

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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<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: 09/02/2022 Follow-up Inspection Date: 09/06/2022	Time In: 1:45 PM Time In: 10:11 AM	Time Out: 3:06 PM Time Out: 10:20 AM	Result: Follow-up Required Result: PASSED
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Informal Care

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

Provider Information

First Name: Annette	Last Name: Unkle	Provider ID: 484946
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(03/12/2021)	1yr	/	N
[REDACTED]		(07/16/2018)	4yr	/	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	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and well-ventilated
• Has hot and cold running water	Y	Tested and observed by provider
• Has a working inside toilet	Y	Flushed by provider
• Has utilities for cooking, lighting, and heating	Y	
• Has a working and safe heating system	Y	Tested and observed by provider
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Only working cellphone
• Has operational smoke detector(s)	Y	Tested and observed by 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 lockbox under the sink, which cabinet is locked
• Matches, lighters, and flammable products	Y	High cabinet in bedroom
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	
• 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	Diaper station w/ diaper genie
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)? Yes.		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, hallway closet near exit.		
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 Annette	Last Name Unkle	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <u>Itemized List:</u> 1 flashlight, 3 extra AA batteries, 2 jars of baby food, 1 canned food, Tylenol (general medicine), diapers & wipes, 2 blankets, 2 outfits, 1 thermometer, 3 small toys, 1 roll of duct tape, trash bags (roll), 1 pair of scissors, 1 first aid kit, EPP/ ECMA docs in folder		
Shelter-in-Place Procedures: Provider will gather the children and emergency bag and go to [REDACTED] (2 windows 1 door) and will seal the doors and windows with sealing plastic trash bags as well as lock all areas. Provider will contact the parent via call or text as soon as they are sheltered in place.		
Evacuation Locations:		
Primary – Provider will grab the emergency bag and place the children in their car seats, provider will drive to the [REDACTED] and arrive at the emergency location. Provider will contact the homeowner and he will give them entry access. Provider will go into the living room area (1 window 1 door) with children. Provider will call the parent once they are safe within the home and secured.		
Alternate – Provider will gather the children and emergency bag and strap each child in their car seats, and then drive to the [REDACTED] which she will have key access with her spare key. Upon entry provider and children would go into the master bedroom (1 door 1 window). After settling and being secured in the location, provider will contact the parent via call or text.		
Items to be Corrected: <u>Corrected & Reviewed on 09/06/2022</u> - <u>Testing of the proper functioning smoke detector</u> - <u>Emergency Care & Medication Authorization for ea. Child in ERTG</u>		

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: Annette Unkle		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/6/2022	Phone: [REDACTED]	Date: 09/06/2022	Phone: 1-877-227-0125

Inspection Date: 8/12/2024	Time In: 11:40	Time Out: 12:15pm	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			
Provider Information		Provider ID: 518586	
First Name: [REDACTED]	Last Name: Upchurch	Email: [REDACTED]	
Care Location: [REDACTED]		City: [REDACTED] Country: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
School Address: [REDACTED]		Distance XRD0002: 1 mi	
Name of Children in Care (add pages if needed)		Scholarship	Date of Birth Age / Present (Y/N)
[REDACTED]			10/19/2011 12 years old / N
[REDACTED]			8/5/2015 8 years old / N
[REDACTED]			5/16/2018 5 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

<p>Are all areas of the home kept clean, including diapering area?</p> <p>Diaper, garbage and wet and soiled diapers are disposed of in a sanitary manner.</p> <p>Child is changed immediately when she has a toilet or wet diaper, clothing or bedding.</p> <p>Diapering procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after.</p> <p>Tubing</p> <ul style="list-style-type: none"> • Diapering • Before food preparation and eating • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
<p>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</p> <p>A child is not subject to any form of abuse, including:</p> <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury <p>A child in care is not subjected to any form of neglect, including:</p> <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. <p>A child in care is not subjected to mistreatment, including:</p> <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 <p>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.</p>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Y	
	Y	
	Y	
	Y	
	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: Reviewer 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 type="checkbox"/> Flashlight <input type="checkbox"/> Batteries <input type="checkbox"/> Portable First Aid Kit <input type="checkbox"/> Thermometer <input type="checkbox"/> Medications	<input type="checkbox"/> Boiled water <input type="checkbox"/> Non-perishable food <input type="checkbox"/> Diapers <input type="checkbox"/> Change of clothes <input type="checkbox"/> Blanket(s)	<input type="checkbox"/> Folder or binder for EPP documents <input type="checkbox"/> Backpack(s) or carrying case(s) <input type="checkbox"/> Consider special toys or games <input type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/Trash Bags
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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: In the garage accessible from inside the home																					
Item Specification (if needed):																					
To be observed for compliance on:																					
Emergency Documents																					
<input type="checkbox"/> Uniform 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: Gwendolyn	Last Name: Upchurch																				
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:																					
Shelter in Place Procedures:																					
<p>The Provider will grab ERTGB, call children to her and contact the parents to inform them of the emergency and that they will be sheltered. The provider will comfort the children once they are secured in the car (seated in the car seats or booster seats). The Provider will seal any vents and follow up with the parent via phone to inform her that they are secured.</p>																					
Evacuation Procedures:																					
<p>The Provider will grab ERTGB, call children to her and contact the parents to inform them of the emergency and that they will be relocating. The children will be secured in the car (seated in the car seats or booster seats). Once there the Provider will shelter with the children in the car. The Provider will follow up with the parent via call to inform her that they are secured.</p>																					
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CARE HOUSE:																					
Signature & 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.																					
<table border="1"> <thead> <tr> <th colspan="2">PROVIDER</th> <th colspan="2">INSPECTOR</th> </tr> </thead> <tbody> <tr> <td>Printed Name:</td> <td>Gwendolyn Upchurch</td> <td>Printed Name:</td> <td>[REDACTED]</td> </tr> <tr> <td>Signature:</td> <td>[REDACTED]</td> <td>Signature:</td> <td>[REDACTED]</td> </tr> <tr> <td>Date:</td> <td>6/11/24</td> <td>Date:</td> <td>6/12/2024</td> </tr> <tr> <td>Phone:</td> <td>[REDACTED]</td> <td>Phone:</td> <td>1-877-227-0125</td> </tr> </tbody> </table>		PROVIDER		INSPECTOR		Printed Name:	Gwendolyn Upchurch	Printed Name:	[REDACTED]	Signature:	[REDACTED]	Signature:	[REDACTED]	Date:	6/11/24	Date:	6/12/2024	Phone:	[REDACTED]	Phone:	1-877-227-0125
PROVIDER		INSPECTOR																			
Printed Name:	Gwendolyn Upchurch	Printed Name:	[REDACTED]																		
Signature:	[REDACTED]	Signature:	[REDACTED]																		
Date:	6/11/24	Date:	6/12/2024																		
Phone:	[REDACTED]	Phone:	1-877-227-0125																		