in top cabinet above the fridge
• Guns	Y	Stored in 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 hanger
• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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.	Y	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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	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.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games     |

☒ Thermometer

☒ Change of clothes

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

☒ Medications (N/A)

☒ Blanket(s)

Items in the Disaster Supply Kit are clean, organized, 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 by the changing table

**Item Specification (If needed):**

- 1 carrying case (backpack), 1 first aid kit, 1 thermometer, no specific meds, 3 canned foods, 2 blankets, 1 dress and 1 pair of under shorts, 2 bottled waters, 3 diapers and 1pk of wipes, 1 small toy, 1 flashlight, 2 extra D batteries, 1 pair of scissors, 3 trash bags, 1 roll of duct tape, and folder w/ EPP and ECMA docs
- Items to be reviewed on xx/xx/xxxx: N/A

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:

First Name

Kelsey

Last Name

Tarr

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 pick up the child and grab the ERTG and head to the master bathroom (2 doors 0 windows). The provider will use the sealing plastic and tape to secure the doors and the vents if the need should arise. The provider will immediately call the parent when the emergency occurs, during and after the provider will video call the parent.

#### Evacuation Procedures

**Primary:** The provider will account for the child, pick her up and grab the ERTG, and head to the provider's vehicle. The provider will secure the child in her rear-facing car seat and drive to [REDACTED]. Upon arrival the provider will call the direct point of contact and [REDACTED] to receive instruction of where to shelter with the child. The provider will immediately call the parent before and after with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, pick her up and grab the ERTG, and head to the provider's vehicle. The provider will secure the child in her rear-facing car seat and drive to [REDACTED]. Upon arrival the provider will [REDACTED]. The provider and child will shelter [REDACTED] (1 door 1 window). The provider will immediately call the parent before and after with emergency updates.

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

Printed Name:

Kimberly M. Lawler

[REDACTED]

Date: 9-26-2023 Phone: [REDACTED]

##### INSPECTOR

Printed Name:

[REDACTED]

Signature: [REDACTED]

Date: 09/19/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/11/2023	Time In: 9:30AM	Time Out: 10:38AM	Result: PASSED
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### Informal Care

Type of Care (check one): ☒ Non-relative Informal Provider Care ☐ Relative Informal Provider Care

**Provider Information**

First Name: Jonica	Last Name: Lawrence	Provider ID: 512012
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(02/08/2022)	1yr. / Y	

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
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Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• Sharp or pointed items	Y	Stored in knife holder on the back of kitchen counter
• Medications of any kind	Y	Stored in high cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning agents stored under kitchen with lock
• Poisonous substances	Y	Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes
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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
Trash, garbage and wet and soiled diapers are disposed of in a 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.	Y	All additional diapering needs in storage holder in child's bedroom
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>		<b>Standard Met Y/N</b> <b>Comments/Notes</b> <b>Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	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.

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> 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:** In parent's home office near exit door

**Item Specification (if needed):**

- 1 duffle bag (carry-on suitcase), 1 liter of bottled water, 1 canned foods/ 2 baby foods, 1 container of nuts, 1 first aid kit, 1 pair of scissors, 2 trash bags, roll of duct tape, ferrousulphate medicine(daily dosage)/Tylenol (as needed) 5 diapers/1pk of wipes, 2 books, 2 outfits(tops/bottoms/jackets), 1 med blanket, folder w/ EPP & ECMA, 1 flashlight w/ 1 pk of extra AA batteries, 1 thermometer, and folder w/ EPP and ECMA forms.

**Items to be reviewed on xx/xx/xxxx:** N/A

### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

### Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:

First Name

Jabir

Last Name

Marakkarakath Vadakkepurayil

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

### Shelter In Place Procedure:

The provider will gather the child make sure all doors and windows are locked and head into [REDACTED] (1 door 1 window). Then ensure the bag is in place within the [REDACTED]. 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 before, during and after the emergency.

### Evacuation Location(s) Procedures:

**Primary:** The provider will account for the child and ERTG and carry them to her vehicle, she will call the parents and secure the child in her rear-facing car seat. The provider will drive to the [REDACTED] upon arrival she will call an associate [REDACTED] and receive instructions about where to locate for shelter. Once they are settled and secured she will call the parents and text if needed using her personal cellphone.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTG and carry them into her vehicle, she would secure the child in her rear-facing car seat and drive to the [REDACTED]. She would call the parents on her way to the location and inform them of the emergency. Upon arrival she will call an office associate to be instructed of where to shelter within the building. Once they are secured she will call the parents to give them updates.

### 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

Printed Name: Jonica Lawrence

Signature: [REDACTED]

Date: 4/13/23

Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 04/11/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 5/30/2024	Time In: 4:00 pm	Time Out: 4:43pm	Result: Passed
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### Informal Care

Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care
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### Provider Information

First Name: Hee	Last Name: Lee	Provider ID: 553729
Provider ID # [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/10/2022	1	/	Y
[REDACTED]		11/1/2019	4	/	Y
[REDACTED]		7/13/2017	6	/	Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed



All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>	Y	

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input type="checkbox"/> Medications N/A	<input checked="" type="checkbox"/> Blanket(s)	

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

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

**Location of Emergency Ready to go Pack: Near the front door**

**Item Specification (if needed):**

- Canned Tuna, Peaches and Beans
- Packing tape, duct tape, scissors and Sealing plastic

**To be observed for compliance on :**

•

**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 [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedures:**

The Provider will carry the baby and the emergency bag and guide the children the [REDACTED] with the children (1 door(s) 0 window(s)). The provider will use the plastic to seal the door and contact the parent during the emergency and after the children are secured.

**Evacuation Procedures:**

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in a car seats and place the bag in the vehicle before relocating to the [REDACTED]. The Provider will [REDACTED] to the this location where she will shelter in the [REDACTED] (1 door(s) 2 window(s)). The Provider will contact the parents after everyone is secured and safe.

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in a car seats and place the bag in the vehicle before relocating to the [REDACTED]. The Provider will [REDACTED] to the this location where she will shelter in the [REDACTED] (1 door(s) 3 window(s)). The Provider will contact the parents after everyone is secured and safe.

**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		INSPECTOR	
Printed Name: Hee K. Lee		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 5/30/2024	Phone: [REDACTED]	Date: 5/30/2024	Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: 5-29-2025/3:00pm/68 minutes
APPLICANT ID: -
PROVIDER ID: 553729
APPLICATION DATE: 05/19/2025
COUNTY: Montgomery County

INSPECTION TYPE	
<input type="checkbox"/>	Initial Application
<input checked="" type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

☐ Follow-Up

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

FATALITY: N/A	SERIOUS INJURY: N/A	COMPLAINT #: N/A	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: Driver's License	EXP. DATE: 1/17/2028
CARE LOCATION: <input checked="" type="checkbox"/> Child's Home <input type="checkbox"/> Informal Child Care Provider's Home			
CARE TYPE: <input checked="" type="checkbox"/> Relative Informal Child Care <input type="checkbox"/> Non-Relative 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.

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

## Part 1 – Safety of Home

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

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

## Part 2 – General Cleanliness

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

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

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

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

### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

#### **10. A child is not subjected to any form of abuse**

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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

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

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

### Part 4 – Vehicular Traffic and Transportation Safety

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

### Part 5 – Outdoor Activity Area

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

**20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

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.

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

## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- |                                 |                           |
|---------------------------------|---------------------------|
| <input type="text" value="C"/>  | a) Flashlight             |
| <input type="text" value="C"/>  | b) Batteries              |
| <input type="text" value="C"/>  | c) Portable First Aid Kit |
| <input type="text" value="C"/>  | d) Thermometer            |
| <input type="text" value="NA"/> | e) Medications            |
| <input type="text" value="C"/>  | f) Bottled water          |
| <input type="text" value="C"/>  | g) Non-perishable food    |
| <input type="text" value="C"/>  | h) Diapers                |
| <input type="text" value="C"/>  | i) Change of clothes      |
| <input type="text" value="C"/>  | j) Blanket(s)             |

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="text" value="C"/> | k) Folder or binder for EPP documents |
| <input type="text" value="C"/> | l) Backpack(s) or carrying case(s)    |
| <input type="text" value="C"/> | m) Special toys or games              |
| <input type="text" value="C"/> | n) Scissors, tape & sealing plastic   |

### 22. Emergency Documents

- |                                |   |
|--------------------------------|---|
| <input type="text" value="C"/> | a) Informal Provider Emergency Preparedness Plan                    |
| <input type="text" value="C"/> | b) Emergency Care & Authorization Form (one for each child in care) |
| <input type="text" value="C"/> | c) Reportable Incident Report Form (blank copy)                     |

### 23. Planning and Maintenance

- |                                |   |
|--------------------------------|---|
| <input type="text" value="C"/> | a) Person responsible   |
| <input type="text" value="C"/> | b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location |

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

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

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

## Part 7 – Health & Safety Review

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



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

Hee K. Lee

05/29/2025

Sign and upload form to

PROVIDER PORTAL

Blessen Harris

05/29/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Blessen Harris

Date

Time Out:

05/29/2025

4:08pm

Date

Time

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: <b>553729</b>	APPLICANT ID: <b>-</b>	ZIP CODE: <b>20876</b>	COUNTY: <b>Montgomery County</b>
INFORMAL PROVIDER NAME: <b>Hee Lee</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Angela Chang, Hee Lee and Jason Chang</b>			
VISIT TYPE: <b>Renewal Initial</b>		INSPECTION TIME/DATE/DURATION: <b>3:00pm/5-29-2025/68 minutes</b>	

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

Blessen Harris

Date

ICCP Form SOC108c

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/03/2022	Time In: 1:45PM	Time Out: 2:40PM	Result: Passed if returned by 5:00PM on 3/4/2022
-----------------------------	-----------------	------------------	--

<b>Informal Care</b>	
Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care

<b>Provider Information</b>		
First Name: <b>Anilda</b>	Last Name: <b>Lelva</b>	Provider ID: Not issued
Provider ID # [REDACTED]		Email: [REDACTED]

<b>Care Location Inspected</b>				
Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified? Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		6/27/2021	7 months / Yes

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable		

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of rodents or insects
• Is well-lit and well-ventilated	Y	Natural and artificial lighting.
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Electric stove turned orange when turned on
• Has a working and safe heating system	Y	Turned up from 64 to 67
• Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
• Has a working telephone	Y	Provider's cell phone. Outbound call observed.
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Alcohol wipes, ointment, tape, gloves, Q-tips, band aids, tongue depressors, small and large gauze, ice pack
• Has protective coverings on any electrical outlet that is accessible to children	Y	Outlets not in use were covered.

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Up on the counter towards the back
• Medications of any kind	Y	None in the house
• Matches, lighters and flammable products	Y	None in the house



• 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
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

☒ Portable First Aid Kit

☒ Diapers

☒ Consider special toys or games

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Closet by the door

Item Specification (If needed):

2 boxes of tuna salad kit, fruit cup, apple chips, 2 pouches of baby food, formula & 2 16 oz. bottles of water

Flashlight with Rechargeable batteries and one extra AAA battery

Tylenol, hand sanitizer

One Sweater 2 top, 2 pants and a burping cloth

4 diapers and one box of baby wipes

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 needed:

#### 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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Bag pack carried on the back.

#### Shelter in Place Procedure:

The provider will grab the emergency to go bag, gather the baby and go into the bathroom located on the main floor of the house. The bathroom has one door and no window. Once safe, provider will communicate with parent.

#### Evacuation Procedures:

The provider will grab the baby and secure her in a stroller then she will grab the bag and go out the front door. Provider will take stroller and walk to the evacuation location which is a few minutes away. Provider will inform parent once safely at the emergency location.

#### Alternate Location:

The provider will grab the baby and the emergency to go bag and exit out of the front door. Provider will secure the baby her in a car seat and drive to the alternate location. Once there, provider will communicate with the parent.

#### 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

Printed Name:

Amida Leiva

Signature:

Date: 03/03/22

Phone:

##### INSPECTOR

Printed Name:

Signature:

Date: 03/03/2022

Phone: 1-877-227-0125



☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/  
packing tape & sealing plastic/trash  
bags☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored in hallway closet near exit**Item Specification (if needed):**

- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, 4 canned foods, 5 diaper and 1pk of wipes, 3 outfits(top/bottom/underwear), 1 tote bag (carrying case), 1 large blanket, no spec meds (only gen med Tylenol), folder with EPP and ECMA per child, coloring books and flash cards, 4 bottled waters, 1 pair of scissors and 1 roll of duct tape
- Items to be reviewed on 05/31/2023: Corrected & Reviewed on 05/31/2023
- ERTG: 3 bottled waters, 1 pair of scissors and 1 roll of duct tape

**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

Jeffrey

Last Name

Lewis

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 and ERTG and head into the [REDACTED]. Once in the room the provider will use sealing plastic and tape to seal any spaces as needed. The provider will call, text and email the parent immediately and afterward when the emergency is over.

**Evacuation Procedures:**

**Primary:** The provider will account for the children and grab the ERTG backpack and head to the provider's vehicle. The provider will 2 older children in forward-facing car seat and the youngest child in rear-facing seat. Then they will drive to the [REDACTED]. Upon arrival the provider will call or text the parent and then enter [REDACTED] to gain instruction of where to shelter in the location.

**Alternate:** If they could not access the primary location, the provider will account for the children and grab the ERTG backpack and head to the provider's vehicle. The provider will 2 older children in forward-facing car seat and the youngest child in rear-facing seat. Then they will drive to the [REDACTED]. Upon arrival the provider will call or text the parent and then the provider with his key access will enter the [REDACTED]. Upon entry the provider and children will shelter in the living room (1 door 1 window) and stay there until the emergency has ended.

**Care Hours:**

M-F 6:00am-4:00pm

**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:	Jeffrey Lewis	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	05/31/23	Date:	05/31/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

CCS



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 3/28/2024	Time In: 1:30pm	Time Out: 2:10pm	Result: Passed
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<b>Informal Care</b>
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Type of Care (check one):	<input checked="" type="checkbox"/> Non-relative Informal Provider Care	<input type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
-----------------------------

First Name: Marissa	Last Name: Lewis	Provider ID: 544487
Provider ID #: [REDACTED]		Email: [REDACTED]

<b>Care Location Inspected</b>
--------------------------------

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		11/23/23	4 mos.	/	Y
[REDACTED]		11/23/23	4 mos.	/	Y

<b>Safety of the Home</b>
---------------------------

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	12 Outlets covered
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>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.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight             | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries              | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer            | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/<br>Packing Tape & Sealing Plastic/ Trash<br>Bags |
| <input checked="" type="checkbox"/> Medications            | <input checked="" type="checkbox"/> Blanket(s)          |  |

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

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

**Location of Emergency Ready to go Pack: Kept under the children'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

**To be observed for compliance on :**

•

**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 Caroline

Last Name Burnett

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

**Shelter In Place Procedures:**

The Provider will place the children in the stroller where the bag is already located and [REDACTED] (1 door 1 window 2 vents). The Provider will [REDACTED] if the threat is environmental (1 door 1 exhaust vent). The Provider will contact the Parent via text initially and call to update the parent once secured in the shelter location. The parent also has access to a camera within the shelter location which has two way audio if the arises.

**Evacuation Procedures:**

The Provider will place the children in the stroller where the bag is already located and [REDACTED]. The Provider will gain instruction on where to [REDACTED] They may shelter in [REDACTED] (1+ doors 1+ windows). The Provider will contact the Parent via text initially and call to update the parent once secured in the evacuation location.

The Provider will place the children in the stroller where the bag is already located and [REDACTED]. The Provider will gain instruction on where to shelter from an [REDACTED]. The Provider will contact the Parent via text initially and call to update the parent once secured in the evacuation location.

**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		INSPECTOR	
Printed Name:	Margaret Lewis	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	3-28-2024	Date:	3/28/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>12/6/2023</b> Follow-up Inspection Date: <b>12/6/2023</b>	Time In: <b>1:30PM</b> Time In: <b>4:45PM</b>	Time Out: <b>2:46PM</b> Time Out: <b>4:56PM</b>	Result: <b>Follow-up Required.</b> Result: <b>PASSED</b>
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**Informal Care**

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

  

**Provider Information**

First Name: <b>Pamela</b>	Last Name: <b>Lisenby</b>	Provider ID: <b>534611</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

  

**Care Location Inspected**

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Address Verified? **Yes.**

  

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(12/03/2018)	6yr. / Y
[REDACTED]		(11/26/2017)	5yr. / Y

  

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.    **Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted

  

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the steam from kitchen sink
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit in bin on top of fridge and in both bathrooms
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Required: All outlets were covered or occupied

  

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife holder and block on back of kitchen counter
• Medications of any kind	Y	Stored in bin on top of fridge
• Matches, lighters and flammable products	Y	Moved to top of laundry shelf
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own



• Cleaning agents	Y	All cleaning moved to top of cabinet and hallway closet
• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	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.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers (N/A)       | <input checked="" type="checkbox"/> Consider special toys or games     |



☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/  
packing tape & sealing plastic/trash  
bags☒ Medications (N/A)☒ Blanket(s)

Items in the Disaster Supply Kit are clean, organized, 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

- 1 duffle bag (carrying case), 1 flashlight, 1 bag of extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications only  
gen cough medicine, 4 bottled waters, 4 canned foods, 2 outfits (top/bottom/underwear), 1 large blanket, folder w/ EPP and  
ECMA docs per child, 3 books, 1 toy, 1 pair of scissors, 1 roll of duct tape and 1 roll of trash bags

Items to be reviewed on 12/6/2023: Corrected & Reviewed on 12/6/2023

- Outlet coverings needed in all areas

**1 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

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 [REDACTED]  
[REDACTED] The provider will ensure both children are secured in their forward-facing car seats. Upon arrival the provider will [REDACTED]  
[REDACTED] when they are there, once inside they would [REDACTED] (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 [REDACTED] The provider will ensure both children are secured in their forward-facing car  
seats. Upon arrival the provider will [REDACTED], once inside they would shelter in the  
[REDACTED] (1 door 1 window). The provider will face time the parent to update her of the emergency.

**Care Hours:**

[REDACTED]

**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:

[REDACTED]

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Signature:

[REDACTED]

Date:

12-15-23

Phone:

[REDACTED]

Date: 12/06/2023

Phone: 1-877-227-0125



TP 510254

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 5/02/2024	Time In: 1:30pm	Time Out: 2:25pm	Result: Passed
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**Informal Care**

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

**Provider Information**

First Name: Casey	Last Name: Littleton	Provider ID: 510254
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED] City [REDACTED] County [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		7/08/2013	10 / N
[REDACTED]		9/15/2015	8 / N
[REDACTED]		11/15/2016	7 / N

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	Kept IN LOCKED ROOM
• Matches, lighters and flammable products	Y	KEPT IN LOCKED ROOM
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed



All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input type="checkbox"/> Diapers N/A	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)	

ID 510254

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b><u>Location of Emergency Ready to go Pack: PANTRY</u></b>	
<b><u>Item Specification (if needed):</u></b>	
<ul style="list-style-type: none"> <li>6 Bottled Water</li> <li>5 Canned Fruit/ Foods</li> <li>Roll of Plastic,</li> <li>2 packs of backup batteries, Duct Tape and Scissors</li> <li>Tylenol</li> <li>Pop it Toys, Coloring Books and Crayons</li> </ul>	
<b><u>To be observed for compliance on :</u></b>	
•	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Casey	Last Name Littleton
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will Call the children or go and get the children and [REDACTED] (1 door 0 windows). The [REDACTED]. The provider will contact the parent to provide an update <u>after the emergency is over</u> .	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children in the living room and account for them all. She will gather the emergency bag ensuring she has all items and escort the children to <u>the van</u> . The Provider will <u>secure the child(ren) in a Booster seat for the youngest and seat belt for the oldest</u> before relocating to the [REDACTED]. The Provider [REDACTED] where she will [REDACTED] (1 door(s) 1 skylight window(s)) [REDACTED] the children. The Provider will contact the parents after securing [REDACTED] to inform them of the need to relocate.	
The Provider will gather the children in the living room and account for them all. She will gather the emergency bag ensuring she has all items and escort the children to <u>the van</u> . The Provider will <u>secure the child(ren) in a Booster seat for the youngest and seat belt for the oldest</u> before relocating to the [REDACTED]. The Provider will [REDACTED] where she will shelter in [REDACTED] (1 doorway(s) 1 window(s)). The Provider will contact the mom after securing the children [REDACTED] to inform them of the need to relocate.	
<b><u>CARE HOURS:</u></b>	
- [REDACTED]	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Casey Littleton		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 5-2-24	Phone: [REDACTED]	Date: 5/02/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/18/2023</b> Follow-up Inspection Date: <b>04/19/2023</b>	Time In: <b>3:30PM</b> Time In: <b>4:00PM</b>	Time Out: <b>4:39PM</b> Time Out: <b>4:10PM</b>	Result: <b>Did not pass. Follow-up Required.</b> Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care	<input checked="" type="checkbox"/> Relative Informal Provider Care
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### Provider Information

First Name: <b>Casey</b>	Last Name: <b>Littleton</b>	Provider ID: <b>510254</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: <b>D</b>	Zip Code: [REDACTED]
Address Verified? <b>Yes.</b>				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(07/18/2013)	9yr. / Y
[REDACTED]		(09/15/2015)	7yr. / Y
[REDACTED]		(11/15/2016)	6yr. / Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide, Ointment moved to high level shelf in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in high kitchen cabinet above the stove and sink
• Medications of any kind	Y	Corrective Action Completed: Lock added to parents door
• Matches, lighters and flammable products	Y	Stored on top shelf in parent's bedroom
• Alcoholic beverages	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
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	<b>No diaper age children in care</b>
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	<b>No diaper age children in care</b>
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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) <u>and</u> 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.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers (N/A)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored within the kitchen pantry

**Item Specification (if needed):**

- 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

**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

Casey

Last Name

Littleton (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 [REDACTED] 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 [REDACTED] 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 [REDACTED]. The provider [REDACTED], upon entry they would shelter in the [REDACTED] (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 [REDACTED] for the youngest child. She will then contact the [REDACTED] of the emergency and drive to [REDACTED]. The provider will also call the mother and inform her that the location is changing. Upon arrival, [REDACTED]. They would shelter in [REDACTED] (1 door 2 windows) or [REDACTED] (0 doors 1 window). 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

Printed Name:

S

Date: May 3 2023

Phone:

#### INSPECTOR

Printed Name:

Signature:

Date: 04/19/2023

Phone: 1-877-227-0125