

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

Y-Z

First letter of the provider's last name.

Posted June 2025

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Y

Z

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/25/2024	Time In: 1:30pm	Time Out: 2:00pm	Result: Passed
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Informal Care

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

Provider Information

First Name: Anela	Last Name: Yusuf	Provider ID: 568140
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]		8/17/2024	3months/	Y
[REDACTED]		10/27/2015	9yrs/N	
[REDACTED]		4/19/2019	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	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<u>Location of Emergency Ready to go Pack: Near the front door</u>	
<u>Item Specification (if needed):</u>	
•	
<u>To be observed for compliance on :</u>	
•	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<u>Shelter In Place Procedures:</u>	
The Provider will gather the ready to go bag and the children, take them to sheltering location [REDACTED] (#1 of doors, #0 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.	
<u>Evacuation Procedures:</u>	
The Provider will gather the children and the ready to go bag, they will be traveling by [REDACTED] facing parent. Provider on [REDACTED] and [REDACTED] with [REDACTED]. The provider will <u>travel to the evacuation location to</u> [REDACTED] <u>gaining access</u> [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] facing parent. Provider on [REDACTED] and [REDACTED] with [REDACTED]. The provider will <u>travel to the evacuation location to</u> [REDACTED] <u>gaining access by</u> [REDACTED] (#4 of doors, #11 of window(s)). The provider will contact parent before, during and after sheltering	
<u>CARE HOURS:</u>	
- Monday-Friday 9am-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: <u>Aneia Yusuf</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>11/25/2024</u>	Phone: [REDACTED]	Date: <u>11/25/2024</u>	Phone: <u>1-877-227-0125</u>

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/3/2025	Time In: 3:30pm	Time Out: 4:01pm	Result: Passed
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Informal Care

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

First Name: Cilia	Last Name: Zelaya	Provider ID: 558378
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]		8/19/2020	4yrs/ Y

Safety of the Home

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

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

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

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

Location of Emergency Ready to go Pack: Basement

Item Specification (if needed):

•

To be observed for compliance on :

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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 Cilia

Last Name Zelaya

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 in the [REDACTED] (#1 of doors, #1 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 [REDACTED], secured [REDACTED]. The provider will **travel to the** [REDACTED], **gaining access by a key to shelter in** [REDACTED] (#1 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 by [REDACTED], secured by [REDACTED]. The provider will **travel to the** [REDACTED], **gaining access by having the** [REDACTED] **to shelter in** [REDACTED] (#1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering.

CARE HOURS:

- Sunday- Saturday 3:30pm-10pm

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: CILIA M ZELAYA

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature [REDACTED]

Date: 02/03/2025

Phone: [REDACTED]

Date: 2/3/2025

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/30/2024	Time In: 10:30AM	Time Out: 11:42AM	Result: PASSED
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Informal Care

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

First Name: Irina	Last Name: Ziukina	Provider ID: 539841
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]		(10/03/2023)	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	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Lots of artificial and access to natural lighting
• Has hot and cold running water	Y	Tested by provider and observed steam from kitchen sink
• 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	Tested the digital thermostat and observed
• Has a working refrigerator and stove	Y	
• 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	Band-Aids, Alcohol wipes, baby medicine, gauze, medical tape, ointments in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets observed and 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	Knives stored in locked kitchen drawer
• Medications of any kind	Y	Stored on a high shelf in bathroom cabinet and hallway closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Stored in locked kitchen cabinet
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning agents in locked kitchen cabinet and high shelf in hallway closet
• Poisonous substances	Y	Stored in locked shed outside

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

Location of The Emergency Ready to go Pack: In the front closet near exit
Item Specification (if needed):

- 1 backpack (carrying case), 1 flashlight, 2 AA/2 AAA batteries, 1 first aid kit, 1 thermometer, no specific meds, 3 bottled waters, 3 canned foods, 1 bag of chips, 2 bottled milks for baby, 1 baby bottle, 5 diapers w/ 1 pk of wipes, 1 blanket, 1 onesie, 1 toy, 1 pair of scissors, 1 roll of duct tape, 2 large trash bags and folder w/ EPP and ECMA docs.
- Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents

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

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will grab the ready to go bag and then pick up the child in her arms, and [REDACTED] (1 door 1 window). The provider will use the sealing plastic and tape to seal the spaces if needed. The Provider will call the Parent to give her emergency updates.

Evacuation Procedures:

Primary: The provider will grab the emergency bag and the baby and [REDACTED]. The Provider will ensure the child is [REDACTED]. Upon arrival the Provider will call or knock at the door to [REDACTED]. Once inside the Provider and child would shelter [REDACTED]. The Provider will call the Parent to give her emergency updates.

Alternate:

If the primary location was not accessible, the provider will grab the emergency bag and the baby and carry the child and [REDACTED]. Upon arrival the Provider [REDACTED] about where to shelter. The Provider will call the Parent to give her 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:	Irina Ziukina	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 02/02/2024	Phone: [REDACTED]	Date: 01/30/2024	Phone: 1-877-227-0125