

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections



W

First letter of the provider's last name.

Posted June 2025

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



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
Inspection Date: 11/26/2024	Time In: 2:45 pm	Time Out: 3:36 pm
Result: Passed		
<b>Informal Care</b>		
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care		
<b>Provider Information</b>		Provider ID: 562311
First Name: Ramona	Last Name: Walker	Email: [REDACTED]
Provider ID #: [REDACTED]		
<b>Care Location Inspected</b>		State: [REDACTED]    Zip Code: [REDACTED]
Street Address: [REDACTED]    City: [REDACTED]    County: [REDACTED]		
Address Verified?: Yes		
<b>Name of Children in Care</b> (add pages if needed)	<b>Scholarship</b>	<b>Date of Birth</b> <b>Age</b> / <b>Present (Y/N)</b>
[REDACTED]		10/16/2014    10 years old/ N
<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <b>Y – Yes, N – No, D – Discussed, n/a – Not Applicable</b>		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
<b>Disaster Supply Kit</b>		
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"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input type="checkbox"/> Medications- N/A	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input type="checkbox"/> Diapers- N/A  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
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 provider's bedroom closet	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Ramona</b>	Last Name <b>Walker</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the child, [REDACTED] <u>1 doors, 1 window(s)</u> . The provider will <u>call the parent before, during and after sheltering.</u>	
<b>Evacuation Procedures:</b>	
The Provider will gather the child and the ready to go bag, taking them to the car securing the child in a seatbelt. The provider will [REDACTED] <u>(1 doors, 1 window(s))</u> . The provider will <u>call the parent before, during and after sheltering.</u>	
The Provider will gather the child and the ready to go bag, taking them to the car securing the child in a seatbelt. The provider will [REDACTED] <u># of doors, # of window(s)</u> . The provider will <u>call the parent before, during and after sheltering.</u>	
<b>CARE HOURS:</b>	
[REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <b>Ramona Walker</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>11/28/2024</b>	Phone: [REDACTED]	Date: 11/26/2024	Phone: 1-877-227-0125



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

Inspection Date: 1/7/2025	Time In: 4:30 PM	Time Out: 5:08 PM	Result: Passed
---------------------------	------------------	-------------------	----------------

### Informal Care

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

<b>Provider Information</b>	
First Name: Danaysia Provider ID #: [REDACTED]	Last Name: Wallace Provider ID: 570491 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]		11/3/2013	11 years old/ Y
[REDACTED]		11/23/2019	5 years old/ Y
[REDACTED]		8/2/2017	7 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit.</u></b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

### Planning and Maintenance

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

First Name

Last Name

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

#### Shelter In Place Procedures:

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

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, the children will be holding each other's hands. The provider will [REDACTED] (1 doors, 0 window(s)). The provider will call parent before, during and after sheltering.

The Provider will gather the children and the ready to go bag, secure to the 2 older children in seatbelts and the youngest in a booster seat. The provider will [REDACTED] (1 doors, 0 window(s)). The provider will call 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

Printed Name: Danaysia Wallace

Signature: [REDACTED]

Date: 1/10/25

Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 1/7/2025

Phone: 1-877-227-0125



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

Inspection Date: 11/25/2024	Time In: 3:30 PM	Time Out: 4:28 PM	Result: Passed
-----------------------------	------------------	-------------------	----------------

### Informal Care

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

### Provider Information

First Name: Pamela	Last Name: Wallace	Provider ID: 566758
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]		12/17/2021	2 years old/ N
[REDACTED]		12/07/2019	4 years old/ N

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b><u>Location of Emergency Ready to go Pack: Dining room cabinet</u></b>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Pamela</b>	Last Name <b>Wallace</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children [REDACTED] (1 doors, 0 window(s)). The provider will <u>call the parent before sheltering and text during/after sheltering.</u>	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <u>the two children will be holding each other's hand.</u> The provider will [REDACTED] (1 doors, window(s)). The provider will <u>call the parent before sheltering and text during/after sheltering.</u>	
The Provider will gather the children and the ready to go bag, <u>taking them to the car securing the youngest child in forward facing car seat and the oldest child in a booster seat.</u> The provider will [REDACTED] (2 doors, 0 window(s)). The provider will <u>call the parent before sheltering and text during/after sheltering.</u>	
<b><u>CARE HOURS:</u></b>	
[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: <b>Pamela Wallace</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>11-25-24</b>	Phone: [REDACTED]	Date: <b>11/25/2024</b>	Phone: <b>1-877-227-0125</b>



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

Inspection Date: 11/12/2024	Time In: 4:00PM	Time Out: 5:06 PM	Result: Passed
-----------------------------	-----------------	-------------------	----------------

### Informal Care

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

#### Provider Information

First Name: Christal	Last Name: Walters	Provider ID: 361614
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]		8/31/2012	12 years old/ Y
[REDACTED]		6/23/2017	7 years old/ Y
[REDACTED]		5/10/2020	4 year 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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	
<b><u>Location of Emergency Ready to go Pack: By the front door</u></b>	
<b><u>Item Specification (if needed):</u></b>	
<ul style="list-style-type: none"> <li><b><u>To be observed for compliance on :</u></b></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, [REDACTED] (1 doors, 2 window(s)). The provider will <u>call/text the parent before, during and after sheltering.</u>	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <u>taking them to the car securing the oldest child in a seat belt, the middle child in a booster seat and the youngest in a forward facing car seat</u> . The provider will [REDACTED] (# of doors, # of window(s)). The provider will <u>call/text the parent before, during and after sheltering.</u>	
The Provider will gather the children and the ready to go bag, <u>taking them to the car securing the oldest child in a seat belt, the middle child in a booster seat and the youngest in a forward facing car seat</u> . The provider will [REDACTED] (# of doors, # of window(s)). The provider will <u>call/text the parent before, during and after sheltering.</u>	
<b><u>CARE HOURS:</u></b>	
[REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <u>Christal Walters</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>11-12-2024</u>	Phone: [REDACTED]	Date: 11/12/2024	Phone: 1-877-227-0125



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

Inspection Date: 9/30/2024	Time In: 2:00 PM	Time Out: 3:00 PM	Result: Follow Up Needed
Inspection Date: 10/01/2024	Time In: 2:30 PM	Time Out: 3:00 PM	Result: Follow Up Needed
Inspection Date: 10/03/2024	Time In: 2:14 PM	Time Out: 2:26 PM	Result: Pass

### Informal Care

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

### Provider Information

First Name: Susan	Last Name: Wartman	Provider ID: 563536
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]		6/8/2024	3 months/ Y

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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



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

**Location of Emergency Ready to go Pack: Hall Closet**

**Item Specification (if needed):**

**To be observed for compliance on 10/01/2024 :**

- Doorknob safety locks
- Outlet covers
- Cooking knives

**To be observed for compliance on 10/03/2024 :**

- Locks for the gun case

### 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  
**Susan**

Last Name  
**Wartman**

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 call parent before/after sheltering and text the parent during sheltering.

#### **Evacuation Procedures:**

The Provider will gather the child and the ready to go bag, taking them to the car, securing the child in an infant car seat. The provider will [REDACTED] The provider will call parent before/after sheltering and text the parent during sheltering.

The Provider will gather the child and the ready to go bag, taking them to the car, securing the child in an infant car seat. The provider will [REDACTED] The provider will call parent before/after sheltering and text the parent during sheltering.

#### **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:	<i>Susan Wartman</i>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	<i>10/3/24</i>	Date:	10/03/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: 10/3/2024	Time In: 1:30pm	Time Out: 2pm	Result: Passed
----------------------------	-----------------	---------------	----------------

### Informal Care

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

### Provider Information

First Name: Bessie	Last Name: Washington	Provider ID: 519234
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]		12/7/2021	2yrs/ Y	

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

Item Specification (if needed):

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 Bessie

Last Name Washington

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 children, take them to sheltering [REDACTED] (#1 of doors, #0 of window(s)).  
The provider will contact parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, they will be traveling by car, [REDACTED] will be secure in a car seat. The provider will travel to the evacuation location [REDACTED] gaining access by [REDACTED] to shelter in [REDACTED] (#1 of doors, #2 of window(s)). The provider will contact parent before, during and after sheltering

The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] will be [REDACTED]. The provider will travel to the evacuation location [REDACTED] gaining access by [REDACTED] shelter in [REDACTED] (#0 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

#### CARE HOURS:

- Monday-Friday 7:30am-5pm

#### 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:	Bessie Washington	Printed Name	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	10/3/2024	Date:	10/3/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: 07/14/2023	Time In: 10:30AM	Time Out: 11:22AM	Result: PASSED
-----------------------------	------------------	-------------------	----------------

<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: Bessie	Last Name: Washington	Provider ID: 519234	
Provider ID #: [REDACTED]		Email: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(12/07/2021)	1yr. / N

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily in small plastic bags
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available near changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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/<br>packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> Blanket(s)          |  |

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

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



Location of The Emergency Ready to go Pack: Stored in hallway closet near exit

Item Specification (if needed):

- 1 backpack (carrying case), 2 flashlights, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 1 juice, 1 canned food, 1 dried food, 2 bottled waters, 3 diapers and 1 pk of wipes, 1 blanket, 1 outfit (top/bottom), 1 book, 1 pair scissors, 1 box of heavy duty trash bags, 1 roll of duct tape, and folder with EPP and ECMA

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name  
Bessie

Last Name  
Washington

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 child and ERTG and go into the master bedroom (1 door 2 windows) or master bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door, windows and vents if needed. The provider will call the parent at the beginning of the emergency and end.

**Evacuation Procedures**

**Primary:** The provider will account for the child and grab the ERTG and go to the provider's vehicle. The provider will secure the child in the rear-facing car seat and drive [REDACTED]. The provider [REDACTED] upon arrival the provider and child will go into [REDACTED] (3 doors 3 windows) for shelter. Once they are secured and settled the provider will call the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTG. The provider will secure the child in the rear-facing car seat and drive [REDACTED]. Upon entry they will go into a [REDACTED] or receive alternate instructions of where to shelter from a [REDACTED]. Once secured the provider will call or text the parent with emergency updates.

Care Hours:

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Bessie Washington	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	07-27-2023	Date:	07/14/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: 10/22/2024	Time In: 3:30pm	Time Out: 4:30pm	Result: Passed
-----------------------------	-----------------	------------------	----------------

### Informal Care

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

### Provider Information

First Name: Linda	Last Name: Washington	Provider ID: 565321
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]		12/30/2017	6yrs/ Y
[REDACTED]		3/12/2019	5yrs/Y
[REDACTED]		3/12/2019	5yrs/Y
[REDACTED]		5/14/2021	3yrs/Y
[REDACTED]		9/27/2023	1yrs/Y

### Safety of the Home

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

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



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/



☒ Medications-N/A

☒ Blanket(s)

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

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

Location of Emergency Ready to go Pack: Hallway Closet

Item Specification (if needed):

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 Linda

Last Name Washington

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 children, take them to sheltering location [REDACTED] (#1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] The provider will travel to the evacuation location [REDACTED] gaining access [REDACTED] (#0 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] The provider will travel to the evacuation location to [REDACTED] gaining access by [REDACTED] (#1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

#### CARE HOURS:

- Monday-Friday 5:30am-6:30pm

### 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:	LINDA LEE Washington	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	10/22/24	Date:	10/22/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>04-04-2025/3:29pm/61 minutes</b>
APPLICANT ID: <b>-</b>
PROVIDER ID: <b>576283</b>
APPLICATION DATE: <b>02/27/2025</b>
COUNTY: <b>Calvert County</b>

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				
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				
TOTAL	1	1	1	
Overnight				

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED:	<input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: <b>Provisional Driver's License</b>	EXP. DATE: <b>11/22/2024</b>
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: <b>Nakisha Washington</b>			
PERSON(S) INTERVIEWED: <b>Nakisha Washington</b>			



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

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

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

## Part 1 – Safety of Home

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



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

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

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

## Part 2 – General Cleanliness

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



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

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

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



Sign and upload form to

PROVIDER PORTAL

Blessen Harris

04/04/2025

\_\_\_\_\_  
Signature of Informal Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Representative  
Blessen Harris

\_\_\_\_\_  
Date

Time Out:

04/04/2025

Date

16:31

Time

Date	Start Time	End Time	Duration	Follow-Up
04/04/2025	15:29	16:31	61 minutes	

Total Duration:

61 minutes

Minutes



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>576283</b>	APPLICANT ID: <b>-</b>	ZIP CODE: <b>20657</b>	COUNTY: <b>Calvert County</b>
INFORMAL PROVIDER NAME: <b>Nakisha Washington</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Nakisha Washington</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>3:29pm/04-04-2025/61 minutes</b>	

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

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

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

Blessen Harris

04/25

☒ Complete☐ Includes overflow page

Signature of Agency Representative

Blessen Harris

Date

ICCP Form SOC108c



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

Inspection Date: 2/27/2025	Time In: 1:30pm	Time Out:	Result: Follow Up
Inspection Date: 2/28/2025	Time In: 1:30pm	Time Out:	Result: Passed

### Informal Care

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

### Provider Information

First Name: Skyleur	Last Name: Watkins	Provider ID: 573815
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]		3/26/2015	9yrs/ N
[REDACTED]		11/13/2019	5yrs/ N

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" 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- 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	
<b><u>Location of Emergency Ready to go Pack: front closet</u></b>	
<b><u>Item Specification (if needed):</u></b>	
<ul style="list-style-type: none"> <li>• <b><u>To be observed for compliance on 2/28/2025 @ 1:30pm :</u></b></li> <li>• <b><u>Smoke detector</u></b></li> <li>• <b><u>Alcohol wipes</u></b></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Skyleur	Last Name Watkins
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, take them to the [REDACTED] (# 1 of doors, #0 of window(s)). The provider will <b><u>contact</u></b> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] children secured by [REDACTED]. The provider will <b><u>travel to</u></b> [REDACTED] <b><u>location gaining access by</u></b> [REDACTED] <b><u>to shelter in</u></b> [REDACTED] <b><u>#1 of doors, # 4 of window(s)</u></b> . The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] children secured [REDACTED] and [REDACTED]. The provider will <b><u>travel to</u></b> [REDACTED] <b><u>gaining access by the</u></b> [REDACTED] <b><u>to shelter in</u></b> [REDACTED] <b><u>#2 of doors, #3 of window(s)</u></b> . The provider will contact parent before, during and after sheltering	
<b><u>CARE HOURS:</u></b>	
- Monday, Tuesday and Wednesday 7:00pm-7:00am	

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: Skyleur Watkins		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 3/1/2025	Phone: [REDACTED]	Date: 2/28/2025	Phone: 1-877-227-0125



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

Inspection Date: 2/27/2025	Time In: 1:30pm	Time Out:	Result: Follow Up
Inspection Date: 2/28/2025	Time In: 1:30pm	Time Out:	Result: Passed

### Informal Care

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

### Provider Information

First Name: Skyleur	Last Name: Watkins	Provider ID: 573815
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]		3/26/2015	9yrs/	N	
[REDACTED]		11/13/2019	5yrs/	N	

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" 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- 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	
<b>Location of Emergency Ready to go Pack:</b> front closet	
<b>Item Specification (if needed):</b>	
<ul style="list-style-type: none"> <li>• To be observed for compliance on 2/28/2025 @ 1:30pm :</li> <li>• <u>Smoke detector</u></li> <li>• <u>Alcohol wipes</u></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Skyleur	Last Name Watkins
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take them to the [REDACTED] (# 1 of doors, #0 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] children secured by [REDACTED]. The provider will <u>travel to</u> [REDACTED] location gaining access by [REDACTED] to shelter in [REDACTED] #1 of doors, # 4 of window(s)). The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] children secured [REDACTED] and [REDACTED]. The provider will <u>travel to</u> [REDACTED] gaining access by the [REDACTED] to shelter in [REDACTED] #2 of doors, #3 of window(s)). The provider will contact parent before, during and after sheltering	
<b>CARE HOURS:</b>	
- Monday, Tuesday and Wednesday 7:00pm-7:00am	

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: Skyleur Watkins		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 3/1/2025	Phone: [REDACTED]	Date: 2/28/2025	Phone: 1-877-227-0125



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

Inspection Date: <b>08/30/2023</b> Follow-up Inspection Date: <b>08/31/2023</b>	Time In: <b>1:30PM</b> Time In: <b>10:00AM</b>	Time Out: <b>2:43PM</b> Time Out: <b>10:22AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
--	---	---	---

<b>Informal Care</b>
----------------------

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

<b>Provider Information</b>
-----------------------------

First Name: <b>Angelia</b> Provider ID #: <span style="background-color: black; color: black;">[REDACTED]</span>	Last Name: <b>Webster</b>	Provider ID: <b>527003</b> Email: <span style="background-color: black; color: black;">[REDACTED]</span>
---	---------------------------	---

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

Street Address: <span style="background-color: black; color: black;">[REDACTED]</span> City: <span style="background-color: black; color: black;">[REDACTED]</span> County: <span style="background-color: black; color: black;">[REDACTED]</span> State: <span style="background-color: black; color: black;">[REDACTED]</span> Zip Code: <span style="background-color: black; color: black;">[REDACTED]</span> Address Verified? <b>Yes.</b>
--

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
<span style="background-color: black; color: black;">[REDACTED]</span>		(01/06/2023)	7mos.	/ N
<span style="background-color: black; color: black;">[REDACTED]</span>		(08/31/2014)	8yr.	/ N
<span style="background-color: black; color: black;">[REDACTED]</span>		(05/08/2013)	13yr.	/ N

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

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	<b>Non-Relative Informal Care – Certificate Submitted</b>
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies stored in locked bedroom 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	Moved to higher cabinet shelf in laundry room
• Medications of any kind	Y	Corrective Action Completed: Lock added to cabinet with medications
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own



• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Lock added to kitchen cabinet
• Poisonous substances	Y	Outside in locked shed
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Changing area in child's playpen
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via trash cans
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering station has needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

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

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

- 1 duffle bag (carrying case), 3 flashlights, 1 pk of AA batteries, no specific meds, 1 bag of dried foods, 1 pk of diapers/1 pk of wipes, 4 blankets, 1 roll of duct tape, 1 pair of scissors, bar soap/tooth brushes, 1 roll of heavy duty trash bags, binder w/ EPP and ECMA docs per child, case of bottled waters, 1 thermometer, 4 outfits (tops/bottoms/underwear/socks) and toys and board games
- Items to be reviewed on 08/31/2023: Corrected & Reviewed on 08/31/2023
- 1. Outlet coverings required in all areas
- 2. Lock added to bedroom closet with medications
- 3. Lock added to kitchen cabinet with cleaning products
- 4. ERTG Missing Items: Thermometer, 4 or more bottled waters, change of clothes for ea. child, and toys or games

**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

Sharita

Last Name

Artis

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 account for the children and grab the ERTG and head into the living room (1 door 2 windows). The provider will use the sealing plastic and tape to seal the door, vents and windows if needed. The provider will call or text the parent once she and the children are secured.

**Evacuation Procedures**

**Primary:** The provider will account for the children and grab the ERTG. The provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to [REDACTED]. Upon arrival the provider will [REDACTED] and shelter in the [REDACTED] (1 door 3 windows). Once secured the provider will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to the [REDACTED]. Upon arrival the provider and children, will shelter in [REDACTED] (1 door 2 windows). Once secured the provider will call or text the parent with emergency updates.

**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**

Printed Name:

Anaelia Webster

Signature:

Date: 9/09/23

Phone:

**INSPECTOR**

Printed Name:

Signature:

Date: 08/31/2023

Phone: 1-877-227-0125







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

Inspection Date: <b>08/30/2023</b> Follow-up Inspection Date: <b>08/31/2023</b>	Time In: <b>1:30PM</b> Time In: <b>10:00AM</b>	Time Out: <b>2:43PM</b> Time Out: <b>10:22AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
--	---	---	---

### Informal Care

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

### Provider Information

First Name: <b>Angelia</b>	Last Name: <b>Webster</b>	Provider ID: <b>527003</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(01/06/2023)	7mos. / N	
[REDACTED]		(08/31/2014)	8yr. / N	
[REDACTED]		(05/08/2013)	13yr. / 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	<b>Non-Relative Informal Care – Certificate Submitted</b>
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies stored in locked bedroom closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Moved to higher cabinet shelf in laundry room
• Medications of any kind	Y	Corrective Action Completed: Lock added to cabinet with medications
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own



• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Lock added to kitchen cabinet
• Poisonous substances	Y	Outside in locked shed
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Changing area in child's playpen
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via trash cans
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering station has needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

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

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

- 1 duffle bag (carrying case), 3 flashlights, 1 pk of AA batteries, no specific meds, 1 bag of dried foods, 1 pk of diapers/1 pk of wipes, 4 blankets, 1 roll of duct tape, 1 pair of scissors, bar soap/tooth brushes, 1 roll of heavy duty trash bags, binder w/ EPP and ECMA docs per child, case of bottled waters, 1 thermometer, 4 outfits (tops/bottoms/underwear/socks) and toys and board games
- Items to be reviewed on 08/31/2023: Corrected & Reviewed on 08/31/2023
- 1. Outlet coverings required in all areas
- 2. Lock added to bedroom closet with medications
- 3. Lock added to kitchen cabinet with cleaning products
- 4. ERTG Missing Items: Thermometer, 4 or more bottled waters, change of clothes for ea. child, and toys or games

**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

Sharita

Last Name

Artis

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 account for the children and grab the ERTG and head into the living room (1 door 2 windows). The provider will use the sealing plastic and tape to seal the door, vents and windows if needed. The provider will call or text the parent once she and the children are secured.

**Evacuation Procedures**

**Primary:** The provider will account for the children and grab the ERTG. The provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to [REDACTED]. Upon arrival the provider will [REDACTED] and shelter in the [REDACTED] (1 door 3 windows). Once secured the provider will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to the [REDACTED]. Upon arrival the provider and children, will shelter in [REDACTED] (1 door 2 windows). Once secured the provider will call or text the parent with emergency updates.

**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**

Printed Name:

Anaelia Webster

Signature:

Date: 9/09/23

Phone:

**INSPECTOR**

Printed Name:

Signature:

Date: 08/31/2023

Phone: 1-877-227-0125







**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>3-27-2025/2:15pm/ 65min</b>
APPLICANT ID: <b>-</b>
PROVIDER ID: <b>507025</b>
APPLICATION DATE: <b>02/24/2025</b>
COUNTY: <b>Washington County</b>

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

☐ Follow-Up

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

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED:	<input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: <b>Driver's License</b>	EXP. DATE: <b>12/08/2032</b>
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: <b>Sara Weitzel</b>			
PERSON(S) INTERVIEWED: <b>Sara Weitzel and Rachel Mellot</b>			



**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

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



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

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

**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="C"/> | 35. Prevention and control of infectious diseases (including immunization) |
| <input type="text" value="NA"/> | 27. Infant sleep safety  | <input type="text" value="C"/> | 36. Pediatric first-aid and CPR  |
| <input type="text" value="NA"/> | 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 |                                |  |



*Sara Weitzel*

Signature of Informal Child Care Provider

Date

Sign and upload form to

PROVIDER PORTAL

Blessen Harris

03/27/2025

Signature of Agency Representative

Blessen Harris

Date

Time Out:

03/27/2025

Date

15:20

Time

Date	Start Time	End Time	Duration	Follow-Up
03/27/2025	14:15	15:20	65 minutes	

Total Duration:

65 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	

**All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).****C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

	Standard #	Inspection #	Standard Description
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**Sign and upload form to**☐ Includes overflow page**PROVIDER PORTAL***Sara Weitzel*

Signature of Informal Child Care Provider

03/27/2025

Date

Signature of Agency Representative

Date



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>507025</b>	APPLICANT ID: <b>-</b>	ZIP CODE: <b>21719</b>	COUNTY: <b>Washington County</b>
INFORMAL PROVIDER NAME: <b>Sara Weitzel</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Sara Weitzel and Rachel Mellot</b>			
VISIT TYPE: <b>Renewal Application</b>		INSPECTION TIME/DATE/DURATION: <b>2:30pm/3-27-2025/65 minutes</b>	

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

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

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

Blessen Harris

03/25



Complete



Includes overflow page

Signature of Agency Representative

Blessen Harris

Date

ICCP Form SOC108c



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

Inspection Date: 3/21/2024	Time In: 1:30pm	Time Out: 2:30pm	Result: Passed
----------------------------	-----------------	------------------	----------------

**Informal Care**

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

**Provider Information**

First Name: Sara Provider ID # [REDACTED]	Last Name: Weitzel	Provider ID: 507025 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]		9/21/2011	12	/	N
[REDACTED]		12/30/2015	8	/	N

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	7 Outlets

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	Kept in a locked bag within a larger bag. Kept in a high location.
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

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

**Item Specification (if needed):**

- Pink and black back pack
- Sealing plastic, packing tape & large scissors
- 2 blankets
- 3 bottled water
- Granola Bar
- Medication is a controlled quantity administered by parent daily.
- Deck of Cards,
- 

**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 Sara

Last Name Weitzel

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

**Shelter In Place Procedures:**

The Provider will go into the laundry room to grab the bag. She will have the children with her as they head to [REDACTED] (1 door 0 windows) and seals the door. When the lockdown is happening and text the parent throughout with updates. The Provider would call everyone once the emergency is over.

**Evacuation Procedures:**

The Provider will go into the laundry room and grab the bag and get the children ready to leave. The Provider would [REDACTED] and the parent to notify them of their need to relocate [REDACTED]. They would then [REDACTED]. Once inside they [REDACTED] (0 door 1 window). Once the Provider and children are secured she will give the parents updates during the emergency and a final update after.

The Provider will go into the laundry room and grab the bag and get the children ready to leave. The Provider would [REDACTED] and the parent to notify them of their need to relocate [REDACTED]. The Provider would secure the youngest in a booster seat and the oldest in a seat [REDACTED]. Once inside they will [REDACTED] (1 door 1 window). Once the Provider and children are secured she will give the parents updates during the emergency and a final update after.

**Care Hour:**

[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:	Sara R. Weitzel	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 3/21/2024	Phone: [REDACTED]	Date: 3/21/2024	Phone: 1-877-227-0125



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

Inspection Date: <b>05/05/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>3:14PM</b>	Result: <b>PASSED if returned by 12PM on 5/6/2022</b>
------------------------------------	------------------------	-------------------------	---

### Informal Care

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

### Provider Information

First Name: <b>Cynthia</b>	Last Name: <b>Wells</b>	Provider ID: <b>485362</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/5/2018	3 / Yes
[REDACTED]		4/16/2020	2 / 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	Relative Informal Provider
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• 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 from shower
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Operational gas stove
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light came on when opened
• Has a working telephone	Y	Cell phone provider was called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, ointment
• Has protective coverings on any electrical outlet that is accessible to children	Y	Behind furniture
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	High cabinet
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> 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:** In basement where care is provided.**Item Specification (if needed):**

6 AA batteries, First aid- tongue depressors, gauze, bandages, q-tips, cold compress, wipes

3 16oz bottles, water, chicken pot pie, canned baked beans, canned sliced peaches, apple sauce,

2 Onesies, 2 pants, 2 shirt 1 under ware, baby Tylenol

4 diapers, wipes, books, playing cards

**Items to review on xx/xx/xxxx if needed:** N/A**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will call parents, grab the emergency bag and gather the children and go to the storage room in the basement that has one door and no windows. If the need should arise the provider will cover the door with plastic and tape from emergency to go bag. Provider will then call the parents again to let them know they are secure.

**Evacuation Procedures:**

The provider will contact the parents to let them know they are evacuating the care location. Provider will gather the children and put them in their coats grab the emergency bags, and walk to the primary evacuation location [REDACTED] If driving the provider will get the children in their car seats, secure them in the vehicle, put the emergency bag in the car before driving to [REDACTED] from the care location. If they could not go to the primary evacuation location, their alternate evacuation location is [REDACTED] to which provider has a spare keys. Once there they will shelter in the basement back room that has one window and one door. Provider will call parents before leaving the care location and after they are at the emergency location to let them know they are secure.

**Items to review on xx/xx/xxxx if needed:** N/A**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:	Cynthia Wells	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	5/5/2022	Date:	05/05/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: <b>02/15/2023</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:46PM</b>	Result: <b>PASSED</b>
------------------------------------	------------------------	-------------------------	-----------------------

<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Sara</b>	Last Name: <b>Weitzel</b>	Provider ID: <b>507025</b>	
Provider ID: [REDACTED]		En: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? <b>Yes.</b>			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/21/2011)	11yr / Y
[REDACTED]		(12/30/2015)	7yr / Y

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <div style="text-align: right;">Y – Yes, N – No, D – Discussed, n/a – Not Applicable</div>		
<b>Health and Safety Training:</b>	<b>Standard Met</b>	<b>Comments/Notes</b>
	<b>Y/N</b>	<b>Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met</b>	<b>Comments/Notes</b>
	<b>Y/N</b>	<b>Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas generally clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Artificial and lots of natural light
• Has hot and cold running water	Y	Observed steam, tested by provider
• Has a working inside toilet	Y	Observed and flushed by provider in all bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Provider tested their thermostat, and explained they have cooling units placed in the windows during summer time. Both of the cooling units were observed on camera
• Has a working refrigerator and stove	Y	Electric stove top smoke observed
• Has a working telephone	Y	Call was made to the provider
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Stored in kitchen
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met</b>	<b>Comments/Notes</b>
	<b>Y/N</b>	<b>Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored in locked drawer in the kitchen
• Medications of any kind	Y	Stored in providers in locked pantry in the kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Located in high cabinet above the fridge
• Guns	Y	Stored in parent's bedroom on high shelf in lockbox
• Cleaning agents	Y	In locked kitchen cabinets under the sink
• Poisonous substances	Y	Does not own







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	
<b>Location of The Emergency Ready to go Pack:</b> Stored on shelf in laundry room near exit.	
<b>Item Specification (if needed):</b>	
<ul style="list-style-type: none"> <li>- <u>3 flashlights, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, no diaper age children in care, 3 bottles of water, 4 pack of mac &amp; cheese, 1 large blanket, 1 outfit (top/bottom) and underwear for each child, 2 blankets, Backpack, 1 roll of duct tape, 1 pair of scissors, 1 roll of sealing plastic, folder of EPP and ECMA forms per child, toy trucks and playing cards</u></li> </ul>	
Items to review on xx/xx/xxxx if needed: N/A	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Sara	Last Name Weitzel
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by provider	
<b>Shelter In Place Procedure:</b>	
The provider will gather the children and ERTG and go into the first floor bathroom (1 door 0 windows). The provider will use sealing plastic and tape to seal door if needed. Once the provider and children are secured in the location she will text the parents and continue to send text updates until they are safe.	
<b>Evacuation Procedures:</b>	
<b>Primary:</b> The provider will grab the emergency bag, gather the children, utilizing the [REDACTED] Only [REDACTED] the care location. The provider will call or text the [REDACTED] to ensure they are [REDACTED] and gain entry access. Upon entry the provider and children will go into the kitchen area (0 doors 1 window). Once they are secured the provider will text the parents at the beginning, during and after the emergency to give them updates.	
<b>Alternate:</b> If the provider and children cannot go to the primary location they will go to the alternate location. The provider will secure the older child in their seatbelt and the smaller child in his booster seat within the Provider's vehicle. Before arrival provider will call and/or text the [REDACTED] them they are on the way. Upon arrival she will hold the hands of the children as they get out of the car. The Provider and children will go into the first floor bedroom (1 interior door 1 window). Once they are safe the provider will text and/or call the parents until the emergency is over.	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Sara R. Weitzel		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 02/14/2023	Phone: [REDACTED]	Date: 02/15/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a>
Inspection Date: 09/11/2024      Time In: 3:30 PM      Time Out: 4:22 PM      Result: Passed		
<b>Informal Care</b>		
Type of Care (check one): <input checked="" type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care		
<b>Provider Information</b>		
First Name: Shannon	Last Name: Whitaker	Provider ID: 557238
Provider ID #: [REDACTED]		Email: [REDACTED]
<b>Care Location Inspected</b>		
Street Address: [REDACTED]      City: [REDACTED]      County: [REDACTED]      State: [REDACTED]      Zip Code: [REDACTED]		
Address Verified: Yes		
<b>Name of Children in Care (add pages if needed)</b>		
[REDACTED]	Scholarship	Date of Birth      Age / Present (Y/N)
		8/25/2017      7 years old/ N
<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.      Y – Yes, N – No, D – Discussed, n/a – Not Applicable		
<b>Health and Safety Training:</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	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	
<b>Harmful items are stored appropriately and away from children:</b>	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	
<b>GENERAL CLEANLINESS STANDARDS</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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/<br>Packing Tape & Sealing Plastic/ Trash<br>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: Coat closet by the front door

#### 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  
Shannon

Last Name  
Whitaker

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, carrying the bag and holding the child's hand. The provider will walk to [REDACTED] 3 doors, 10 window(s)). The provider will text parent before, during and after sheltering.

The Provider will gather the child and the ready to go bag, carrying the bag and holding the child's hand. The provider will walk to [REDACTED] 3 doors, 0 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:	Shannon M. Whitaker	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 9/12/24	Phone: [REDACTED]	Date: 9/11/2024	Phone: 1-877-227-0125



## INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: <b>5-21-2025/3:00pm/</b>
APPLICANT ID: <b>-</b>
PROVIDER ID: <b>539704</b>
APPLICATION DATE: <b>04/15/2025</b>
COUNTY: <b>Harford County</b>

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				
3 year olds				
4 year olds	1	1	0	
5's (pre-school)				
5-12 (school age)	2	2	0	
13-19 year olds				
TOTAL	3	3	0	
Overnight				

FATALITY: <b>N/A</b>		SERIOUS INJURY: <b>N/A</b>		COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED:		<input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Driver's License</b>	
				EXP. DATE: <b>02/14/2033</b>	
CARE LOCATION:		<input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE:		<input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: <b>Jocquella White</b>					
PERSON(S) INTERVIEWED: <b>Jocquella White</b>					



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

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

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

## Part 1 – Safety of Home

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



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

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

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

## Part 2 – General Cleanliness

4. All areas of the home are kept clean, including diapering area.

5. Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.

6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.

7. Diapering procedures are followed.

8. Handwashing procedures are followed.

- a) Toileting

- b) Diapering

- c) Food preparation and eating

- d) After playing outdoors

- e) Preventing the spread of disease

### 9. Rest Area and Furnishings

- a) SIDS prevention review

- b) Infant/toddler rest furnishings

- c) Crib safety

- d) Individual rest place

- e) The provider shall provide furnishings for each child approved for care in the home.

- ei) Younger than 12 months old, a crib, portable crib, or playpen

- eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag



**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.

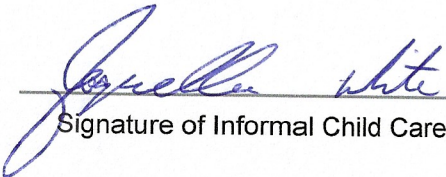
**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

## 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="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

  
 Signature of Informal Child Care Provider

5/21/25  
 Date

Sign and upload form to  
**PROVIDER PORTAL**

Blessen Harris

Signature of Agency Representative  
 Blessen Harris

05/21/2025  
 Date

Time Out: 05/21/2025 16:01  
 Date Time

Date	Start Time	End Time	Duration	Follow-Up
05/21/2025	15:00	16:01	61 minutes	

Total Duration: 61 minutes  
 Minutes



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>539704</b>	APPLICANT ID: <b>-</b>	ZIP CODE: <b>21014</b>	COUNTY: <b>Harford County</b>
INFORMAL PROVIDER NAME: <b>Jocquella White</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Jocquella White</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>3:00pm/5-21-2025/61 minutes</b>	

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

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

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

Blessen Harris

05/25



Complete



Includes overflow page

Signature of Agency Representative

Blessen Harris

Date

ICCP Form SOC108c



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

Inspection Date: 8/21/2024	Time In: 2:00 PM	Time Out: 2:50 PM	Result: Follow Up Needed
Inspection Date: 8/29/2024	Time In: 12:00PM	Time Out: 12:13PM	Result: Passed

### Informal Care

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

### Provider Information

First Name: Kelly	Last Name: White	Provider ID: 558942
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]		7/7/2019	5 years old/ N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

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

**To be observed for compliance on 8/29/2024 AT 12:00PM :**

- Outlet Covers
- Smoke Detector
- Door Knob Covers

#### 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  
Kelly

Last Name  
White

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] 2 doors, 4 window(s). The provider will call and text parent before, during and after sheltering.

#### Evacuation Procedures:

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

The Provider will gather the children and the ready to go bag, they will walk, the provider hold the child's hand. The will go to [REDACTED] 2 doors, 0 window(s). The provider will call and 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

Printed Name: KELLY WHITE

Signature: [REDACTED]

Date: 8/29/24

Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 8/29/2024

Phone: 1-877-227-0125



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

Inspection Date: 2/13/2024	Time In: 10:30am	Time Out: 11:30am	Result: Passed
----------------------------	------------------	-------------------	----------------

### Informal Care

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

### Provider Information

First Name: Jocquella	Last Name: White	Provider ID: 539704
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]		1/22/2014	9	/N	
[REDACTED]		11/23/2015	7	/N	
[REDACTED]		12/01/2020	2	/N	

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Medications☒ Blanket(s)

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

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

**Location of Emergency Ready to go Pack: Near the Front Door****Item Specification (if needed):**

- 2 Flashlights
- Ice pack, bandages, Gauze, Hand Cleansing Wipes, Neosporin and Tape
- Canned Beans and Soup(5total) with can opener
- 5 17.9 oz Bottled waters
- Forehead Scanner thermometer
- Tops and bottoms for [REDACTED] also clothing for her children
- Puzzle Books (3) Flash Cards for younger and Older Children, Reading Books
- 12 pack of AA Batteries
- Tylenol
- 3 blankets

**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 Jocquella

Last Name White

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

**Shelter In Place Procedures:**

The Provider will do a head count of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would carry it if there). They will shelter in [REDACTED] window 1 door). The Provider will contact the parent immediately.

**Evacuation Procedures:**

The Provider will do a head count of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would carry it if there). The Provider would put the younger children in carseats while the older children will go into seatbelt. The provider would drive [REDACTED] If there is a need to contact someone to gain entry she will. They will shelter in the [REDACTED] (2 doors 2 windows). The provider will call the parent immediately after taking shelter.

The Provider will do a head count of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would carry it if there). The Provider would put the younger children in carseats while the older children will go into seatbelt. The provider will drive to her [REDACTED] large door and no windows ). If they cannot shelter in the [REDACTED] (2 windows 1 door). The provider will call the parent immediately after taking shelter.

**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:

Jocquella A. White

Printed Name:

Signature:

Signature:



Date: 2-27-24	Phone [REDACTED]	Date: 2/13/2024	Phone: 1-877-227-0125



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

Inspection Date: 7/22/2024	Time In: 1:30pm	Time Out: 2:45pm	Result: Passed
----------------------------	-----------------	------------------	----------------

### Informal Care

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

### Provider Information

First Name: L'Tanya	Last Name: Wilkerson	Provider ID: 510447
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]		4/10/2020	4 years old/

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) **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	<input checked="" type="checkbox"/> Blanket(s)	

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

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



**Location of Emergency Ready to go Pack: Near the stairs in the dining room**

**Item Specification (if needed):**

- Diapers for emergencies and wipes included

**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 L'Tanya

Last Name Wilkerson

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

**Shelter In Place Procedures:**

The Provider will grab the emergency bag and child and head to the [REDACTED] (1 door(s) 0 window(s)). Once inside the Provider would seal the doors and vents with tape and plastic in the emergency bag. She would contact the parent before during and after the emergency by either calling or texting.

**Evacuation Procedures:**

The Provider will gather the child and the emergency bag and either walk with the child or use a stroller to transport the child while she walks to the [REDACTED]. The Provider would [REDACTED]. Once inside, the Provider and child will [REDACTED] (1 door(s) 0 window(s)). The Provider would seal the vents and door. The Provider would contact the Parent before, during and after the emergency.

The Provider will gather the child and the emergency bag and either walk with the child or use a [REDACTED]. The Provider would [REDACTED]. Once inside, the Provider and child [REDACTED] (1 door(s) 0 window(s)). The Provider would seal the vents and door. The Provider would contact the Parent before, during and after the emergency.

**CARE HOURS:**

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	L'Tanya Wilkerson	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	7/23/2024	Date:	7/22/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: 8/21/2024	Time In: 3:30 PM	Time Out: 4:09 PM	Result: Passed
----------------------------	------------------	-------------------	----------------

### Informal Care

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

#### Provider Information

First Name: Debra	Last Name: Williams	Provider ID: 493758
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]		9/10/2015	8 years old/ Y
[REDACTED]		9/20/2022	1 year 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

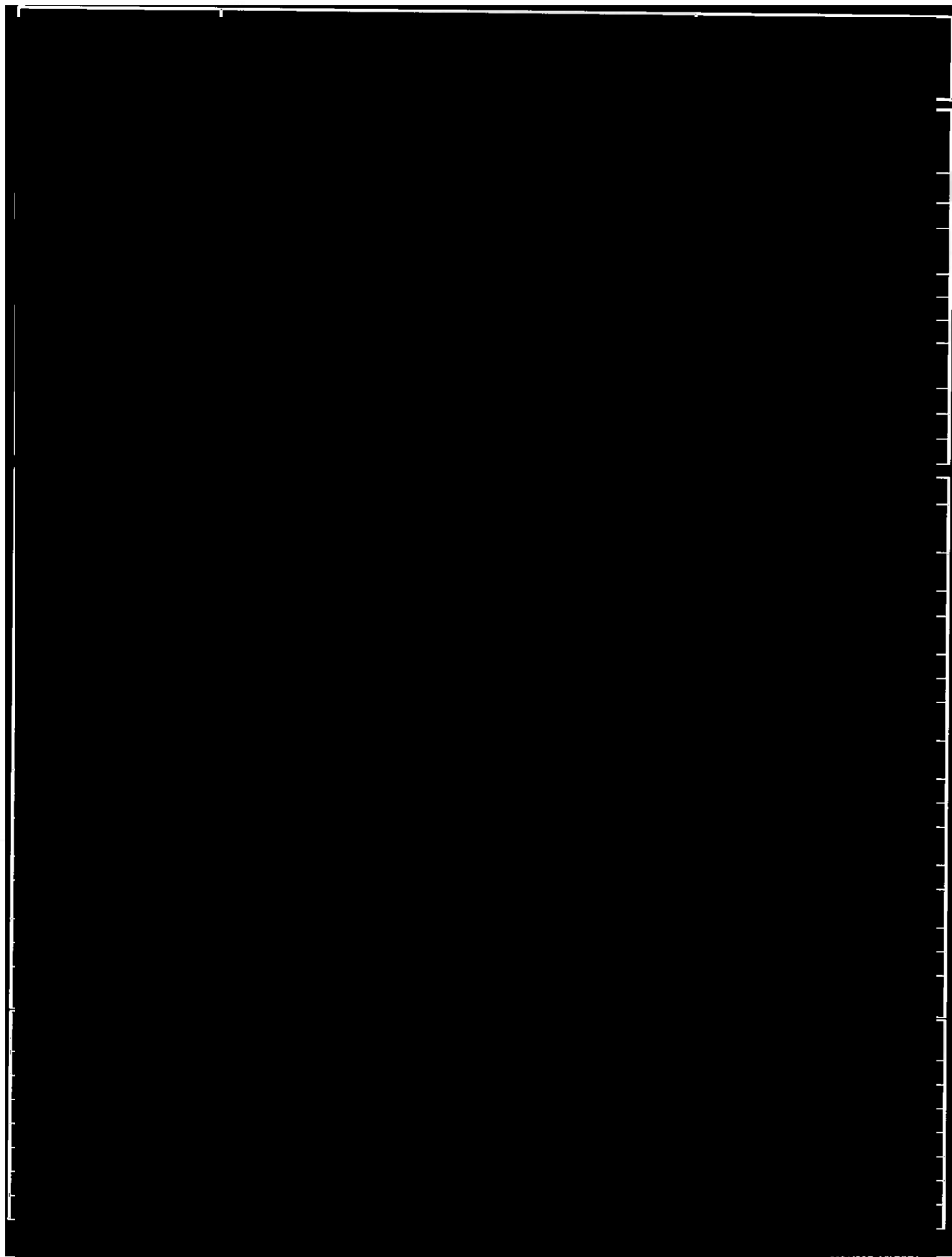
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ 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	
<b>Location of Emergency Ready to go Pack:</b> [REDACTED]	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Debra	Last Name Williams
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take [REDACTED] <u>1 doors, 2 window(s)</u> . The provider will <u>call</u> parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, <u>take them to car, the oldest child will be secured in a seatbelt and the youngest will be in a rear facing car seat</u> . The provider will [REDACTED] <u>sheltering (2 of doors, 4 of window(s))</u> . The provider will call parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, <u>take them to car, the oldest child will be secured in a seatbelt and the youngest will be in a rear facing car seat</u> . The provider will [REDACTED] <u>1 of doors, 2 of window(s)</u> . The provider will call parent before, during and after sheltering	
<b>CARE HOURS:</b> [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: Debra E. Williams		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: 10-21-2024	Phone: [REDACTED]	Date: 8/21/2024	Phone: 1-877-227-0125







GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing area in child's playpen or other areas with portable changing pad
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via trash cans
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering station has needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u> .	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/<br>packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> Blanket(s)          |  |



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

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

Location of The Emergency Ready to go Pack: Stored in Dining Room

Item Specification (if needed):

- 1 carry-on suitcase (carrying case), 1 flashlight, 1 pk of AA batteries, 1 thermometer, no specific meds, 1 first aid kit, 3 bottled waters, 5 canned food items, 1 can of baby formula, 1 pk of diapers/wipes, 4 outfits (top/bottom) 2 blankets, bag pf toys and playdough and books, 1 pair of scissors, 1 roll of duct tape, and 2 heavy duty trash bags, 1 roll of sealing plastic, and 2 folders w/ EPP and ECMA docs per child

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

Shelter in Place Procedure:

The provider will account for the children and grab the ERTG and head to the basement area (1 door 2 windows). Once downstairs and secured the provider will use the sealing plastic and tape to seal the windows, doors and vents as the need arises and will call or text the parents with emergency updates.

Evacuation Procedures

**Primary:** The provider will account for the children, grab the ERTG. The provider and children will walk to the local elementary school. Before leaving the home the provider would carry the smallest child in arms and hold the oldest child's hand to secure each child as they walk. Upon arrival the provider and children will receive instruction from the administration of where to shelter, typically which would be . Once secured the provider will call or text the parents with emergency updates.

**Alternate:** If they could not access the primary location the provider will account for the children, grab the ERTG. The provider and children will walk to the provider's vehicle. The provider will secure youngest child in their rear-facing car seat and oldest child in their car seat belt. The provider and children will drive to and the provider has key access for entry of the home. Upon arrival the provider and children will shelter in the basement (1 door 2 windows). Once secured the provider will call or text the parents with emergency updates.

**Care Hours:**

M-F

6:00am-6:00pm

Signatures & Date

Printed Name:

Eben Williams

Signature:

[Signature]

Date:

10/26/2023

Phone:

Printed Name:

Signature:

Date: 08/21/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
---	--	--

Inspection Date: <b>03/03/2023</b>	Time In: <b>9:30AM</b>	Time Out: <b>10:07AM</b>	Result: <b>PASSED.</b>
------------------------------------	------------------------	--------------------------	------------------------

### Informal Care

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

### Provider Information

First Name: <b>Debra</b>	Last Name: <b>Williams</b>	Provider ID: <b>493758</b>
Provider ID: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/20/2022)	5 mos. / Y
[REDACTED]		(09/10/2015)	7yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and ventilated
• Has hot and cold running water	Y	Tested by provider and steam observed
• Has a working inside toilet	Y	Tested by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Provider tested both settings of thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Home First Aid Kit
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	High shelf in pantry
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	
• Guns	Y	Does not own
• Cleaning agents	Y	High shelf in closet
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Diapers and wipes kept in family room



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

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



☒ Thermometer☒ Change of clothes☒ Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Emergency bag located under lounge chair in dining room near exit**Item Specifications (If needed):**

- 1 flashlight light, 1 pk of add. batteries, 6 diapers and 1 pk of wipes, 1 thermometer, 1 first aid kit, no specific medications, 3 bottled waters, 5 canned foods, 1 can of baby food 2 tops and 1 bottom, 1 top/bottom and jumper for older child, 2 small blankets (1 per child), bag of small toys and books, 2 containers of playdough, 1 pair of scissors, 1 roll of duct tape, 1 roll of trash bags and sealing plastic, and folder of EPP/ECMA docs for each child

**Items to be reviewed on xx/xx/xxxx if needed:** N/A**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Debra

Last Name

Williams

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

**Shelter-in-Place Procedures:**

Provider will grab the emergency bag and account for both children in care and would go to the [REDACTED] (1 door 2 windows), and would tape the windows and door with sealing plastic and tape if needed. Once they are settled [REDACTED] the provider will call the parents with her cellphone and inform them of the emergency until it has ended.

**Evacuation Location(s) Procedures:**

**Primary:** The provider will grab the children and ready-to-go bag and head to the provider's vehicle. The provider will secure the older child in the rear seatbelt and the baby in the rear-facing car seat. They will go the [REDACTED] where the provider has key access to the home. The provider and children will go into basement area (1 door 2 windows). The provider will use her cellphone to call the parents once they are secured in the location.

**Alternate:** If they could not access the primary location, the provider along with the children and emergency bag. The provider will walk with both children in hand and/or use the stroller for the baby child and head to [REDACTED]. The provider and children will walk into [REDACTED] and go to the front office and explain the emergency. They will then be escorted into the shelter location which is [REDACTED] (1 door 3 windows). The provider will call both parents to inform them of the emergency once they are secured safely in the 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**

Printed Name:

Debra Williams

Signature:

[REDACTED]

Date:

03-03-2023

Phone:

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 03/03/2023

Phone: 1-877-227-0125



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

Inspection Date: <b>09/07/2022</b>	Time In: <b>1:45PM</b> Time In: <b>4:30PM</b>	Time Out: <b>2:55PM</b> Time Out: <b>4:43PM</b>	Result: Follow –Up Scheduled Result: <b>PASSED</b>
Follow-Up Date: <b>09/12/2022</b>			

### Informal Care

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

### Provider Information

First Name: <b>Debra</b>	Last Name: <b>Williams</b>	Provider ID: <b>493758</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/10/2015	6 / 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 Received
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Well maintained home
• 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	Dialed down to 67
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Gauze, tape, band-aids, alcohol wipes, cold pack,
• 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	High Shelf in pantry
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Moved to high cabinet
• 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Under Chair in dining room	
<b>Item Specification (if needed):</b>	
2 shirts, 2 Spandex pants, shorts, Playdough 4 extra AA batteries, Band aids, ointment, gauze, tape, alcohol wipes, cold compress, gloves, tweezers, safety, Children's Motrin, 1 16oz water bottle, Chicken noodle Soup, tomato soup, Canned chicken, sardines,	
<b>Items to review on 09/12/2022 if needed:</b> Observed 9/12/2022	
Electrical outlet cover in the kitchen - Observed 9/12/2022 Emergency Documents in ERTG Bag – Observed 9/12/2022	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried.	
<b>Shelter In Place Procedure:</b>	
The provider will grab the ERTB, [REDACTED] head to the back of the basement which has one door and 2 windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.	
<b>Evacuation Procedures:</b>	
Then provider will grab [REDACTED] the ERTG and proceed to the provider's vehicle where she will secure [REDACTED] booster seat before driving to the primary evacuation location which [REDACTED]. Once at the location, the provider will gain entry with spare key and head to the basement that has 2 windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parent 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] which is located [REDACTED]. Once at [REDACTED] will shelter [REDACTED] 4 small windows and 1 door. The provider will call the parents after they are secure in the alternate evacuation location.	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Debra Williams		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9-12-2022	Phone: [REDACTED]	Date: 09/12/2022	Phone: 1-877-227-0125



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

Inspection Date: 8/22/2024	Time In: 1:30pm	Time Out: 2:30pm	Result: Follow up
Inspection Date: 8/26/2024	Time In: 3:30pm	Time Out: 4:00pm	Result: Passed

**Informal Care**

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

**Provider Information**

First Name: Eunice	Last Name: Williams	Provider ID: 553983
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]		3/24/2021	3yrs	/	N

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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



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

Location of Emergency Ready to go Pack: Kitchen

To be observed for compliance on 8/26/2024 3:30pm :

- Outlets cover
- Knives
- Lighter
- Smoke detector
- ECMA
- Duct tape, scissor, plastic

#### 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 Eunice

Last Name Williams

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 child and head down the [REDACTED] and seal 1 window, 1 door and one vent.  
Provider will call the parent before, during, and after lock down.

#### Evacuation Procedures:

The Provider will secure the child in the car seat and drive to the [REDACTED] and [REDACTED] and cover one door there is no window. The provider [REDACTED] by going to the [REDACTED]

The Provider will secure the child in the car in his car seat and head to the [REDACTED] and cover one door and two windows. The provider will [REDACTED]

#### CARE HOURS:

- Monday-Friday 8am-4pm

#### 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:	Eunice Williams	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 08/27/2024	Phone: [REDACTED]	Date: 8/26/2024	Phone: 1-877-227-0125



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

Inspection Date: <b>05/05/2023</b>	Time In: <b>10:30AM</b>	Time Out: <b>11:39AM</b>	Result: <b>PASSED</b>
------------------------------------	-------------------------	--------------------------	-----------------------

### Informal Care

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

### Provider Information

First Name: <b>Jeffrey</b>	Last Name: <b>Williams</b>	Provider ID: <b>482192</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(01/27/2021)	2yr. / Y
[REDACTED]		(07/17/2022)	9mos. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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	Provider mentioned roach killer. No evidence of infestation.
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored under locked bathroom cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets cover 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 knife and container holder on back of kitchen counter
• Medications of any kind	Y	Stored in mom's bedroom with lock on drawer
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored under locked bathroom and kitchen cabinets
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes



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

### Emergency Ready-to-Go Pack

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

Item Specification (if needed):

- 1 first aid kit, 1 duffie bag (carrying case), 1 flashlight, 1 pk of AA batteries, 1 thermometer, 1 roll of duct tape, no spec meds, 2 gallons of water, 4 canned foods, 4 packs of baby food, 1 pk of diapers and 1 pk of wipes, 2 outfits (top/bottom) for each child, 2 blankets, 2 toys, 1 pair of scissors, 1 roll of trash bags, and folder w/ EPP and ECMA per child

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

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Last Name

Jeffrey

Williams

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 both children, carry the smaller child and hold the hand of the younger child. He will grab the ERTG from the children's bedroom and they will head to the [REDACTED]. The provider will use the tape and sealing plastic to secure the door and window if the need arose. He will call the parent to update them as well as 911 if needed.

#### Evacuation Location(s) Procedures:

**Primary:** The provider would account for the children and ERTG and head to the provider's vehicle. He would secure the younger child in the rear-facing car seat and the older child in the forward-facing car seat. Then the provider will drive to the [REDACTED] and he will call the parent on the way. Upon arrival the provider has key access, and he and the children will go into the basement(0 doors 0 windows). Once secured the provider will call or text the parent to inform them of the updates.

**Alternate:** The Provider would carry the ERTG and the younger child and hold the hand of the older child. He would ensure both children are secured in their car seats. The younger in their rear-facing car seat and older in their forward-facing car seat. The provider will call the parent when they are secured in the vehicle and drive [REDACTED]. Upon arrival the provider has key access to the [REDACTED] where he and the children will go into the basement (2 doors 3 windows). Once he and the children are secured he will call or text the parent again to inform them of 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:	<u>Jeffery Williams</u>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: <u>5/30/23</u>	Phone: [REDACTED]	Date: <u>05/05/2023</u>	Phone: <u>1-877-227-0125</u>







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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <b>and</b> 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"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications- N/A	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers- N/A  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b><u>Location of Emergency Ready to go Pack: Dining room floor</u></b>  <b><u>Item Specification (if needed):</u></b> • <b><u>To be observed for compliance on :</u></b> •	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Violet	Last Name Williams
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, take them to sheltering location in the [REDACTED] #0 of doors, #2 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by having [REDACTED] evacuation location [REDACTED] gaining access by [REDACTED] (#will know upon arrival of doors, #will know upon arrival of window(s)). The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by having [REDACTED] evacuation location [REDACTED] gaining access [REDACTED] (#4 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering	
<b><u>CARE HOURS:</u></b>	
- Monday-Friday 8:30am-8pm	

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: Violet Williams	Printed Name: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: 10/31/2024 Phone: [REDACTED]	Date: 9/30/2024 Phone: 1-877-227-0125		



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

Inspection Date: <b>09/01/2023</b>	Time In: <b>9:00AM</b>	Time Out: <b>10:20AM</b>	Result: <b>PASSED</b>
------------------------------------	------------------------	--------------------------	-----------------------

### Informal Care

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

### Provider Information

First Name: <b>Violet</b>	Last Name: <b>Williams</b>	Provider ID: <b>415029</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/29/2013)	10yr. / N
[REDACTED]		(01/11/2018)	5yr. / N
[REDACTED]		(05/19/2020)	3yr. / 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 the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Alcohol and Band-Aids under bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	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	Stored in knife holder on back of counter
• Medications of any kind	Y	Stored in high cabinet in kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored outside in the shed



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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 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



☒ Medications (N/A)☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in dining room near exitItem Specification (if needed):

- 1 flashlight, 1 D extra battery, 1 first aid kit, 1 thermometer, no specific meds, 4 bottled waters, 4 boxes of dried foods, 1 canned food, crackers and fruit cup, 4 pull-ups and 1 pk of wipes, 1 suitcase (carrying case), 3 outfits (top/bottom), 3 blankets, folder w/ EPP and ECMA docs per child 1 pk of UNO playing cards, 1 pair of scissors, 2 trash bags, 1 roll of trash bags and 2 rolls of duct tape.
- Items to be reviewed on xx/xx/xxxx: N/A

**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name  
VioletLast Name  
Williams

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 grab the ERTG and go into the basement (0 doors 2 windows). The provider will use the sealing plastic and tape to seal the windows if the need arises. The provider will call the parent once secured with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the children, grab the ERTG and head to the provider's vehicle and drive to [REDACTED]. The provider will ensure the oldest child is secured in her booster seat, middle child secured in forward-facing car seat and youngest child secured in the rear-facing car seat. Upon arrival, the provider will receive instruction from [REDACTED] about where to shelter. The provider will call the parent once secured with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle and drive to [REDACTED]. The provider will ensure the oldest child is secured in her booster seat, middle child secured in forward-facing car seat and youngest child secured in the rear-facing car seat. Upon arrival, the provider will receive instruction from [REDACTED] about where to shelter. The provider will call the parent once secured with emergency updates.

Care Hours:

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Violet Williams	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/14/2023	Date:	09/01/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: <b>08/25/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>3:00PM</b>	Result: Needs a Follow-up
Follow-up <b>08/30/2022</b>	Time In: <b>4:00PM</b>	Time Out: <b>4:10PM</b>	Result: <b>PASSED</b>

### Informal Care

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

### Provider Information

First Name: <b>Violet</b>	Last Name: <b>Williams</b>	Provider ID: <b>415029</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		3/29/2013	9 / Yes
[REDACTED]		1/11/2018	4 / Yes
[REDACTED]		5/19/2020	2 / Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No Sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Cleaner under sink moved to shed shelf
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed up to 73
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider cell phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-aids, ointment, gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture
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	Moved to high shelf
• Medications of any kind	Y	Moved to high Shelf
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	
• Guns	Y	None
• Cleaning agents	Y	Moved Downstairs
• Poisonous substances	Y	Other than medications and cleaning solutions



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ 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:** By the steps leading to the front door**Item Specification (if needed):**

3 shirts, 3 shorts, 1 large and 1 small blankets,  
1 extra DD batteries, 6 in 1 Game house game,  
Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves, Benadryl,  
3 16oz water bottles, a cans of Chef Boyardee, can corn, tuna, 2 box cereal, one cup of Ramen noodle

**Items to review on 08/30/2022 if needed:** Observed

First aid kit for the ERTB - Observed 8/30/22

Cleaning agents relocated to high shelf in the shed- Observed 8/30/22

**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

**Shelter In Place Procedure:**

The provider will gather the children, the ERTB and head to the basement family room which has 2 doors and 2 windows. The provider will seal the shelter plastic and tape to seal if there is a need to. The provider will call the parent once they are secure basement.

**Evacuation Procedures:**

Then provider will grab the children and the ERTB and proceed to the provider's vehicle where she will secure two of the children in their car seats and the older child with seat belt before driving to the primary evacuation location. Once there, the provider you will ask for directions as to where to shelter. The provider will call the parents before leaving the care location and 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. Once there, they will shelter which has 3 doors and no windows. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Violet Williams	Printed Name:	
Signature:		Signature:	
Date:	8/30/22	Date:	08/30/2022
Phone:		Phone:	1-877-227-0125



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

Inspection Date: 6/13/2024	Time In: 3:30pm	Time Out: 4:36pm	Result: Passed
Inspection Date: 6/13/2024	Time In: 5:25pm	Time Out: 4:36pm	Result: Passed

### Informal Care

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

### Provider Information

First Name: Noel	Last Name: Williamson	Provider ID: 545995
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]		6/24/2023	9 months / 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		
<b>Handwashing procedures are followed. Provider and child's hands</b> washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y		
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes</b>	<b>Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse,</b> including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y		
<b>A child in care is not subjected to any form of neglect,</b> including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y		
<b>A child in care is not subjected to mistreatment,</b> including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y		
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	Y		

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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



**Location of Emergency Ready to go Pack: Front Door**

**Item Specification (if needed):**

- Phone Charger
- Can Opener
- Tote and Diaper Bag

**To be observed for compliance on 56/13/2024 : Observed**

- **Emergency Care and Medication Authorization**

**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 Noel

Last Name Williamson

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

**Shelter In Place Procedures:**

The Provider will grab the bag and the child and run down to the [REDACTED] (1 door 0 windows). The Provider will contact the parent once secured.

**Evacuation Procedures:**

The Provider will grab the baby and the emergency bag and put those items in the trunk. She would secure the child in a rear facing car seat and go to the [REDACTED]. On the way to this location the Provider would call the parent using the hands free calling feature in her car to inform the parent of the emergency. Upon arrival the provider will [REDACTED] and shelter with the child in the [REDACTED] (1 doors 1 windows).

The Provider will grab the baby and the emergency bag and put those items in the trunk. She would secure the child in a rear facing car seat and go to the [REDACTED]. On the way to this location the Provider would call the parent using the hands free calling feature in her car to inform the parent of the emergency. Upon arrival the provider [REDACTED] and shelter with the child in [REDACTED] (1 doors 2 windows).

**CARE HOURS:**

**Signatures & Date**

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

**PROVIDER**

Printed Name:

Noel Holly Williamson

Date: 6/13/2024

Phone: [REDACTED]

**INSPECTOR**

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 6/13/2024

Phone: 1-877-227-0125



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

Inspection Date: <b>05/08/2023</b>	Time In: <b>10:30AM</b>	Time Out: <b>11:28AM</b>	Result: <b>PASSED</b>
------------------------------------	-------------------------	--------------------------	-----------------------

**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: <b>Connie</b>	Last Name: <b>Wills</b>	Provider ID: <b>514198</b>
Provider ID # [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(06/23/2021)	1yr./ Y	
[REDACTED]		(01/12/2023)	3mos./ Y	

**Safety of the Home**

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored on top of fridge in knife holder
• Medications of any kind	Y	Stored on high shelf in hallway closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning agents in locked bathroom and kitchen cabinets
• Poisonous substances	Y	When purchased 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	Diapering area in play room with all necessary supplies for both children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers are thrown away daily in the diaper genie
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
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/<br>packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> Blanket(s)          |  |



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

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

**Location of The Emergency Ready to go Pack:** Stored on the hanging wall of the basement entry way

**Item Specification (if needed):**

- 1 backpack (carrying case), 1 first aid, 1 large blanket, 2 outfits (top/bottom), 5 diapers w/ 1 pk of wipes, no spec meds, 1 thermometer, 1 roll of duct tape, 1 flashlight, 1 pk of AAA batteries, 3 bottled waters, 1 pair of scissors, 1 pk of sealing plastic, 3 canned foods, 1 coloring book w/ crayons, and folder w/ EPP and ECMA for ea. Child.

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

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

John

Last Name

Poffenberger

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 grab the ERTG and go into [REDACTED] (2 doors 0 windows). The provider will use the sealing plastic and tape to secure the doors if needed. The provider will call 911 first in this case and then call the parent with emergency updates.

#### Evacuation Procedures:

**Primary:** The provider will account for the children and grab the ERTG backpack, the provider will secure the smallest child in their safety stroller, the older child will hold provider's hand and the provider will secure the ERTG under the bottom of the stroller, and then they will walk to the [REDACTED]. Upon arrival the provider will speak with someone at the [REDACTED] for specific instructions of where to shelter. The provider will call or text the parent before and after they are secured.

**Alternate:** If they could not access the primary location, the provider will secure the smallest child in the safety stroller and the oldest will hold her hand. She will place the ERTG underneath the stroller carrier and they will walk to the [REDACTED]. Upon arrival she will be asking the [REDACTED] for instruction of where to shelter. The provider will call the parent and stay there until they are safe to leave or parent arrives.

#### 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:	Connie Wills	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	5/11/2023	Date:	05/08/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>3/28/2025/3:30pm/46</b>
APPLICANT ID: <b>-</b>
PROVIDER ID: <b>535905</b>
APPLICATION DATE: <b>02/26/2025</b>
COUNTY: <b>Harford</b>

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

☐ Follow-Up

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

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Driver License</b>	EXP. DATE: <b>04/20/2032</b>
CARE LOCATION: <input type="radio"/> Child's Home <input checked="" 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: <b>Kimberly Winter</b>			
PERSON(S) INTERVIEWED: <b>Kimberly Winter</b>			



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

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

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

## Part 1 – Safety of Home

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



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

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

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

## Part 2 – General Cleanliness

4. All areas of the home are kept clean, including diapering area.
5. Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.
6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.
7. Diapering procedures are followed.
8. Handwashing procedures are followed.
- a) Toileting
- b) Diapering
- c) Food preparation and eating
- d) After playing outdoors
- e) Preventing the spread of disease

### 9. Rest Area and Furnishings

- a) SIDS prevention review
- b) Infant/toddler rest furnishings
- c) Crib safety
- d) Individual rest place
- e) The provider shall provide furnishings for each child approved for care in the home.
- ei) Younger than 12 months old, a crib, portable crib, or playpen
- eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag



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



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

Kimberly Winter

04/09/2025

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

03/28/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date

Time Out:

03/28/2025

16:16

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
03/28/2025	15:30	16:16	46	
04/09/2025	13:30	13:35	5	✓
	13:30	13:35	5	

Total Duration:

46

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: <b>4/9/2025 1:30PM/5</b>	INSPECTION TYPE: Follow-Up Inspection
PROVIDER ID: <b>535905</b>	APPLICANT ID: <b>N/A</b>
INFORMAL PROVIDER NAME: <b>Kimberly Winter</b>	PERSON(S) INTERVIEWED: <b>Kimberly Winter</b>

AGES	Total Approved	# Scholarship	# Present	Resident Children
2yrs	1	1		

INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: <b>Driver License</b>
	EXP. DATE: <b>4/20/2032</b>
CARE LOCATION: <input type="radio"/> Child's Home <input checked="" type="radio"/> Informal Child Care Provider's Home	CARE TYPE: <input checked="" type="radio"/> Relative Care <input type="radio"/> Non-Relative Care

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

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

	Standard #	Inspection #	Standard Description
<input checked="" type="checkbox"/>	IIS.P5.18	18	Outdoor Activity Area, Outdoor Area Safety: The outdoor activity area shall be enclosed to protect children in care from accessible hazards such as a heavily trafficked area, a body of water, or environmental hazards.
<input checked="" type="checkbox"/>	IIS.P5.20.b	20b	Outdoor Activity Area, Pool Area Safety: Any pool on the premises shall be made inaccessible to children in care and have security features including a self-closing and self-latching mechanism on the entry/exit way.
<input type="checkbox"/>			

Sign and upload form to

☐ Includes overflow page

Kimberly Winter

04/09/2025

PROVIDER PORTAL

Liliana Martinez

04/09/2025

Signature of Informal Child Care Provider  
ICCP Form IR108c

Date

Signature of Agency Representative

Date



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>535905</b>	APPLICANT ID: <b>-</b>	ZIP CODE: <b>21047</b>	COUNTY: <b>Harford</b>
INFORMAL PROVIDER NAME: <b>Kimberly Winter</b>		CARE LOCATION: <input type="radio"/> Child's Home <input checked="" type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Kimberly Winter</b>			
VISIT TYPE: <b>Renewal Application</b>		INSPECTION TIME/DATE/DURATION: <b>3/28/2025/3:30pm/46</b>	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
<b>IIS.P5.18</b>	Outdoor Activity Area, Outdoor Area Safety: The outdoor activity area shall be enclosed to protect children in care from accessible hazards such as a heavily trafficked area, a body of water, or environmental hazards	Confirmed that the play area is safe for the child to play outside.	<b>04/09/2025</b>
<b>IIS.P5.20.b</b>	Outdoor Activity Area, Pool Area Safety: Any pool on the premises shall be made inaccessible to children in care and have security features including a self-closing and self-latching mechanism on the entry/exit way	We confirmed that a fence is not required	<b>04/09/2025</b>

Liliana Martinez

**04/25**☐ Complete☐ Includes overflow page

Signature of Agency Representative

Date



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

Inspection Date: 6/27/2024	Time In: 1:30pm	Time Out: 2:50pm	Result: Passed
----------------------------	-----------------	------------------	----------------

### Informal Care

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

### Provider Information

First Name: Anyah	Last Name: Wiseman	Provider ID: 554666
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]		2/25/2015	0 years old/ Y
[REDACTED]		2/25/2015	0 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	
<b>Home is free of health and safety hazards:</b>	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	
<b>Harmful items are stored appropriately and away from children:</b>	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	NOT KEPT IN THE HOME
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

Item Specification (if needed):

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 Aniyah

Last Name Wiseman

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

#### Shelter In Place Procedures:

The Provider would call the children over the microphone to have them come down to the kitchen. The Provider would use the attendance sheet to ensure that the children are accounted for. [REDACTED] would grab the pink bag while the provider would grab the other bag and they would go down to the [REDACTED] (1 door 2 windows). Once all children are secured the Provider would contact the Parents to inform them of the emergency.

#### Evacuation Procedures:

The Provider would call the children over the microphone to have them come down to the kitchen. The Provider would use the attendance sheet to ensure that the children are accounted for. [REDACTED] would grab the pink bag while the provider would grab the other bag and they would go down the stairs and out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would be in car seats (1 rear facing 2 forward facing). The Provider would drive to the [REDACTED] where she would gain entry by walking into [REDACTED] lock down situations, otherwise she would [REDACTED] to be [REDACTED]. Once inside she would shelter in the [REDACTED] (1 door 0 windows). Once all children are secured the Provider would contact the Parents to inform them of the emergency.

The Provider would call the children over the microphone to have them come down to the kitchen. The Provider would use the attendance sheet to ensure that the children are accounted for. [REDACTED] would grab the pink bag while the provider would grab the other bag and they would go down the stairs and out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would be in car seats (1 rear facing 2 forward facing). The Provider would drive to the [REDACTED] where she would gain entry by [REDACTED]. Once inside she would shelter in the [REDACTED] (2 doors 1 window). Once all children are secured the Provider would contact the Parents to inform them of the emergency.

#### CARE HOURS:

#### Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Aniyah Wiseman	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	06/27/24	Date:	6/27/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

Inspection Date: 02/04/2025	Time In: 1:45 pm	Time Out: 2:25 pm	Result: Passed
-----------------------------	------------------	-------------------	----------------

### Informal Care

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

### Provider Information

First Name: Gloria	Last Name: Witherspoon	Provider ID: 486375
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]		9/11/2013	11 years old/ N
[REDACTED]		02/09/2012	12 years old/ N

### Safety of the Home

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

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



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight             | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries              | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit | <input type="checkbox"/> Diapers-N/A                    | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer            | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/<br>Packing Tape & Sealing Plastic/ Trash<br>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	
<b><u>Location of Emergency Ready to go Pack: Living Room</u></b>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Gloria</b>	Last Name <b>Witherspoon</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, [REDACTED] <b>1 doors, 0 window(s)</b> . The provider will <u>call</u> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <u>holding both children's hands</u> . The provider will [REDACTED] <b># of doors, # of window(s)</b> . 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>holding both children's hands</u> . The provider will [REDACTED] <b># of doors, # of window(s)</b> . The provider will <u>call</u> parent before, during and after sheltering.	
<b><u>CARE HOURS:</u></b>	
[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: <b>Gloria Witherspoon</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>2/6/25</b>	Phone: [REDACTED]	Date: 02/04/2025	Phone: 1-877-227-0125



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

Inspection Date: <b>11/03/2022</b>	Time In: <b>9:00AM</b>	Time Out: <b>10:22AM</b>	Result: <b>PASSED</b>
------------------------------------	------------------------	--------------------------	-----------------------

### Informal Care

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

#### Provider Information

First Name: <b>Gloria</b>	Last Name: <b>Witherspoon</b>	Provider ID: <b>486375</b>
Provider ID: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		9/11/2013	9	/	Yes
[REDACTED]		2/9/2012	10	/	Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	Observed Flush
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light came on
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Bandaids, gauze, tape, peroxide
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, behind furniture 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	On top of fridge
• Medications of any kind	Y	On top of fridge
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	High shelf in linen Closet
• Poisonous substances	Y	Other than medications and cleaning solutions



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <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 checked="" type="checkbox"/> Thermometer              | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/<br>packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> Blanket(s)          |  |



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

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

**Location of The Emergency Ready to go Pack:** Under TV stand in living room

**Item Specification (if needed):**

2 shirts, 3 hoodies, 2 pants, 4 under wares, 4 pairs socks, 7 Diapers and box wipes, Spiderman motor cycles, limbo, books, connect 4, uno  
8 extra AA, 13 AAA, & batteries, 4 blankets, albuterol, allergy medication pill & Syrup  
Band aids, antiseptic, gauze, tape, alcohol wipes, ointment, gloves, pain relief, tweezers, Scissors, cold compress, burn cream  
8 16oz water bottles, 3 roast beef cans, 4 cans of Tuna, 3 cans of sardines, apple sauce, peanut butter, pastries,

**Items to review on xx/xx/xxxx if needed:**

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name

Last Name

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

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the basement family room which has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text parent before sheltering and again after everything has been cleared.

**Evacuation Procedures:**

The provider will grab the children, the emergency bag, and proceed to the provider's vehicle where she will secure the children in their seatbelts before driving to the primary evacuation location. Once at the location, they will shelter in the gymnasium that has no windows and one door. If they were not able to drive to location, they can walk. The provider will call the parents before leaving the care location and 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. The provider will grab the emergency bag and the children then proceed to the provider's vehicle where she will secure the children their seatbelts, before driving to the location. If they were not able to drive to location, they can walk. Once at the location, the provider will ask to be directed to shelter room. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	<i>Glenn Winterspoon</i>	Printed Name:	
Sig		Signature:	
Date: 11/16/22	Phone:	Date: 11/16/2022	Phone:



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

Inspection Date: 03/23/2022 03/24/22	Time In: 1:45 pm 11:00 am	Time Out: 03/09 pm 11:14 am	Result: Follow Up- 11:00 am on 03/24/2022 Final Result: Passed
---	------------------------------	--------------------------------	---

**Informal Care**

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

**Provider Information**

First Name: Gloria	Last Name: Witherspoon	Provider ID: 482902
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]		09/11/2013	8	/	N- School
[REDACTED]		02/09/2012	10	/	N- School
				/	
				/	
				/	
				/	

**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	Bathroom mirror steamed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	3 Burners
• Has a working and safe heating system	Y	Temperature turned up.
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Outbound call made
• Has operational smoke detector(s)	Y	Test button pressed
• Has first aid kit/supplies	Y	Peroxide, alcohol, Surgical gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	1 Cover in hallway

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	On top of the refrigerator
• Medications of any kind	Y	Kept in a container on top of the refrigerator
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	Not in the home



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input type="checkbox"/> Diapers <u>(N/A)</u>	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games



☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, Duct Tape/  
Packing Tape & Sealing Plastic/ Trash  
Bags

☒ Medications (Reordering  
medication)

☒ 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 Emergency Ready to go Pack: Kept in the living Room

Item Specification (if needed):

- Suitcase and Tote
- D,9V, AA, & AAA Batteries
- First Aid Kit: Bandages, Alcohol wipes, Ice Pack, Large Scissors
- Case of water and the 2 gallons of water
- Canned sardines, Peanut butter, canned fruit
- Tops for each child Bottoms For each Child
- 3 Blankets Zebra print, yellow and orange blankets
- Roll of Sealing Plastic and Duct Tape
- Remote control spider man toy, inflatable limbo toy and a bag of crayons and coloring books. Reading books as well.

To be observed for compliance on 03/24/22 :

- Cleaning products moved out of reach of children- Observed
- Thermometer- Observed
- Emergency Preparedness Plan & Emergency Care Medication Authorization for each child- Observed
- Special Toys/ Books for Children- Observed

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedures:**

The Provider will first contact the Parent. She will then call the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the front part basement(0 doors and windows).

**Evacuation Procedures:**

The Provider will first contact the Parent. She will then call the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the vehicle where they will be secured via seatbelts. The Provider will take the [REDACTED] The Provider will go to [REDACTED] to request shelter and instruction on where to shelter with the children. If the Provider cannot shelter [REDACTED] she will first contact the Parent. She will then call the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the vehicle where they will be secured via seatbelts. The Provider will take the Children to [REDACTED]. The Provider would request direction for shelter from the Manager/ Supervisor.

**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: *Gloria Witherspoon*

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]



Date: 03-25-2022	Phone:	Date: 03/24/2022	Phone: 1-877-227-0125
------------------	--------	------------------	-----------------------



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

Inspection Date: <b>04/24/2023</b> Inspection Follow-up Date: <b>04/26/2023</b>	Time In: <b>1:30PM</b> Time In: <b>10:30AM</b>	Time Out: <b>2:15PM</b> Time Out: <b>10:41AM</b>	Result: <b>Did not pass. Follow-up Required.</b> Result: <b>PASSED</b>
--	---	---	---

### Informal Care

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

### Provider Information

First Name: <b>Natalie</b>	Last Name: <b>Womack</b>	Provider ID: <b>506405</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/14/2020)	3yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored on high level shelf in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in high kitchen cabinet above the stove and sink
• Medications of any kind	Y	Stored in provider's top draw with medicine bag
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Locks added to kitchen and bathroom cabinets with cleaning agents
• Poisonous substances	Y	Does not own



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers (N/A)	<input checked="" type="checkbox"/> Consider special toys or games
<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	
<b>Location of The Emergency Ready to go Pack:</b> In the living room near exit <b>Item Specification (if needed):</b> - 1 duffle bag (carrying case), 2 flashlights, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, gen med (Tylenol), 6 bottled waters, 4 canned foods, 1 outfit (top/bottom/ underwear), folder w/ EPP and ECMA, coloring and activity books, 1 pair of scissors, 4 heavy duty trash bags, duct tape and 1 blanket	
<b>Items to be reviewed on 04/26/2023:</b> Corrected & Reviewed on 04/26/2023 - Locks added cabinets with cleaning products - ERTG: Blanket missing	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<b>Shelter In Place Procedure:</b> The provider will gather the child and the ERTG and head into the storage closet (1 door 0 windows). If the need should arise the provider will use the sealing plastic and tape to seal the door if needed. Provider will account for the child and calm the child if needed then call the parent and inform them of the emergency.	
<b>Evacuation Location(s) Procedures:</b> <b>Primary:</b> The provider will account for the child and ERTG and head to the provider's vehicle. The provider will secure the child in his forward-facing car seat. The provider will [REDACTED] then call parent and inform her of the emergency, and head to the location. Upon arrival she will speak with the contact person and be instructed of where to shelter. Once they are secured she will ensure the child is in her care and call the parent with updated information.  <b>Alternate:</b> If they could not access the primary location, the provider will gather the child and ERTG and the provider will secure the child in her vehicle in his forward-facing car seat. She will [REDACTED] and then call or text the parent to inform her of the emergency. Upon arrival the provider [REDACTED] once inside the provider and child will head to the storage closet (1 door 0 windows). When they are settled she will call the parent again to inform them of the emergency update.	
<b>Signatures &amp; Date</b>	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: Natalie Womack	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 05/09/23      Phone: 410-258-1280	Date: 04/26/2023      Phone: 1-877-227-0125