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

Informal Provider Child Care Report
INTERNAL WORKSHEET

CARE LOCATION ADDRESS:	INSP. DATE:	PROVIDER ID:	APPLICANT ID:
PROVIDER NAME:	APP. DATE	◯ VIRTUAL ◯ ON-SITE	PARENT PARTY ID:

Children in Care (initials or other descriptor)	Age	Present	Diapers	Clothes	Meds/Other	Sleep Area	Transport	Notes
Child 1:								
Child 2:								
Child 3:								
Child 4:								
Child 5:								
Child 6:								

✔ A checkmark indicates the item was reviewed (asked) regarding that child. It does not indicate compliance (see Inspection Report for compliance status).

For each child ask: Present? Clothes? Meds/Other? Transport?, for example:

Meds/Other

Is this child on any medication? Does the provider's response include anticipated items (e.g. EpiPen, Inhaler, etc. per ECMA)?
Have there been any changes in medications for the child?

☐ Includes overflow page

Signature of Agency Representative

Date