

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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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.

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/28/2025/1:30pm/104
APPLICANT ID: -
PROVIDER ID: 462118
APPLICATION DATE: 02/25/2025
COUNTY: Montgomery

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input 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		
3 year olds				
4 year olds				
5's (pre-school)	1	1		
5-12 (school age)	1	1		
13-19 year olds				
TOTAL	3	3		
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: Passport	EXP. DATE: 11/30/2033
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Ayawa Tchaou			
PERSON(S) INTERVIEWED: Ayawa Tchaou			

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"/> | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | <input type="text" value="C"/> | k) Has first aid kit/supplies |
| | 2. Home is free of health and safety hazards | <input type="text" value="C"/> | l) Has protective coverings on accessible electrical outlets |
| <input type="text" value="C"/> | a) Is in good repair | 3. Harmful items are stored appropriately and away from children | |
| <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 |

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Part 2 – General Cleanliness

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

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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

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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

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Part 6 – Emergency Ready-to-Go Pack

21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

23. Planning and Maintenance

- a) Person responsible
- 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.

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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="D"/> | 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

Ayawa Sylvie Tchaou

03/28/2025

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

03/28/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date

Liliana Martinez

Time Out:

03/28/2025

15:14

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
03/28/2025	13:30	15:14	104	

Total Duration:

104

Minutes

SUMMARY OF CORRECTION

PROVIDER ID: 462118	APPLICANT ID: -	ZIP CODE: 20872	COUNTY: Montgomery
INFORMAL PROVIDER NAME: Ayawa Tchaou		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: Ayawa Tchaou			
VISIT TYPE: Initial Application		INSPECTION TIME/DATE/DURATION: 3/28/2025/1:30pm	

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		

Liliana Martinez

03/25

☐ Complete☐ Includes overflow page

Signature of Agency Representative

Date

ICCP Form SOC108c

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/08/2022	Time In: 3:30 PM	Time Out: 4:45 PM	Result: PASSED If returned to: ccs.informalproviders@maryland.gov by 1pm on 03/09/2022.
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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			
Provider Information			
First Name: Abenet	Last Name: Teku	Provider ID: 482985	
Provider ID #		Email:	
Care Location Inspected			
Street Address: City: County: State MD Zip Code:			
Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(11/18/2019)	2yr 2mos/ 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?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Home was generally
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and window access for sunlight
• Has hot and cold running water	Y	Observed the shower
• 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	Both appliances functioning properly
• Has a working telephone	Y	Everyone has working cellphones
• Has operational smoke detector(s)	Y	Tested by the provider
• 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	Stored in high bathroom cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	Moved to higher shelf levels
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diapers, pull ups only
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
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting. • Diapering. • Before food preparation and eating. • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|--|---|--|
| <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 |

<input type="checkbox"/> Thermometer	<input type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input type="checkbox"/> Medications	<input 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, hallway closet near the exit door.		
Emergency Documents		
<input type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input type="checkbox"/> 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: <u>Itemized List (if needed):</u>		
3 Flashlights		
4 extra batteries		
1 first aid kit		
2 bottled waters		
1 bottle of pain & fever medication		
1 shirt, jacket, and pant		
1 blanket		
1 thermometer		
2 pullups/pack of wipes		
2 small toys		
1 backpack		
Shelter-in-Place: Grab the child and the to-go bag, Provider would make sure all windows and doors are locked, they would go into the master bedroom bathroom (1 door 0 windows), the provider will contact the parent via call/text before, during and after the emergency is over.		
Evac. Loc. (Primary): Provider will grab the emergency bag and the child, call the parent, and will head downstairs with the child and backpack on back, will go to the recreation center and will go inside the gym (0 windows 1 door) for safety, will contact the parent via call or text during and after as well.		
Evac. Loc. (Alternate): Provider will grab the child and bag, give the parent a call, go into her vehicle and buckle child in the car seat, will drive to local police station and go inside for shelter after being instructed of safe space by authorities, will contact the parent via call and text during and afterward.		

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: <u>Abenet Teku</u>		Printed Name: [Redacted]	
Signature: [Redacted]		Signature: [Redacted]	
Date: <u>03/09/2022</u>	Phone: [Redacted]	Date: <u>03/08/2022</u>	Phone: <u>1-877-227-0125</u>

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/28/2023 Follow-up Inspection Date: 01/02/2024	Time In: 9:00AM Time In: 10:45AM	Time Out: 10:20AM Time Out: 11:15AM	Result: Follow-up Required 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: Catherine Provider ID #: XXXXXXXXXX	Last Name: Thomas	Provider ID: 533190 Email: XXXXXXXXXX@XXXXXX.XX
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Care Location Inspected

Street Address: XXXXXXXXXX	City: XXXXXX	County: XXXXXX	State: XXXX	Zip Code: XXXXXX
Address Verified? Yes.				

Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
XXXXXXXXXX		(01/09/2019)	4yr. / N
XXXXXXXXXX		(03/28/2016)	7yr. / 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 observed steam from 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	Corrective Action Completed: Tested by provider and observed
• Has first aid kit/supplies	Y	First Aid Kit in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Corrective Action Completed: Knives in drawer requires locks or must be moved to higher level
• Medications of any kind	Y	Corrective Action Completed: Stored in both medicine cabinets. Medicine in hallway closet must be moved higher
• Matches, lighters and flammable products	Y	Moved to cabinet above the microwave
• Alcoholic beverages	Y	Does not own

• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Locks for cabinets with cleaning products or moved to higher level
• Poisonous substances	Y	Stored in locked shed outside
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children n 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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit .	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|--|---|--|
| <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

☒ 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 downstairs near exit door

- 1 duffle bag/1 backpack (carrying case), 1 flashlight, 4 extra D batteries, 1 first aid kit, 1 pk of disposable thermometers, 3 bottled waters, 3 canned foods/1 can opener, 2 outfits (top/bottom/underwear), folder w/ EPP and ECMA docs per child, 1 book, 1 pair of scissors, 1 roll of duct tape and 1 box of sealing plastic, and 2 blankets

Items to be reviewed on 01/02/2024: Completed and Observed on 01/02/2024

- Smoke detector tested by provider and observed
- Knives in drawer requires locks or must be moved to higher level
- Medicine in hallway closet must be moved higher
- Locks for cabinets with cleaning products or moved to higher level
- Any outlets not covered or occupied
- ERTG Missing: Blankets fitting in the bag

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
Catherine

Last Name
Thomas

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 head to the basement (2 doors 3 windows) for shelter area. The ERTG bags will already be in this area, if needed the provider will use the sealing plastic and tape to secure the doors and windows. The provider will call the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG bags. Once secured they will. The provider will. Once inside the provider and children will (1 door 1 window). The provider will call the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG bags. The provider will call the homeowner to let her know she and the children are on the way. Once inside the provider and children (1 patio door 0 windows). The provider will call the parent with emergency 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		INSPECTOR	
Printed Name:	Catherine Thomas	Printed Name:	
Signature:		Signature:	
Date:	1-25-24	Date:	01/02/2024
Phone:		Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 08/26/2021 & 09/22/21	Time In: 02:03 PM & 2:00 pm	Time Out: 03:10 PM & 2:14 pm	Result: Approved once returned by 5 pm on 09/23/21
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Informal Care

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

Provider Information

First Name: Cynthia ID#: [REDACTED]	Last Name: Thomas	Provider ID: 357039 Email: [REDACTED]
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Care Location Inspected

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

Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		07/20/2020	1	/	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?	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	
• 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	3 burners working 1 burner broken
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	From Ready to go 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	Stored in drawer
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	Cleaning agents moved to a high shelf.
• Poisonous substances	Y	

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	
Disaster Supply Kit Comments/Notes: Handle Bag (Shopping Bag) Missing the portable first aid kit. Forehead scan thermometer. No medications for the children in the bag. 2 16 oz bottles Canned Foods(Ravioli) Pack of Diapers Shirt and Jean Shorts Blanket Toy Truck Scissors, Duct Tape, and Trash Bags. The child doesn't take any medications	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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: [REDACTED] and grab the emergency bag. Shelter In place in the toiletry room and lock the doors(0 windows 1 door). Call 911 then call the parent.	
Evacuation: Grab the emergency ready to go bag, the child and the car keys. Contact the parent before she leaves if it is not an extreme emergency. Go to the neighbor's home by walking. Will shelter in the living room(9 windows 3 doors).Will call the parent after they are settled. If the provider and the child cannot shelter at this location the provider will grab the bag and head to her vehicle, buckle the child into a car seat, and drive to [REDACTED] home. Will enter the home by locating the key if the relative isn't home. The parent and provider will shelter in the living room (10 windows 2 doors). Will contact the parent when she gets to the relatives home.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name: Cynthia Thomas		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/28/2021	Phone: [REDACTED]	Date: 09/22/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/14/2025	Time In: 1:30pm	Time Out: 2:18pm	Result: Follow Up Needed
Inspection Date: 01/16/2025	Time In: 3:30pm	Time Out: 3:52pm	Result: Passed

Informal Care

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

Provider Information

First Name: Diane	Last Name: Thomas	Provider ID: 565152
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]		12/11/2020	4 years old/ 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"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<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 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: By the front door

To be observed for compliance on 1/16/2025 @3:30pm :

- Outlet Covers
- Cabinet Locks
- Door Knob Locks
- Ready to go Bag

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
Diane

Last Name
Thomas

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

Shelter In Place Procedures:

The Provider will gather the ready to go bag and the child, [REDACTED] (1 doors, 0 window(s)). The provider will text parent before, during and after sheltering.

Evacuation Procedures:

The Provider will gather the child and the ready to go bag, securing the child in his car seat. The provider will [REDACTED] (# of doors, # of window(s)). The provider will text parent before, during and after sheltering.

The Provider will gather the child and the ready to go bag, securing the child in his car seat. The provider will [REDACTED] (# of doors, # of window(s)). The provider will text parent before, during and after sheltering.

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:	Diane Thomas	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	1/16/25	Date:	1/16/2025
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/14/2022	Time In: 1:45PM	Time Out: 2:40PM	Result: Follow up Needed
Follow up 09/20/2022	Time In: 4:30PM	Time Out: 4:42PM	Result: PASSED

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: Alaina	Last Name: Thompson	Provider ID: 420772
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]		8/5/2010	10 / No
[REDACTED]		8/8/2011	9 / No
[REDACTED]		8/17/2012	8 / No

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	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed down
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Gauze, tape, band-aids, antibacterial
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered or in use

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Locked in drawer
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Laundry Room shelf
• 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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<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	
<u>Location of The Emergency Ready to go Pack:</u> Dining room Table	
<u>Item Specification (if needed):</u>	
4 shirts, 2 pants, 2 shorts, 2 extra AA batteries, Crossword puzzles, alcohol wipes, Neosporin, cold compress, Band aids, ointment, gauze, tape, 316oz water bottles, 4 Gatorade, can Vienna sausages, large can of ravioli and spaghetti	
<u>Items to review on 09/19/2022 if needed:</u> Observed 9/20/2022	
Emergency Care & Medication Authorization and Emergency Preparedness Plan in ERTG.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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: Rolled	
<u>Shelter In Place Procedure:</u>	
The provider will grab the children, the ERTB and head to the hallway bathroom one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent and let her know what room they are sheltering in and will keep parent updated.	
<u>Evacuation Procedures:</u>	
The provider will call the parent, make sure the ERTG is in the car, then provider will grab the children and head to the provider's vehicle where she will secure the children their seatbelts before driving to the primary evacuation location which [REDACTED]. Once at the location, the provider will ask to be directed to the shelter room. The provider will call the parents 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 call parent before leaving the care location to let her know they are evacuating. The provider will grab the children and the ERTG and head to the provider's vehicle where she will secure the children their seatbelts before driving. Once at the location, the provider will ask to be directed to shelter room. The provider will call the parents once 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: <i>Alaina Thompson</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9-20-22	Phone: [REDACTED]	Date: 09/20/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/13/2024 & 2/15/2024	Time In: 4:25pm 4:30pm	Time Out: 5:00pm 4:40pm	Result: Follow Up On 2/15/2024 @ 11:00am 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: Christin	Last Name: Titus	Provider ID: 538112
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]		7/14/2019	4 / Y
[REDACTED]		5/15/2023	7 mos. / 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	19
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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

<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 type="checkbox"/> Blanket(s)	

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

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

Location of Emergency Ready to go Pack: In the closet near the front door

Item Specification (if needed):

- 6 mini bottles of water
- 4 granola bars, jar peanut butter, canned corn
- Book

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 Natonya

Last Name Laeda

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 ERTG Bag, hold the oldest child's hand and go to the bathroom(2 door 0 windows). The Provider will contact the parent via cell when settled.

Evacuation Procedures:

The Provider will carry the baby and the ERTG Bag, hold the oldest child's hand and [REDACTED] where she will [REDACTED]. The Provider will be [REDACTED] (1 door 2 window). The Provider will contact the Parent once safe and settled.

The Provider will carry the baby and the ERTG Bag, hold the oldest child's hand and walk to her vehicle where the oldest will be secured in a booster while the baby will be in a backwards facing car seat. The Provider [REDACTED]. The Provider and the children will [REDACTED] (3 door 6 windows). The Provider will contact the Parent once safe and settled.

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:	Christin Titus	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	2/15/2024	Date:	2/15/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
4-22-2025/3:30pm/91minAPPLICANT ID:
-

PROVIDER ID:

570215

APPLICATION DATE:

02/20/2025

COUNTY:

Baltimore County

INSPECTION TYPE

<input checked="" type="checkbox"/>	New Application
<input 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	1	1	0	
2 year olds				
3 year olds				
4 year olds				
5+ (preschool)				
5-12 (school age)				
13-18 year olds				
TOTAL	1	1	0	
Overnight				

FATALITY:

N/A

SERIOUS INJURY:

N/A

COMPLAINT #

N/A

INFORMAL PROVIDER PHOTO ID VERIFIED:



Yes



No

ID TYPE:

Maryland State ID

EXP. DATE:

09/18/2029

CARE LOCATION:



Child's Home



Informal Child Care Provider's Home

CARE TYPE:



Relative Informal Child Care



Non-Relative Informal Child Care

INFORMAL PROVIDER NAME: Diane Tobias

PERSON(S) INTERVIEWED: Diane Tobias

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

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> 4. All areas of the home are kept clean, including diapering area.</p> <p><input checked="" type="checkbox"/> 5. Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.</p> <p><input checked="" type="checkbox"/> 6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.</p> <p><input checked="" type="checkbox"/> 7. Diapering procedures are followed.</p> <p>8. Handwashing procedures are followed.</p> <p><input checked="" type="checkbox"/> a) Toileting</p> <p><input checked="" type="checkbox"/> b) Diapering</p> <p><input checked="" type="checkbox"/> c) Food preparation and eating</p> <p><input checked="" type="checkbox"/> d) After playing outdoors</p> <p><input checked="" type="checkbox"/> e) Preventing the spread of disease</p> | <p>9. Rest Area and Furnishings</p> <p><input checked="" type="checkbox"/> a) SIDS prevention review</p> <p><input checked="" type="checkbox"/> b) Infant/toddler rest furnishings</p> <p><input checked="" type="checkbox"/> c) Crib safety</p> <p><input checked="" type="checkbox"/> d) Individual rest place</p> <p>e) The provider shall provide furnishings for each child approved for care in the home.</p> <p><input checked="" type="checkbox"/> ei) Younger than 12 months old, a crib, portable crib, or playpen</p> <p><input checked="" type="checkbox"/> 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 1 – Safety of Home

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

- | | |
|---|--|
| <input type="text" value="C"/> 14. Vehicle safety awareness | <input type="text" value="C"/> 15. Individual child vehicle safety |
| | <input type="text" value="C"/> 16. Child seat safety compliance |

Part 5 – Outdoor Activity Area

- | | |
|---|--|
| <input type="text" value="C"/> 17. Safe outdoor play area | 20. Pool Safety |
| <input type="text" value="C"/> 18. Enclosed safe play area | <input type="text" value="C"/> a) 4 ft. fence that surrounds the pool |
| <input type="text" value="C"/> 19. Traffic and congested areas assessment | <input type="text" value="C"/> b) Self-closing and self-latching mechanism on the entry/exit way |
| | <input type="text" value="C"/> c) Secured Lock |
| | <input type="text" value="C"/> d) Sensor or alarm on the access door |

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

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

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

- ☒ a) Flashlight
- ☒ b) Batteries
- ☒ c) Portable First Aid Kit
- ☒ d) Thermometer
- ☐ e) Medications
- ☒ f) Bottled water
- ☒ g) Non-perishable food
- ☒ h) Diapers
- ☒ i) Change of clothes
- ☒ j) Blanket(s)

- ☒ k) Folder or binder for EPP documents
- ☒ l) Backpack(s) or carrying case(s)
- ☒ m) Special toys or games
- ☒ n) Scissors, tape & sealing plastic

22. Emergency Documents

- ☒ a) Informal Provider Emergency Preparedness Plan
- ☒ b) Emergency Care & Authorization Form (one for each child in care)
- ☒ c) Reportable Incident Report Form (blank copy)

23. Planning and Maintenance

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

Diane Tobias

04/22/2025

Sign and upload form to

PROVIDER PORTAL

Blessen Harris

04/22/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative
Blessen Harris

Date

Time Out: 04/22/2025 17:01

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
04/22/2025	15:30	17:01	91 minues	

Total Duration: 91 minutes
Minutes

SUMMARY OF CORRECTION

PROVIDER ID: 570215	APPLICANT ID: -	ZIP CODE: 21244	COUNTY: Baltimore County
INFORMAL PROVIDER NAME: Diane Tobias		CARE LOCATION: <input type="radio"/> Child's Home <input checked="" type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: Diane Tobias			
VISIT TYPE: Initial Application		INSPECTION TIME/DATE/DURATION: 3:30pm/4-22-2025/91 minutes	

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

04/25

☒ Complete

☐ Includes overflow page

Signature of Agency Representative

Blessen Harris

Date

ICCP Form SOC108c

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/28/2025/1:30pm/120minutes
APPLICANT ID: N/A
PROVIDER ID: 510194
APPLICATION DATE: 04/02/2025
COUNTY: Wicomico 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	1	1	1	
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)	2	2	2	
5-12 (school age)	1	1	0	
13-19 year olds				
TOTAL	4	4	3	
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 License	EXP. DATE: 02/16/2031
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Deborah Truitt			
PERSON(S) INTERVIEWED: Deborah Truitt			

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"/> | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | <input type="text" value="C"/> | k) Has first aid kit/supplies |
| | 2. Home is free of health and safety hazards | <input type="text" value="C"/> | l) Has protective coverings on accessible electrical outlets |
| <input type="text" value="C"/> | a) Is in good repair | 3. Harmful items are stored appropriately and away from children | |
| <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

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

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

23. Planning and Maintenance

- a) Person responsible
- 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="D"/> | 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



Signature of Informal Child Care Provider

4/28/2025

Date

Sign and upload form to

PROVIDER PORTAL

Liliana Maritnez

04/28/2025

Signature of Agency Representative

Liliana Martinez

Date

Time Out:

04/28/2025

Date

15:03

Time

Date	Start Time	End Time	Duration	Follow-Up
04/28/2025	13:30	15:03	120	

Total Duration:

120

Minutes

SUMMARY OF CORRECTION

PROVIDER ID: 510194	APPLICANT ID: N/A	ZIP CODE: 21281	COUNTY: Wicomico County
INFORMAL PROVIDER NAME: Deborah Truitt		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: Deborah Truitt			
VISIT TYPE: Renewal Application		INSPECTION TIME/DATE/DURATION: 4/28/2025/1:30pm/120minutes	

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
	All Standards have been met		

Liliana Martinez

04/25

☐ Complete☐ Includes overflow page

Signature of Agency Representative

Liliana Martinez

Date

ICCP Form SOC108c

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to ccs.informalproviders@maryland.gov
---	--	---

Inspection Date: 4/29/2024	Time In: 1:30pm	Time Out: 2:15pm	Result: Passed
----------------------------	-----------------	------------------	----------------

Informal Care

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

Provider Information

First Name: Deborah	Last Name: Truitt	Provider ID: 510194
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]		8/08/2016	7	Yes
[REDACTED]		2/29/2020	4	Yes
[REDACTED]		12/24/2020	3	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

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
- Is free of insect or rodent infestation
- Is well-lit and well-ventilated
- Has hot and cold running water
- Has a working inside toilet
- Has utilities for cooking, lighting and heating
- Has a working and safe heating system
- Has a working refrigerator and stove
- Has a working telephone
- Has operational smoke detector(s)
- Has first aid kit/supplies
- Has protective coverings on any electrical outlet that is accessible to children

Y
Y
Y
Y
Y
Y
Y
Y
Y
Y
Y
Y

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
- Medications of any kind
- Matches, lighters and flammable products
- Alcoholic beverages
- Guns
- Cleaning agents
- Poisonous substances

Y
Y
Y
Y
Y
Y
Y

KEPT IN A LOCKED DRAWER.

KEPT LOCKED AWAY.

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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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"> • Toileting, • Diapering, • Before food preparation and eating, • After playing outdoors, and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm, • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including • Spanking, hitting, hitting, shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, cursing, shaming, ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services/Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<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 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)? 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 EXIT DOOR.

Item Specification (if needed):

- Suit case
- 5+ Extra Pull Ups and a pack of wipes
- 3 Canned Soups and 3 Chef Boyardee Spaghetti's
- Flash Lights and Back up Batteries
- Duct Tape, 2 Rolls of Heavy Duty Trash Bags and Scissors
- Antibacterial Soap
- 6 Packs of Waters
- 1 Change of Clothing per child
- 2 Books

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 Deborah

Last Name Truitt

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

Shelter In Place Procedures:

The Provider, the children and the ERTG bag will already [REDACTED] (2 door(s) 8 window(s)).
The provider will contact the parent during the emergency and after the emergency is over.

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 seat/ booster and contact the parent before relocating to the [REDACTED]. The Provider will call prior to arriving to this location to receive instruction on where she and the children will shelter. The Provider will contact the parent upon arriving to the new location and after the emergency is over.

The Provider will gather the children and carry the emergency bag to the car/ evacuation location. The Provider will secure the child(ren) in car seat/ booster seat and contact the parent before relocating to [REDACTED]. The Provider will [REDACTED] (2 door(s) 4 window(s)). The Provider will contact the parent upon arriving to the new location and after the emergency is over.

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: Deborah Truitt

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 4/30/24

Phone: [REDACTED]

Date: 4/29/2024

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/23/2023	Time In: 10:30AM	Time Out: 11:45AM	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: Deborah	Last Name: Truitt	Provider ID: 510194
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]		(02/29/2020)	3yr. / N	
[REDACTED]		(12/24/2020)	2yr. / N	
[REDACTED]		(08/08/2016)	8yr. / 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. lock on the bathroom door
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat settings tested and observed
• 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	Observed and tested by provider
• Has first aid kit/supplies	Y	Undereath bathroom sink with cabinet lock
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/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	Stored in locked kitchen drawer
• Medications of any kind	Y	Stored in upper level kitchen cabinet
• Matches, lighters and flammable products	Y	Stored in locked kitchen drawer
• Alcoholic beverages	Y	Does not own
• Guns	Y	Stored on high level shelf in provider's bedroom closet in lock box. Lock box opened and locked by provider and observed
• Cleaning agents	Y	Cleaning agents stored in locked cabinet in the kitchen

<ul style="list-style-type: none"> Poisonous substances 	Y	Stored in the shed
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	Yes, trash can for changing area, provider takes it out daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering materials in changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	Provider has handwashing procedures posted in children's bathroom
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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<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: In corner near the couch in the playroom area	
Item Specification (if needed):	
- Folder w/ EPP and ECMA per child, 2 books, 1 first aid kit, 1 ice pack, 2 boxes of gauze, gloves, 1 thermometer, 1 bottle of soap, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no spec. meds, 1 flashlight, 1 pk of AAA batteries, 1 large blanket, 1 pair of tweezers, washcloths, 6pk of bottled waters, 6 canned foods, 1 pk of pull-ups, diapers & wipes, 1 carry-on suitcase (carrying case), and 3 outfits(top/bottom) 1 per child - Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Deborah	Last Name Truitt
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: rolled by the provider.	
Shelter In Place Procedure:	
The provider will gather and account for the children in care, the ERTG will already be in the playroom. The provider will seal and tape all windows and doors within the playroom(2 doors 8 windows) and then contact the parents by call and text to inform them of the emergency and at the end when they are secured.	
Evacuation Procedures:	
Primary: The provider will gather the children and the ERTG and will secure the smaller children in their car seats and the older child in her booster seat within the provider's vehicle. After she secures all children she will drive to [REDACTED]. Upon arrival to the location the provider and children will go into [REDACTED]. Once inside she will speak to the evacuation point of contact and will be instructed of where to locate inside [REDACTED]. The provider will call or text the parent upon leaving the house and when they are secured within [REDACTED].	
Alternate: If they could not access the primary location, the provider will the gather the children and the emergency bag. She will place the small children in their car seats and the older child in their booster seat. Once all children have been secured in the car by the provider they will head to the evacuation location of [REDACTED]. She will also call the evacuation point of contact to inform them they are on the way and [REDACTED] when she and the children arrive. The provider and children will shelter within [REDACTED] (2 doors 4 windows). The provider will call and text the parent before and after 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: Deborah Truitt	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 3-23-23	Date: 03/23/2023
Phone: [REDACTED]	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/27/2025	Time In: 1:30 pm	Time Out: 2:07 pm	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: Tiona	Last Name: Turner	Provider ID: 533566
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]		2/12/2021	3 years old/	Y
[REDACTED]		1/10/2022	3 years old/	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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<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)	

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	
<u>Location of Emergency Ready to go Pack: Coat Closet</u>	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Tiona	Last Name Turner
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<u>Shelter In Place Procedures:</u>	
The Provider will gather the ready to go bag and the children, [REDACTED] <u>2 doors, 0 window(s)</u> . The provider will <u>call</u> parent before, during and after sheltering.	
<u>Evacuation Procedures:</u>	
The Provider will gather the children and the ready to go bag <u>securing the children in forward facing car seats</u> . The provider will [REDACTED] <u>(1 doors, 0 window(s))</u> . The provider will <u>call</u> parent before, during and after sheltering.	
The Provider will gather the children and the ready to go bag <u>securing the children in forward facing car seats</u> . The provider will [REDACTED] <u>(1 doors, 0 window(s))</u> . The provider will <u>call</u> parent before, during and after sheltering.	
<u>CARE HOURS:</u>	
[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: Tiona Turner	Printed Name: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: 1-27-2025	Phone: [REDACTED]	Date: 1/27/2025	Phone: 1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/25/2025/2:45pm/107 mins
APPLICANT ID: -
PROVIDER ID: 250317
APPLICATION DATE: 02/19/2025
COUNTY: Montgomery

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input 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	1	1	1	
2 year olds				
3 year olds	1	1	1	
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				1
TOTAL	2	2	2	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: 12/06/2030
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Brenda Tyer			
PERSON(S) INTERVIEWED: Brenda Tyer and Alexis Tyer			

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"/> | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | <input type="text" value="C"/> | k) Has first aid kit/supplies |
| | 2. Home is free of health and safety hazards | <input type="text" value="C"/> | l) Has protective coverings on accessible electrical outlets |
| <input type="text" value="C"/> | a) Is in good repair | 3. Harmful items are stored appropriately and away from children | |
| <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

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

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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

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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

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Part 6 – Emergency Ready-to-Go Pack

21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

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

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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

Brenda Tyer

03/25/2025

Sign and upload form to

PROVIDER PORTAL

Blessen Harris

03/25/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Blessen Harris

Date

Time Out:

03/25/2025

16:32

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
03/25/2025	14:45	16:32	107 minutes	

Total Duration:

107 minutes

Minutes

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

Review and sign at time of a follow-up inspection to address any noncompliances

INSPECTION DATE/TIME/DURATION:	INSPECTION TYPE: Follow-Up Inspection
PROVIDER ID:	APPLICANT ID:
INFORMAL PROVIDER NAME:	PERSON(S) INTERVIEWED:

AGES	Total Approved	# Scholarship	# Present	Resident Children

INFORMAL PROVIDER PHOTO ID VERIFIED: <input type="radio"/> Yes <input type="radio"/> No	ID TYPE:	EXP. DATE:
CARE LOCATION: <input type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	CARE TYPE: <input type="radio"/> Relative Care <input type="radio"/> Non-Relative Care	

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	Standard #	Inspection #	Standard Description
<input style="width: 30px; height: 25px;" type="text"/>			
<input style="width: 30px; height: 25px;" type="text"/>			
<input style="width: 30px; height: 25px;" type="text"/>			

Sign and upload form to

PROVIDER PORTAL

☐ Includes overflow page

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date

SUMMARY OF CORRECTION

PROVIDER ID: 250317	APPLICANT ID: -	ZIP CODE: 20852	COUNTY: Montgomery
INFORMAL PROVIDER NAME: Brenda Tyer		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: Brenda Tyer and Alexis Tyer			
VISIT TYPE: Initial Application		INSPECTION TIME/DATE/DURATION: 2:45pm/3-25-2025/107 minutes	

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
	All standards have been met		

Blessen Harris

03/25



Complete



Includes overflow page

Signature of Agency Representative

Blessen Harris

Date