

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 30px;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Renewal Application</td> </tr> <tr> <td></td> <td>Complaint Investigation</td> </tr> <tr> <td></td> <td>Monitoring</td> </tr> <tr> <td></td> <td>Other</td> </tr> </table>	INSPECTION TYPE			Initial Application		Renewal Application		Complaint Investigation		Monitoring		Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Total Approved</th> <th># Scholarship</th> <th># Present</th> <th>Resident Children</th> </tr> <tr><td>0-23 months</td><td></td><td></td><td></td><td></td></tr> <tr><td>2 year olds</td><td></td><td></td><td></td><td></td></tr> <tr><td>3 year olds</td><td></td><td></td><td></td><td></td></tr> <tr><td>4 year olds</td><td></td><td></td><td></td><td></td></tr> <tr><td>5's (pre-school)</td><td></td><td></td><td></td><td></td></tr> <tr><td>5-12 (school age)</td><td></td><td></td><td></td><td></td></tr> <tr><td>13-19 year olds</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTAL</td><td></td><td></td><td></td><td></td></tr> <tr><td>Overnight</td><td></td><td></td><td></td><td></td></tr> </table>	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)					13-19 year olds					TOTAL					Overnight				
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FATALITY:	SERIOUS INJURY:	COMPLAINT #:
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 Informal Child Care <input type="radio"/> Non-Relative Informal Child Care	
INFORMAL PROVIDER NAME:		
PERSON(S) INTERVIEWED:		

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

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Part 2 – General Cleanliness

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

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Part 3 – Child Abuse, Neglect and Mistreatment Standards

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

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

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

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

12. A child in care is not subjected to mistreatment

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

13. Immediate child abuse reporting

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Part 4 – Vehicular Traffic and Transportation Safety

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14. Vehicle safety awareness

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15. Individual child vehicle safety

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16. Child seat safety compliance

Part 5 – Outdoor Activity Area

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17. Safe outdoor play area

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18. Enclosed safe play area

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19. Traffic and congested areas assessment

20. Pool Safety

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a) 4 ft. fence that surrounds the pool

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

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c) Secured Lock

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d) Sensor or alarm on the access door

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Part 6 – Emergency Ready-to-Go Pack

21. Disaster Supply Kit

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

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

22. Emergency Documents

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

23. Planning and Maintenance

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

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Part 7 – Health & Safety Review

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

Sign and upload form to

PROVIDER PORTAL

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date

Time Out:

Date

Time

Date	Start Time	End Time	Duration	Follow-Up

Total Duration:

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	AGES	Total Approved	# Scholarship	# Present	Resident Children
PROVIDER ID:	APPLICANT ID:					
INFORMAL PROVIDER NAME:	PERSON(S) INTERVIEWED:					

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

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

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☐ Includes overflow page

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

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