

### Child Care Scholarship Program

### **Informal Child Care Monitoring Inspections**



First letter of the provider's last name.

Posted January 2024

**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.

⊠Virtual Inspection □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.g

Inspection Date: 09/02/2022	Time In: 3:30 PM	Time Out: 4:21 Pl	M Result: PASSED	
Informal Care				
Type of Care (check one):	Non-relative Informal Provider	Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Christina	Last Name: Baierle	ein	Provider ID: 493093	
Provider ID #:			Email	
Care Location Inspected				
Street Address: City Address Verified? Yes.	County	State MD Zip Co	ode	
Name of Children in Care (add pag	es if needed) Scholarship	Date of Birth	Age / Present (Y/N)	
Name of Children in Care (add pag	es if needed) Scholarshi	Date of Birth (11/10/2020)	Age / Present (Y/N)  1yr / N	
Name of Children in Care (add pag	es if needed) Scholarshi			
Name of Children in Care (add pag	es if needed) Scholarshi	(11/10/2020)	1yr/N	
Name of Children in Care (add pag	es if needed) Scholarshi	(11/10/2020)	1yr/N	
Name of Children in Care (add pag	es if needed) Scholarshi	(11/10/2020)	1yr/N	

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or co Y - Yes, N - No, D	orrective actions needed. Additional  - 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	Very tidy
Is free of insect or rodent infestation	۰Y	No evidence of infestation
Is well-lit and well-ventilated	Υ	Well-lit and ventilated
Has hot and cold running water	Y	Tested and observed by provider
Has a working inside toilet	Υ	Flushed and observed in provider
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	Only working cellphone
Has operational smoke detector(s)	Y	Tested and observed by provider
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Kitchen draw with lock on cabinet
Medications of any kind	Y	High kitchen cabinet
Matches, lighters, and flammable products	Y	High kitchen cabinet
Alcoholic beverages	Y	Stored above fridge
Guns	Y	Does not own

Υ

Locked cabinet in kitchen

Cleaning agents

Poisonous substances	Υ	Has a lock on the garage entry door where its stored-on shelf
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.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	Soap station at every sink
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:  Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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.	Υ	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 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	

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**

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games

⊠Thermometer ⊠CI	hange of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications ⊠BI	lanket(s)	
Items in the Disaster Supply Kit are clean, organized, and	usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is available and easily acce	essible in the event of an emerge	ency (Y/N)? Yes, stored in master bedroom closet
Emergency Documents		
⊠Informal Provider Emergency Preparedness Pla ⊠Authorization for emergency medical care	n (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit a	and the Emergency Documents	s regularly:
First Name Last Na	ame	
Description of how the Emergency Ready-to-Go Pack will	I be transported to an aurabust	ion locations
Itemized List: 1 flashlight, AA extra batteries, no specific diapers & wipes, 2 outfits/1 per child, 1 first aid kit, 1 back of scissors, Folder w/ EPP and ECMA forms.  Shelter-in-Place Procedures: Provider will take the child windows), will call 911 and then call her sister to inform here.  Evacuation Locations:  Primary — Provider will gather the emergency bag along bag in the trunk. They will go to the where window) and seal the windows with sealing plastic and tate Alternate — Provider will gather the children and emergency the trunk. Upon arrival the provider will have key access windows), once settled in provider will call the parent and Items to be Corrected: N/A	kpack carrying case, 1 small to dren and emergency bag and g her that they are in lockdown.  with the children, she will strape e she will have key access for ape if needed. Then she will co ncy bag, will go into the car, ar into the home, and they will go	go into the master bedroom closet (1 door 0 each child in their car seats and put the to-go entry. They will go into the bathroom (1 door 1 ntact the parent via call. and secure each child in their car seats and to-go in into the master bedroom closet (1 door 0
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge discussed. The parties also acknowledge that, if approp up visit which will be conducted virtually or in-person.	proved, the home in which care	en reviewed, and any corrections if needed have is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Christina Baierle	Printed Name:	
Signature	Signature:	
Date: 9 5 22 Phone:	Date: 09/02/2022	Phone: 1-877-227-0125

⊠Virtual Inspection ☐ 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.g ov

Inspection Date: 05/03/2022 Follow Up Inspection: 05/04/2022	10025532	ln: 3:30PM ln: 11:00AM	Time Out: 5:00PM Time Out: 11:15A	a seem of the seem of his CDM on
Informal Care				
Type of Care (check one):	-relative Info	ormal Provider Ca	re ⊠Relative I	Informal Provider Care
Provider Information				
First Name: Pamela	Last	Name: Banks		Provider ID: 485448
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	Count	у	State: Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			05/26/2010	11 yr / No
			09/06/2016	5 yr / No
	- 3		10/20/2021	7 mos. / No
	- 3			

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	No infestation observed		
Is well-lit and well-ventilated	Y			
Has hot and cold running water	Y	Steam observed		
Has a working inside toilet	Y	Needs lock under sink. Follow up needed		
Has utilities for cooking, lighting and heating	Υ	Operational gas stove		
Has a working and safe heating system	Y			
Has a working refrigerator and stove	Y			
Has a working telephone	Y	Cell phone that provider was called on		
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y			
Has first aid kit/supplies	Y	Band-Aids, Neosporin		
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	On counter toward the back		
Medications of any kind	Y			
Matches, lighters and flammable products	Y	None in the house		
Alcoholic beverages	Y	Unopen Bottle of wine back of counter		
Guns	Y	None		
Cleaning agents	Y	Locks needed under sink in kitchen. Follow up.		
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.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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>	Υ	
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.	Υ	

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**

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	□ Consider special toys or games
⊠Thermometer	⊠ Change of clothes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Medications N/A

MBlanket(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: Living room

### Item Specification (if needed):

Pajamas, 2 onesies, 2 outfits diapers, wipes, top & bottom for Jaylen, dress for Amani

4 tuna packages, 12 8 oz. bottles of water, 4 apple sauce, pop tarts, chips

Rattles, blocks, stuffed animal, books, playing cards

4 AA, band aids, gauze, antiseptic wipes.

### Items to review on 05/04/2022 if needed:

Lock under sink in kitchen and bathroom – Observed 5/4/2022 Folder with emergency documents – Observed 5/4/2022 Second bag – Observed 5/4/2022

### **Emergency Documents**

### Planning and Maintenance

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

First Name

Last Name

MAuthorization for emergency medical care

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

#### Shelter In Place Procedure:

Gather the children the baby, take baby's swing and the emergency to go bag and head to the basement. The basement one window and one door. Provider will call parent before, during and after the shelter in place.

### **Evacuation Procedures:**

Gather the children and the emergency to go bag and walk across the street to provider's friend's house. The provider has a key to gain entry and once inside they will shelter in the basement of the house that has one window and one door. Provider will call parent as soon as she knows they have to evacuate the house and keep contact, during and after the emergency. If they cannot shelter at the friend's house, they would drive to provider's sister's house. Provider will gather the children, get the car seat, emergency bag and go to the vehicle. Provider will secure the baby in a rear facing car seat and make sure other children are secure with seat belt before driving to alternate evacuation location. Provider will call parent before leaving care location and keep contact, during and after the emergency.

### 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: RAMELA M. BANKS	Printed Name		
Signature:	Signature:		
Date: 05/04/2622 Pho	Date: 05/04/2022	Phone: 1-877-227-0125	

☐ 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.g

Inspection Date: 10/05/2022	Time	ln: 1:45PM	Time Out: 2:10P	M Result: PASSED
Informal Care	-			
Type of Care (check one):   Non-i	elative Info	ormal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information ·				
First Name: Shirley	Last	Name: Bauer		Provider ID: 496840
Provider ID #				Email:
Care Location Inspected				
Street Address: Ci Address Verified? Yes	ty:	Count	y: S	tate MD Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			04/24/2022	5 Months / Yes
				1
Safety of the Home				
Directions: Review and determine compliar	and with and	ah etandard Nota	any comments or c	corrective actions needed Additional
pages may be used for comments.	ice with eat			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?			Υ	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	
<ul> <li>Is free of insect or rodent infesta</li> </ul>	ition		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	
<ul> <li>Has utilities for cooking, lighting</li> </ul>	and heatin	ıg	Y	Gas stove lit
Has a working and safe heating			Y	Thermostat dialed up
Has a working refrigerator and s			Y	
Has a working telephone			Y	Landline called out
Has operational smoke detector	(s)		Y	
Has first aid kit/supplies			Y	Band aids, Neosporin, gauze, tape, cool pack
Has protective coverings on any accessible to children	electrical	outlet that is	Υ	Covered, in use or behind furniture
Harmful items are stored appropriately children:	and away	yfrom	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items			Y	High Cabinet

Poisonous substances

Sharp or pointed items

Medications of any kind

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

Υ

Υ

Υ

Υ

Y

Υ

High Cabinet

Other than medications and cleaning solutions

None

None

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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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**

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	

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: Close to front door
Item Specification (if needed):
5 shirts, 5pants, shorts, Sox, bibs, 9 diapers, Box of wipes 2 extra 48 batteries, formula, baby food carrots, cereal, berry mixed Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves, 2 16oz Water
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 Last Name Last Name
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried
Shelter In Place Procedure:  The provider will gather the Milani the ERTB and head to the dining room which has one door and two 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.  Evacuation Procedures:  The provider will gather the Milani the ERTB and head to the shelter. The provider will gather the primary evacuation location which is provide to the basement that has two 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 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 which is the provider's house. The provider will gather they are secure in the evacuation location location location location location once at the location, the provider will gain entry with spare key and head to the basement that has two 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 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: Printed Name:
Signature: Signature
Date: 10/6/22 Phone: Date: 10/05/2022 Phone: 1-877-227-0125

⊠Virtual	Inspection
□In-pers	on Inspection

### Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.g

	ır	ISPECTION C	TECNLIST	Political and
Inspection Date: 1/31/2023 Follow-up Inspection Date: 02/03/2023		in: 3:30PM in: 1:31PM	Time Out: 4:33Pl Time Out: 1:58P	
Informal Care				
Type of Care (check one): ☐ Non-re	elative Infe	ormal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Demetrius	Last	Name: Benjami	n-Frazier	Provider ID: 505296
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes.		City:	County:	State Zip Code:
Name of Children in Care (add pages if no	eeded)	Scholarship	Date of Birth	Age / Present (Y/N)
			06/04/2012	10 / No, at school
	22			
ANTONIO DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR		1		
Safety of the Home				
Directions: Review and determine compliand pages may be used for comments.	ce with ea	ch standard. Note		orrective actions needed. Additional  D - Discussed, n/a - Not Applicable

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or c Y - Yes, N - No,	corrective actions needed. Additional 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	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	
<ul> <li>Is well-lit and well-ventilated</li> </ul>	Y	
<ul> <li>Has hot and cold running water</li> </ul>	Y	Tested hot water and observed steam
<ul> <li>Has a working inside toilet</li> </ul>	Υ	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	Provider tested both cooling & heating on thermostat
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
<ul> <li>Has a working telephone</li> </ul>	Y	Phone call made to test proper function
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	
<ul> <li>Has first aid kit/supplies</li> </ul>	Υ	Hydrogen Peroxide, bandaids,
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Knife was moved to highest cabinet above stove
Medications of any kind	Y	Corrective Action: Lock added to medicine cabine
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: Lock added to cabinet with

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	Knife was moved to highest cabinet above stove
Medications of any kind	Y	Corrective Action: Lock added to medicine cabinet
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: Lock added to cabinet with cleaning agents
		2 1100001

Poisonous substances	Υ	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.	Υ	
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.	Υ	No diaper age children in care
Diapering procedures are followed.	Υ	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
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:  Physical injury  Any sexual abuse  Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  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.	Υ	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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>	Υ	
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.	Υ	

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**

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Medications N/A ⊠Blanke  Items in the Disaster Supply Kit are clean, organized, and usab  Emergency Ready-to-Go Pack is available and easily accessible  Location of The Emergency Ready to go Pack: Closet by from the Specification (if needed):	ble (Y/N)? Y le in the event of an emergency (Y/N)?Y
Emergency Ready-to-Go Pack is available and easily accessible  Location of The Emergency Ready to go Pack: Closet by fr	le in the event of an emergency (Y/N)?Y
Location of The Emergency Ready to go Pack: Closet by fr	
	ont door
Item Specification (if needed):	on door
	Boyardee lasagna, Ramen noodles, Band-aids, gauze, tape, scissors, tweezers, anket, bandages wound dressing, 2 outfits(shirts&pants), EPP & ECMA docs in
ems to review on 02/03/2023 if needed: Reviewed & Correct	red on 02/03/2023
athroom cabinets w/ cleaning products & medicines, Observe la ome – first aid kit stored in bathroom wall cabinet, move Hydrog	cock on cleaning agents under sink – added locks to both the kitchen and arge knife – moved to highest kitchen cabinet above the stove, First aid for the len peroxide, rubbing, alcohol and Lysol to Kitchen – moved to bathroom and led to ERTG, Clothes – 1 t shirt, underwear & 2 pants, Book or game – 2 books, observed and tested the hot water and observed steam
mergency Documents	
⊠Informal Provider Emergency Preparedness Plan (th	is completed form)
⊠Authorization for emergency medical care	
lanning and Maintenance	
Person responsible for updating the Disaster Supply Kit and t	he Emergency Documents regularly:
11.	Benjamin-Frazier
Description of how the Emergency Ready-to-Go Pack will be	transported to an evacuation location: Carried
Shelter In Place Procedure:	
he provider will grab the ERTB and and shelter in the	bathroom. The room has one door and no window. If the need should arise provider will call the parent once they are secure in the bathroom
vacuation Procedures:	
The provider will grab the emergency bag and and properties the primary evacuation location, which is	located within a 10 minute walk. Once at the location, the he provider will call the parent before leaving the care location and after
	to either catch a bus or an Uber. If traveling by Uber, the provider will make e provider will inquire as to where to shelter. The provider will call the
ilgnatures & Date	
	that all standards have been reviewed, and any corrections if needed have ed, the home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name:	Printed Name:

Date: 02/03/2023

Signature:

Phone: 1-877-227-0125

		1			
Virtual Inspection	магуши	Child C	Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Maryland State Department of Education Office of Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
Inspection Date: 10/14/2021	21	Time	Time In: 2:28 PM	Time Out 3:23 PM	M Result: PASSED
Informal Care					
Type of Care (check one):	Non-rei	ative Inform	relative Informal Provider Care	-	Relative Informal Provider Care
Provider information					
First Name: Barbara		l set Ns	last Name: Repost		Provider ID: NOT IN CCATS
License #:					Email:
Care Location Inspected					
Street Address:		City:		County: State:	le: Zip Code:
Marrie of Children in Suran	of a land of the life	(Proposed	Coloniament	41187-4-6	-
	care (and pages ii liceded)	necoeni	Scholarship	Date of Differ	Age / Freshik (1111)
				9LNZ/CL/LA	N/C
					1
	-				,
					,
Safety of the Home					
Directions: Review and deter- Additional pages may be used	v and determin by be used for	e complance comments.	with each stant	dard. Note any corr Y Yes, N No,	whe compliance with each standard. Note any comments or corrective actions needed. for comments. $Y - Yes$ , $N - No$ , $D - Discussed$ , $n/a - Not Applicable$
Health and Safety Training:	:Bu			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and	h and Safety Training Completed?	ng Complete	d?	NA	Relative informal Care
Home is free of health and safety hazards:	d safety fiazz	rds:		Standard Met	Comments/Notes Corrective Action (Timeframe if needed
ls in good repair				<b>\</b>	Common areas were clean: living room and kitchen
Is free of insect or rodent infestation	rodent infest	ation		Α.	
e Is well-fit and well-ventilated	-ventilated			٨	Areas well lit - multiple windows and light fixtures
• Has hot and cold r	cold running water	_		*	Tested the shower and sink, steamed the mirrors
Has a working insi	na inside loilet	**************************************		>	Provider flushed the tollet

Sharp or pointed items	Α.	Sharp knives in knife holder on the back of the countertop
Medications of any kind	٨	Stored on the top level of the bathroom shelf above the tollet? Does it need a lock?
<ul> <li>Matches, lighters and flammable products</li> </ul>	٨	Does not own
Alcoholic baverages	٨	Does not own
Guns	٨	Does not own
Cleaning agents	¥	Moved all cleaning items to higher cabinet spaces where the child could not reach
<ul> <li>Poisonous substances</li> </ul>	٨	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.	>	
Trash, garbage and wel and soiled diabers are disposed of in a sanitary manner.	>	Clean trash area outside, no diaper age child
Child is changed immediately when site has a solled or well diaper, clothing, or bedding.	>	
Diapering procedures are followed.	N/A	No diaper age children.
Handwashing procedures are followed Provider and child's hands washed thoroughly with soap and warrh running water after:  Tolleting.		
<ul> <li>Dispering.</li> <li>Before food preparation and gating.</li> <li>After playing outdoors: and</li> </ul>	<b>&gt;</b>	
Al other times when necessary to prevent the spread of disease,		
CHILD ABUSE, NEGLECT AND MISTREATHENT STANDARDS	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:		
Physical injury     Any sexual abuse     Mental injury	>	No type of abuse
A child in care is not subjected to any form of neglect, including:		
<ul> <li>The failure to give proper care and attention to a child including feaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.</li> </ul>	<b>&gt;</b>	
<ul> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and altention to a child.</li> </ul>		
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts alchild physically or emotionally, including:  Spanking, Biting, Hitting, Shaking		
<ul> <li>Any other means of physical discipline</li> </ul>		

Emergency Ready-to-Go Pac			
The Emergency Ready-to-Go Per	k must be available ncy Documents.	e and easily accessible in the event of an emer	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 needled medications) and Emergency Documents.
Disaster Supply Kit			
Directions: Review and determine enough supplies for each child in	that each item is care. Also, that the	Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster St enough supplies for each child in Care. Also, that the ttems are clean, organized, and usable. Comment and note below if needed,	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 pare. Also, that the teams are clean, organized, and usable. Comment and note below if needed.
✓ Flashlight	*	Bottled water	<ul> <li>Folder or binder for EPP documents</li> </ul>
< Batteries	`	Non-perishable food	Backpack(b) or canying case(s)
Portable First Aid Kit	`	Diapers (N/A)	<ul> <li>Consider special loys or games</li> <li>Scissors, lape &amp; sealing plastic</li> </ul>
Thermometer	`	Change of clothes	
/ Medications	`	Biankai(s)	
Ilems in the Disaster Supply Kit are clean	an, organized, an	Kit are clean, organized, and usable (Y/N)? Y	The state of the s
Emergency Ready-to-Go Pack is availa	ble and easily ac	Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (VN)? Y	٧٢
Usaster Supply Kill Comments Notes: 1 Flashight 3 Extra Batteries 1 First And Kit 1 Blanket 1 Thermometer 1 Duct Tape 1 Roll of Sealing Plastic 1 Outfit (Jeans/Shirt) 1 Asthma Pump/Tylenol 4 Bottled Water 4 Cans of Food No Diapers (N/A) Smell Suilcase (Carrying Case) EPP and ECMA Documents in Folder 2 Special Toys 1 Hardware Scissor  V Informal Provider Emergency Preparedne	paredness Plan	IsrNotes: se) in Folder gency Preparedness Plan (this completed form)	
Planning and Maintenance			
Person responsible for updaling the Dis	saster Supply Kit	Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
	Last Marte	Yame	
Description of how the Emergency Rea	dv-to-Go Pack v	vill be transported to an evacuation location	Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Small Suitcase in the living corner near front

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Small Suitcase in the living corner near front

Shelter In-Place: Get the kit, grab the child, lock all the doors, and go to the basement (1 window and 1 door), contact the parent and emergency contacts when the emergency begins until the emergency ends

Evacuation Location (Primary): Grab the kit, and the kid and put him in the booster seat of the car and buckle him in, drive to her house, go

Phone: 1-877-227-0125 Dale: 10/14/2021 Printed Name: Signature: Phone: Printed Name: Barbara Bennett Date: 10/11 Signature

☑Virtual Inspection☐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.g ov

Inspection Date: 11/08/2022	Time	In: 1:30PM	Time Out: 3:05PI	M Result: Failed, Follow up needed
Follow up Scheduled: 11/09/2022	Time	In: 10:00AM	Time Out: 10:264	AM Result: PASSED
Informal Care				Selection on existing process process.
Type of Care (check one):	relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Shaniqua	irst Name: Shaniqua Last Name: Bentley Provider ID: 501073		Provider ID: 501073	
Provider ID #:		•		Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	Cour	ty:	State Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			5/16/2022	5 Months / No With mom
			3/13/2016	6 / School
			2/10/2012	10 / School

Safety of the Home	THE LEGISTRATE BY SPINGING	nd to contain district with think the contained.	
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or c Y – Yes, N – No,	corrective actions needed. Additional  D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Certificate Submitted	
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	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	Cleaning agents & Bleach must be moved	
Has utilities for cooking, lighting and heating	Y		
Has a working and safe heating system	Y	Thermostat dialed up	
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Provider's cell called	
Has operational smoke detector(s)	Y	× 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Has first aid kit/supplies	Y	Bandages, tape, gauze, (Ointment needed)	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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		
Medications of any kind	Y	Upper Cabinet	
Matches, lighters and flammable products	Y	None	
Alcoholic beverages	Y	None	
Guns	Y		
Cleaning agents	Y	Under kitchen sink cabinet needs lock	
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.	<b>Y</b>	,
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:  • 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:  Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:	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	

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**

⊠Bottled water	⊠Folder or binder for EPP documents
⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Diapers	⊠Consider special toys or games
⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Blanket(s)	
	⊠Non-perishable food ⊠Diapers ⊠Change of clothes

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 front do	or	
Item Specification (if needed):  26 AA batteries, 9 diapers, box of wipes, can mi soup, 7 baby food packets, nixed 4 16oz water to 2 Onesie, Onesie under wares, 2 shorts, 6 pants, 4 shirt, 7 under to Alcohol wipes, tape, gauze, gloves, band aids, thermal blankets, 4  Items to review on 11/09/2022 if needed: Observed 11/09/2022  Cabinet under kitchen sink needs lock, First aid ointment, Hydroge	oottles, wares, 2 socks books, teething toy, rattle	naked beans, 2 can tuna, 2 chicken noodle
Emergency Documents		
☑Informal Provider Emergency Preparedness Plan (this compared Authorization for emergency medical care	ompleted form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the E	mergency Documents regular	hv.
First Name Last Name	Intergency Documents regular	y.
The provider will call the parents before leaving the care location If they couldn't shelter at the primary location, they will go to the a provider will put the baby in the stroller, put the emergency bag u who will also be carrying the toddler seat, toddler seat and the older child in their seatbelts, before being dricare location, to let her know they are on their way. They will she should arise the provider will use plastic and tape to seal the shell call again after they are secure in the analysis.	e the provider will use plastic and by bag and put them under the provider will secure the baby in the being driven to the primary on, they will shelter in the basen and after they are secure in the alternate evacuation location ander the stroller, the provider will seven to the location. The provider in the basement that has on the ter. The provider will call the pasternate and the provider will call the provider will call the provider will call the pasternate.	stroller, the children will hold onto the stroller, the children will hold onto the rear facing car seat, the 6 year old in evacuation location. Provider will call nent which has no windows and one door e evacuation location.  The secure the baby in car seat, 6 year old in er will the windows and two doors. If the need
Signatures & Date  Acknowledgement: By signing below the parties acknowledge that	all standards have been review	ved, and any corrections if needed have
been discussed. The parties also acknowledge that, if approved, t pop up visit which will be conducted virtually or in-person.		
PROVIDER		INSPECTOR
Printed Name: Sharique Bertley	Printed Name	
Signature	Signature:	
Date: 11\09   30 22   Phone:	Date: 11/09/2022	Phone: 1-877-227-0125

□Virtual Inspec	tion
In-person Insp	ection

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs,informalproviders@maryland.g ov

Inspection Date: 3/23/2023 Inspection Date: 3/27/2023		In: 3:30PM In: 3:00PM	Time Out: 4:22PM Time Out: 3:13PM	PROVISE F 049927 64227 777949 24 78 2	
Informal Care					
Type of Care (check one):	on-relative Info	ormal Provider Ca	are ⊠Relative I	nformal Provider Care	
Provider Information			<b>建</b>		
First Name: Esther	Last	Name: Benyowi	tz	Provider ID: 441671	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? <b>Yes</b>	City:	County	: State	Zip Code:	
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
1 ( )			7/20/2019	3 / No, with parents	
			3/17/2021	2 /No, with parents	
			1/3/2023	2 Mos / No, with parents	
		1			

Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or Y - Yes, N - No,	corrective actions needed. Additional  D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Certificate submitted Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y Standard Met Y/N		
Home is free of health and safety hazards:			
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	Thermostat dialed up	
Has a working refrigerator and stove	Y	Gas burners operational	
Has a working telephone	Y	Outgoing call made on Landline	
Has operational smoke detector(s)	Y	Smoke and Carbon Monoxide detector observed	
Has first aid kit/supplies	Y	Band aids, anti-itch cream, ace straps, ice pack, gauze, tape, ointments	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture	
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Upper Cabinets	
Sharp or pointed items	Y		
Medications of any kind	Y	Top of cabinet	
Matches, lighters and flammable products	Y	Upper cabinet	
Alcoholic beverages	Y	None	
Guns	Y	None	
Cleaning agents	Y	Locked under the sink	
Poisonous substances	Y	Other than medications and cleaning solutions	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
		Pavigad 10/2	

All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a	Y	
sanitary manner.		
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:  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
<ul> <li>A child is not subject to any form of abuse, including:</li> <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:	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 local Department of Social Services Child Protective Services Unit.	Y	

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.

 ⊠Flashlight
 ⊠Bottled water
 ⊠Folder or binder for EPP documents

 ⊠Batteries for Flashlight
 ⊠Non-perishable food
 ⊠Backpack(s) or carrying case(s)

 ⊠Portable First Aid Kit
 ⊠Diapers
 ⊠Consider special toys or games

 ™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 The Emergency Ready to go Pack	Location of The Emergency Ready to go Pack: Front coat closet				
Item Specification (if needed):  3 AAA batteries, 1 Onesie, 3 pants, 3 shirts, 7 di 3 16oz bottles of water, 2 can each of corn, pean Gloves, hand sanitizer, gauze, tweezers, tape, bi	out butter, 2 packs of r and aids, ointment, ald	ice cakes, 2 protein bars, chi cohol wipes	ck peas, Formula,		
Items to review on 3/27/2023 if needed: Obser	rved on 3/27/2023 at	3:00pm			
Smoke detector alarm,					
Emergency Documents					
		pleted form)			
Planning and Maintenance					
Person responsible for updating the Disaster Su	ipply Kit and the Eme	ergency Documents regular	ly:		
First Name Esther	Last Name Benyo	witz			
Description of how the Emergency Ready-to-Go	Pack will be transpo	orted to an evacuation locat	ion: Carried		
Shelter In Place Procedure:  The provider will grab the ERTB from hallway of And no window. If the need should arise the protective are secure.  Evacuation Procedures:  The provider will grab the emergency bag and of provider's vehicle where she will secure 2 month driving to the primary evacuation location, which room. The provider will call the parents before legication.  If they couldn't shelter at the primary location, the grab the emergency bag, Gather the children are seat, 2 year old and 3 year old in front facing call will ask to be directed to a shelter room. The protection in the alternate evacuation local	carry it on her should hold in rear facing can be aving the mey will go to the alternot proceed to the proceed to the proceed, before driving ovider will call the particular seat, before driving the particular seat and the	er, carry the babies with the er seat, 2 year old and 3 ye Once at the location the pron if time allows, and the mate evacuation location voider's vehicle where she was to the alternate evacuation	e 3 year old walking and proceed to the ar old in front facing car seat, before ovider will ask to be directed to a shelter in after they are secure in the evacuation which is 7 mile market. The provider will will secure 2 month old in rear facing car in location,. Once at the location provider		
Signatures & Date			and any corrections if peeded have		
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the	home in which care is provi	ded is subject to random, unannounced		
PROVIDER	2000年		INSPECTOR		
Printed Name: Esther Benyow	itz	Printed Name:			
Signature:		Signature:	,		
Date: 3 23 2025 Phone		Date: 3/23/2023	Phone: 1-877-227-0125		

⊠Virtual Inspection
□In-person
Inspection

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 10/19/2021	Time	e In: 3:28 pm	Time Out:	Result: Pas 10/20/21	sed if returned by 12:00 pm
Informal Care					
Type of Care (check one):	Non-relative Inf	ormal Provider C	Care Relative I	nformal Provider	Care
Provider Information					
First Name: Melanie	Last	Name: Berryma	n	Provider ID	: Not in CCATS
ID #:				Email:	
Care Location Inspected					
Street Address: Verified?: Yes		City	County	State	Zip Code
Name of Children in Care (add page	ges if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			6/24/20	1 year /Y	
				1	
				1	
		te of		1	
				1	
				1	

Safety of the Home		
Directions: Review and determine compliance with each standar pages may be used for comments.		ts or corrective actions needed. Additional 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	Under cabinets and base boards viewed
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	4 burners turned on. Frozen food in the freezer and refrigerator. Natural and artificial lighting throughout the home.
Has a working and safe heating system	Y	Apartment regulated,
Has a working refrigerator and stove	Y	4 burners turned on. Frozen food in the freezer and refrigerator
Has a working telephone	Y	Outbound call made by provider on cell phone.
Has operational smoke detector(s)	Y	Test button pressed.
Has first aid kit/supplies	Y	Alcohol, bandages, gloves, wipes, mask, Tylenol
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	1 Outlet cover. The other outlets are 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 counter in dish drainer. In the drawer when done washing.
Medications of any kind	Y	Kept on a high shelf out of reach of the child.
Matches, lighters and flammable products	Y	Not kept in the home.
Alcoholic beverages	Y	Not kept in the home.

Guns	Y	Not kept in the home.
Cleaning agents	Y	Locked in kitchen cabinet n der sink.
Poisonous substances	Υ	Not kept in the home.
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
II areas of the home are kept clean, including diapering area.	Y	The master bedroom kept clean.
rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Y	Ties up in a shopping bag and thrown in the trasi can located in the kitchen.
child is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	Checked half an hour or less in order to tollet train.
piapering procedures are followed.	Y	
landwashing procedures are followed. Provider and child's ands washed thoroughly with soap and warm running water fter:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	. ү	Carries hand sanitizer gel in her purse.
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>child in care is not subjected to any form of neglect, including:</li> <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	
<ul> <li>child in care is not subjected to mistreatment, including:</li> <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> <li>he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local</li> </ul>	Y	

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.

☑ Flashlight

Bottled water

S Folder or binder for EPP documents

Batteries			food	☐ Backpack(s) or carrying case(s)
☑ Portable First Aid Kit		Diapers		☑ Consider special toys or games
∑ Thermometer		⊠ Change of cloth	nes	⊠ Scissors, tape & sealing plastic
		⊠Blanket(s)		
Items in the Disaster Supply R	(it are clean, organized	I, and usable (Y/N)?Y		
Emergency Ready-to-Go Paci	k is available and easily	y accessible in the ev	ent of an emergency (Y/N)?Y	
<ul><li>6 diapers</li><li>Packing tape, large s</li><li>Pink blanket</li></ul>	d): ght and bottom. Cheetal scissors, 3 large trasi	h print top and blaci h bags		
Emergency Documents				
⊠Informal Provider Emergency Preparedness Plan (this completed form)  ⊠Authorization for emergency medical care				
Planning and Maintenance				
Person responsible for undating the Disaster Supply Kit and the Emergency Documents regularly:				
First Name	1	Last Name		<b>*</b> 55
Description of how the Emerg	gency Ready-to-Go	Pack will be transp	orted to an evacuation loca	ation:
Shelter In Place Procedure	<u>s:</u>			
The Provider will grab Noelle located in this room. The pro	go to the provider's vider will contact the	bedroom(1 door 1 parent after conta	large Window) and lock th cting emergency services of	e door. The ERTG Pack is already once secured.
Evacuation Procedures:				
The Provider will grab the ERTG Pack and Noelle, secure Noelle in a car seat and drive to the providers daughters home. The provider will gain entry to the home using her spare key where they will shelter in the bathroom (1 door 0 windows). The provider will communicate with the parent during the emergency. If the provider cannot shelter at this location the provider will grab Noelle and the ERTG Pack and take Noelle to her mother's home. The provider will knock in order to gain entry. If able to gain access to the home the provider will locate in the bedroom(1 door 1 large Window). The provider will remain in constant contact with the parent throughout the emergency to establish a meeting point once it is safe to do so.				
Signatures & Date				·
	below the parties ac	cknowledge that all	standards have been revie	wed, and any corrections if needed have
	ROVIDER			INSPECTOR
Printed Name: Melanie Berryman Gordon			Printed Name:	
Signature:			Signature:	
Date: 10/19/21	Phone:		Date:10/19/2021	Phone: 1-877-227-0125

☑Virtual Inspection☐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.g ov

Inspection Date: 04/13/2023	Time In: 3:30PM	Time Out: 4:45P	M Result: PA	SSED
Informal Care				
Type of Care (check one):	Non-relative Informal Provider Care			
Provider Information				
First Name: Cheryl Provider ID #:	Last Name: Birdow		Provider ID	): <u>357957</u>
Care Location Inspected				
Street Address: Address Verified? <b>Yes</b> .	City:	County:	State	Zip Code:
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age /	Present (Y/N)
		(02/28/2018)	11yr. / Y	
		(02/28/2012)	11yr. / Y	
		(09/15/2016)	6yr. / Y	

	(09/15/2016)	6yr. / Y
Safety of the Home	301-101	
Directions: Review and determine compliance with each standard. N pages may be used for comments.	ote any comments or c Y - Yes, N - No,	orrective actions needed. Additional  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?	Υ	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
<ul> <li>Is free of insect or rodent infestation</li> </ul>	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	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide, Ointment moved to high level shelf in hallway closet
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Υ	Stored in high kitchen cabinet above the stove and sink
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	Υ	All cleaning agents stored at top shelf of kitchen and hallway 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	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of	Y	
disease.  CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <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:	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	

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**

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	
⊠Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y	
Location of The Emergency Ready to go Pack:  Item Specification (if needed):  1 flashlight, 3 extra D batteries, roll of trasfirst aid kit, 3 outfits (top/bottom), 3 cannemeds, 1 pair of scissors, and 2 rolls of due	Stored in the living room corner th bags, 3 duffle bags (carrying cased foods, 6 bottled waters, 1pk of w	ergency (Y/N)? Y se), 3 blankets, 1 thermometer, balls/card games, 1 ipes, folder w/ EPP and ECMA per child, no spec
Items to be reviewed on xx/xx/xxxx: N/A		
Emergency Documents		
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)	
⊠Authorization for emergency medical car	re	
Planning and Maintenance		
Person responsible for updating the Disaster Sup		ents regularly:
First Name <b>Cheryl</b>	Last Name Birdow	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evac	uation location: carried by the provider.
seat belts. Upon arrival, the provider will call room (1 door 1 window) and stay there until it is s  Alternate: If they could not access the primary to The provider will call the parent	the emergency has ended.  In and ERTG call the parent, and he will secure the youngest child in the to inform her they are on the safe to leave. Provider will call the procession, the provider will gather the the and inform them of the emergency	ead to the provider and children will heir booster seat and the older children in their car he way. Provider and children will shelter in the living arent once the emergency has ended.
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the home in which c	been reviewed, and any corrections if needed have are is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Cheny L Birdon	Printed Name	
Signature:	Signature:	
Date: 4/18/23 Phone	Date: 04/13/20	023 Phone: 1-877-227-0125

### Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 04/13/2022	Time	In: 1:50PM	Time Out: 2:51P	Result: PASSED if returned by 5:00PM on 04/13/2022
Informal Care		has Back of	Grade Control	190 - 190 -
Type of Care (check one):	lon-relative Info	rmal Provider C	are ØRelative	Informal Provider Care
Provider Information				
First Name: Cheryl	Last	Name: Birdow		Provider ID: 357957
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City	C	County State	Zip Code
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			02/28/2012	10 / Yes
			02/28/2012	10 / Yes
			09/15/2016	5 / Yes
			09/15/2016	5 / Tes
Codet ad the Users				
Safety of the Home				
Directions: Review and determine com pages may be used for comments.	pliance with eac	h standard. Note	any comments or c Y - Yes, N - No,	orrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Health and Safety Training:		- " I	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Con	mpleted?		N/A	
Home is free of health and safety h	azards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>			Y	
<ul> <li>Is free of insect or rodent int</li> </ul>	estation		Y	
<ul> <li>Is well-lit and well-ventilated</li> </ul>		10.2	Y	
<ul> <li>Has hot and cold running was</li> </ul>	ater		Y	
<ul> <li>Has a working inside toilet</li> </ul>				Steam Observed
<ul> <li>Has utilities for cooking, light</li> </ul>			Y	Steam Observed Flush Observed
<ul> <li>Has a working and safe hea</li> </ul>	ting and heating	9	-	The second secon
Has a working refrigerator and stove		9	Y	Flush Observed
	iting system	g	Y	Flush Observed Burners operational
Has a working telephone	iting system	9	Y Y Y	Flush Observed  Burners operational  Observed
	iting system nd stove	9	Y Y Y	Flush Observed  Burners operational  Observed  Light turned on
Has a working telephone	iting system nd stove	9	Y Y Y Y	Flush Observed  Burners operational  Observed  Light turned on  Call observed
<ul> <li>Has a working telephone</li> <li>Has operational smoke determine</li> </ul>	nd stove		Y Y Y Y Y Y	Flush Observed  Burners operational  Observed  Light turned on  Call observed
<ul> <li>Has a working telephone</li> <li>Has operational smoke dete</li> <li>Has first aid kit/supplies</li> <li>Has protective coverings on</li> </ul>	nting system nd stove ector(s) any electrical c	outlet that is	Y Y Y Y Y Y Y Y	Flush Observed  Burners operational  Observed  Light turned on  Call observed  Alarm sounded
<ul> <li>Has a working telephone</li> <li>Has operational smoke dete</li> <li>Has first aid kit/supplies</li> <li>Has protective coverings on accessible to children</li> </ul> Harmful items are stored appropriachildren:	nting system nd stove ector(s) any electrical c	outlet that is	Y Y Y Y Y Y Y Y Standard Met	Flush Observed  Burners operational  Observed  Light turned on  Call observed  Alarm sounded  Covered if not in use or behind furniture  Comments/Notes  Corrective Action /Timeframe if needed
<ul> <li>Has a working telephone</li> <li>Has operational smoke dete</li> <li>Has first aid kit/supplies</li> <li>Has protective coverings on accessible to children</li> <li>Harmful Items are stored appropriational</li> <li>Sharp or pointed items</li> </ul>	nting system nd stove ector(s) any electrical c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Standard Met Y/N	Flush Observed  Burners operational  Observed  Light turned on  Call observed  Alarm sounded  Covered if not in use or behind furniture  Comments/Notes  Corrective Action /Timeframe if needed  Where children cannot reach
Has a working telephone     Has operational smoke dete     Has first aid kit/supplies     Has protective coverings on accessible to children  Harmful items are stored appropriachildren:     Sharp or pointed items	any electrical cately and away	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Standard Met Y/N Y	Flush Observed  Burners operational  Observed  Light turned on  Call observed  Alarm sounded  Covered if not in use or behind furniture  Comments/Notes  Corrective Action /Timeframe if needed

Cleaning agents

Guns

None

Moved to a high shelf in the linen closet.

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:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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	

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**

⊠Flashlight	⊠ Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games

⊠ Thermometer	⊠Change of clothes	Meavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications N/A	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, or	ganized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available a	nd easily accessible in the event of an emergency (Ya	(N)? Y
Location of The Emergency Ready to go I	Pack: Living room by the front door	
Item Specification (if needed):		
2 D Batteries		
Bandalds, Tape Gauze, wipes, wipes		
6 Shirts, 3 pants, 4 pairs of pants, 3 blankets 4 water bottles, 6 cans Chef Boyardee	5	
Card games, balls,		
Itama to ravious as subspicuous if acaded.	BIJA	
Items to review on xx/xx/xxxx if needed:	NIA	
En la companya de la		
Emergency Documents		
☑Informal Provider Emergency Preparent		
Authorization for emergency medical	al care	
Planning and Maintenance		
Person responsible for updating the Disaster	r Supply Kit and the Emergency Documents regula	rdy:
First Name	Last Name	
Description of how the Emergency Ready-to	-Go Pack will be transported to an evacuation loca	tion: Carried
	and the second s	John John John John John John John John
Shelter in Place Procedure:		
The provider will grab the children and emer	gency go back and walk back to the large walk in o	closet in the master bedroom. Provider will
call the parent when once secure.		
Evacuation Procedures:		
The provider will gather the children and gra	h the ememory to so had and walk	house which is the subset of the subset of
	I parents right away to let parent know before and	house which is the primary emergency after the emergency. If they cannot go to
primary evacuation location, they will walk or	ver to the alternate evacuation to	location, which is down the street from
providers residence. Provider will call the pa	rent perore and after the emergency.	
	4.4	
Signatures & Date		
THE PROPERTY OF THE PROPERTY O		

Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, to pop up visit which will be conducted virtually or in-person.	all standards have been reviawed, se homa in which care is provided is	and any corrections if needed have s subject to random, unannounced
PROVIDER	INS	SPECTOR
Printed Name: Chery 1 Birdow	Printed Nama:	
Signature:	Signature:	
Date: 4/13/ 22 Phone:	Date: 04/13/2022	Phone: 1-877-227-0125

V	Virtual Inspection	
In-	person Inspection	

## Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

	IN.	SPECTION C	HECKLIST		
Inspection Date: 5/20/2021	Time 1:00		Time Out: 3:00 PM	Result: APPROVE	D
Informal Care			•		
☑ Type of Care (check one)	: Non-relativ	e Informal Provi	der Care ☑ Re	lative Informal Prov	ider Care
Provider Information					
First Name:	Lest	Name:		Provider 35	57957
Cheryl	Birdo			Email:	
Care Location Inspected					
Street Address:		City	Cou	nty State	Zip Code
Name of Children in Com (odd or	- Managhadi	e t to the	Date of Blat		
Name of Children in Care (add pa	ges ir needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			09/15/2016	4/ Y	
			02/28/2012	9/ Y	
			02/28/2012	9/ Y	
			11/06/2008	12/ Y	
				/Y	
				/Y	
Safety of the Home			•		
Burner Burner					

Directions: Rev Additional page	riew and determine compliance with each stan s may be used for comments.		nents or corrective actions needed.  D - Discussed, n/a - Not Applicable	
Health and Safety Tra	ining:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed	
Basic Health a	nd Safety Training Completed?			
Home is free of health	and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>	air	Y		
<ul> <li>Is free of insections</li> </ul>	t or rodent infestation	Y		
<ul> <li>Is well-lit and v</li> </ul>	vell-ventilated	Y		
<ul> <li>Has hot and common a</li></ul>	old running water	Υ		
<ul> <li>Has a working</li> </ul>	inside toilet	Y		
<ul> <li>Has utilities for</li> </ul>	r cooking, lighting and heating	Y		
<ul> <li>Has a working</li> </ul>	and safe heating system	Y		
<ul> <li>Has a working</li> </ul>	refrigerator and stove	Y	P	
<ul> <li>Has a working</li> </ul>	telephone	Υ	Mobile phones only	
<ul> <li>Has operation.</li> </ul>	al smoke detector(s)	Y		
<ul> <li>Has first aid ki</li> </ul>	Vsupplies	Y		
<ul> <li>Has protective accessible to or</li> </ul>	coverings on any electrical outlet that is children	Y		
Harmful items are stored appropriately and away from children:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Sharp or point</li> </ul>	ed items	Y		
<ul> <li>Medications of</li> </ul>	any kind	Y		
<ul> <li>Matches, light</li> </ul>	ers and flammable products	Υ		
Alcoholic beve	rages	Y		
• Guns		Y		
<ul> <li>Cleaning agen</li> </ul>	ts	Υ		

Poisonous substances		
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.	Υ	
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:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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	Verbally agreed to comply

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.

Flashlight

**Bottled** water

Folder or binder for EPP documents

☑ Batteries

- $\overline{\mathbf{v}}$ Non-perishable food
- ☑ Backpack(s) or carrying case(s).

Diapers

V Portable First Aid Kit V Thermometer

Change of clothes

Consider special toys or games ☑ Scissors, tape & sealing plastic

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  Disaster Supply Kit Comments/Notes: Huge tote bag which is stored by the front door for easy access in the case of an emergency.  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  Last Name  Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle.  The Provider will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive  The Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The Provider shared that she will keep the parent aware of all conditions  This will be the place where the children reunite with the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  INSPECTOR  Printed Name:  Signature:  Signature:  Detail 12 12 12 12 12 12 12 12 12 12 12 12 12	☑ Medications		☑ Blanket(s)		
Disaster Supply Kit Comments/Notes: Huge tote bag which is stored by the front door for easy access in the case of an emergency.  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 Last Name  Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will secure themselves with a traditional seat bett. Once the Provider is secured in her seat, she will drive  which are a booster seat while the other children will secure themselves with a traditional seat bett. Once the Provider is secured in her seat, she will drive  The Provider shared that she will keep the parent aware of all conditions by using her cell phone. The 2nd evacuation location is the which is in This will be the place where the children reunite with the parent once the emergency is lifted.  Bignatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  INSPECTOR  Printed Name:  Signature:  Signature:	Items in the Disaster Supply	Kit are clean, organiz	ed, and usable (Y/N)?	Υ	
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: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. In has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive.  The Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The Provider shared that she will keep the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  INSPECTOR  Printed Name:  Signature:  Signature:	Emergency Ready-to-Go Pa	ack is available and ea	sily accessible in the eve	ent of an emergency	(Y/N)? Y
□ 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  Last Name  Last Name  Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle.  The Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The Provider shared that she will keep the parent aware of all conditions  This will be the place where the children reunite with the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:  Signature:			for easy access in the	case of an emergen	ncy.
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: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. The provider will secure themselves with a traditional seat bett. Once the Provider is secured in her seat, she will drive the Provider will secure themselves with a traditional seat bett. Once the Provider is secured in her seat, she will drive the Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The 2nd evacuation location is the the place where the children reunite with the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  INSPECTOR  Printed Name:  Signature:  Signature:	Emergency Documents				
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  First Name  Last Name  Last Name  Description of how the Emergency Ready-Io-Go Pack will be transported to an evacuation location:  The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive  The Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The 2nd evacuation location is the which is in This will be the place where the children reunite with the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  INSPECTOR  Printed Name:  Signature:  Signature:  Signature:			s Plan (this completed t	orm)	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. In has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive the parent aware of all conditions by using her cell phone.  The Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The 2nd evacuation location is the which is in the which	Planning and Maintenance			/ 1025G	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. The has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive the Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The 2 <sup>nd</sup> evacuation location is the which is in the	Person responsible for upda	ting the Disaster Sup	ply Kit and the Emerge	ncy Documents reg	ularly:
The Provider will grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. The has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive the Provider shared that she will keep the parent aware of all conditions by using her cell phone.  The 2 <sup>nd</sup> evacuation location is the which is in this will be the place where the children reunite with the parent once the emergency is lifted.  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:  Signature:	First Name		Last Name		
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:	Provider will contact the module children will secure thems by using her cell phone.	oother by phone bef elves with a traditio	ore securing the child nal seat belt. Once th The Provide	fren in the vehicle. e Provider is secur r shared that she w	has a booster seat while the other red in her seat, she will drive will keep the parent aware of all conditions hich is in
PROVIDER  Printed Name:  Signature:  Signature:  Provider  Printed Name:  Signature:	Signatures & Date				
Printed Name:  Signature:  Signature:		g below the parties a	cknowledge that all star	ndards have been re	eviewed, and any corrections if needed have
Signature: Signature:		PROVIDER		12/1	INSPECTOR
	Printed Name:		Pi	rinted Name:	
Pate:   Phone:   Pate: 5/20/2024   Phone: 440.727.7223	Signature:		S	gnature:	
Date: 5/20/2021 Priorie: 410-767-7832	Date:	Phone:	D	ate:5/20/2021	Phone: 410-767-7832

⊠Virtual Inspection
□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.g

Inspection Date: 03/16/2023	Time	In: 1:38PM	Time Out: 2:48P	M Result PASSED	
Informal Care					
Type of Care (check one):	on-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information					
First Name: Leilani	Last	Name: Biscoe		Provider ID: <u>502564</u>	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes.	City:	County:	Sta	Zip Code:	
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			(08/12/2010)	12yr. / N	
			(10/29/2018)	4yr. / N	

		(08/12/2010)	12yr. / N
		(10/29/2018)	4yr. / N
Safety	of the Home		
Direction	ns: Review and determine compliance with each standard. No nay be used for comments.	te any comments or Y – Yes, N – No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic H	ealth and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitt
Home i	s 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 lots of 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, lock on the bathroom door
	Has utilities for cooking, lighting and heating	Y	
	Has a working and safe heating system	Υ	Tested by provider and observed
	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	Observed and tested by provider
	Has first aid kit/supplies	Y	First aid kit stored in laundry room
•	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings 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 upper level kitchen cabinet in knife hold-
	Medications of any kind	Y	Stored in cabinet in laundry room
	Matches, lighters and flammable products	Y	Does not own
	Alcoholic beverages	Υ	Does not own
	Guns	Y	Does not own
	Cleaning agents	Y	Cleaning agents stored under the bathroom & kitchen sink cabinet with lock
	Poisonous substances	Y	Stored outside in the garage
GENER	RAL 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.	Υ	
Diapering procedures are followed.	Υ	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect,		
<ul> <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>	Υ	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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.

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠ Backpack(s) or carrying case(s)
	⊠Diapers (N/A)	
⊠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 on the top shelf of laundry room  Item Specification (if needed):  1 flashlight, 3 extra D batteries, 1 thermometer, no specific medications, 12 pk of mini waters, 6 canned foods, 5pks of tuna and 1 box of crackers, 1 first aid kit, 1 small blanket, 2 duffle bags (carrying case), 2 card games, 1 pair of scissors, 2 rolls of duct tape, 1 roll of sealing plastic, folder w/ EPP and ECMA. 1 outfit per child w/ underwear					
AND					
Emergency Documents					
		Land form)			
Authorization for emergency medical ca	ness Plan (this comp	pleted form)			
Planning and Maintenance	are				
Person responsible s		-to moula	rly.		
Person responsible for updating the Disaster Su First Name	pply Kit and the Eme	ergency Documents regula	,		
Leilani	Last Name		· · · · · · · · · · · · · · · · · · ·		
Description of how the Emergency Ready to Go	Dack will be transm	orted to an evacuation loca	tion: carried by the provider.		
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 in care and grab the ERTG and head into the spare bedroom (2 door 2 windows) on first floor adjunct to the kitchen. The provider will use the plastic sealing and duct tape to seal the doors and windows if the need should arise. The provider will call the parent once they are secured in the location.  Evacuation Procedures:  Primary: The provider will call and text the parent and inform them of the emergency and then contact point the emergency bags, and head to the vehicle. evacuation location. The provider will then perform a head count for each child and gather the emergency bags, and head to the vehicle. The smaller child will be secured in a car seat by the provider and older child in the car seat belt. They will also be accompanied by since the provider only has a permit. The provider will for them to and they will go into the contact point to the provider.  Alternate: If they could not access the primary location, the provider will call and text the parent and gather the children and ERTG bags and head into the vehicle. Smaller child will be secured in the car seat and older child in car seat belt both by the provider.  Alternate: If they could not access the primary location, the provider will call and text the parent and gather the children and ERTG bags and head into the vehicle. Smaller child will be secured in the car seat and older child in car seat belt both by the provider.  The provider will call and text the parent and gather the children will perform a head count and she and the children will go into the and text the parent and gather the children will perform a head count and she and the children will go into the and text the parent and seat belt. They will also be accompanied by the provider will call and text the parent and gather the children will perform a head count and she and the children will g					
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: Pilani Bische		Printed Name:			
Signature		Signature:			
Date: 03/17/2023   Phone:		Date: 03/16/2023	Phone: 1-877-227-0125		

## ☑Virtual Inspection☐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.g ov

Inspection Date: 10/10/2023 Follow-up Inspection Date: 10/11/2023	Time In: 10:30AM Time In: 3:00PM	Time Out: 11:47AN Time Out: 3:15PM	- " - 10055	
Informal Care				
Type of Care (check one): ☐ Non-re	elative Informal Provider (	Care ⊠Relative In	nformal Provider Care	
Provider Information				
First Name: Tyshere Last Name: Bland Provider ID: 528498				
Provider ID #:			Email:	
Care Location Inspected				
Street Address: Address Verified? <b>Yes.</b>	City: Cou	nty:	State Zip Code:	
Name of Children in Care (add pages if no	eeded) Scholarship	Date of Birth	Age / Present (Y/N)	
		(11/03/2021)	1yr. / N	

Directions: Review and determine compliance with each standard. Note 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 Relative Informal Care – Certificate Submitted Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y Standard Met Y/N		
Home is free of health and safety hazards:			
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 via the kitchen faucet	
Has a working inside toilet	Y	Flushed by provider and observed	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Υ		
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating – utility bill previously submitted	
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 phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	First aid kit stored in kitchen drawer	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Moved to knife holder on back of counter	
Medications of any kind	Υ	Stored in container on high shelf of the kitchen cabinet	
Matches, lighters and flammable products	Y	Does not own	
Alcoholic beverages	Υ	Does not own	
Guns	Y	Does not own	

Cleaning agents	Y	Bathroom cleaning products moved to top shelf in hallway closet Corrective Action Completed: Lock added to kitchen cabinet with cleaning products
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	Changing station in the living, parent brings changing bag when child is dropped off
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Taken out daily via 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:  • 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:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:		
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:  • Any deliberate act that hurts a child physically or	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
emotionally, including:  Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	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	

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**

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games

⊠Thermometer	□ Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash				
Medications (N/A)	⊠Blanket(s)	bags				
Items in the Disaster Supply Kit are clean, organize						
Emergency Ready-to-Go Pack is available and ea		ergency (Y/N)? Y				
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an em	eigenby (Titt)				
Item Specification (if needed):  1 flashlight, 1 first aid kit, 2 thermometers large blanket, 1 roll of duct tape, 4 heavy toy book, folder w/ EPP and ECMA docs Items to be reviewed on 10/11/2023:Corre  Lock for kitchen cabinet with cleaning pro-	1 flashlight, 1 first aid kit, 2 thermometers, 1 pair of scissors, 2 bottled waters, 2 canned foods, 2 diapers and 1 pk of wipes, 1 large blanket, 1 roll of duct tape, 4 heavy duty trash bags, no specific medications, 1 pk of AA batteries, 1 outfit (top/bottom), 1					
game						
Emergency Documents						
	ness Plan (this completed form)					
Authorization for emergency medical ca	re					
Planning and Maintenance						
Person responsible for updating the Disaster Su	oply Kit and the Emergency Docum	ents regularly:				
First Name Tyshere	Last Name Bland					
Description of how the Emergency Ready-to-Go	Pack will be transported to an evac	uation location: carried by the provider.				
Shelter In Place Procedure:						
The provider will grab the child and ERTG and carry them into the kitchen area (1 door 0 window). The provider will use the sealing plastic and tape to seal the door if the need arises. There are no windows or vents to be sealed. Once secured the provider will call the parent with emergency updates.						
Evacuation Procedures						
Primary: The provider will grab the child and ERTG and with child in arms. Upon arrival the provider will reach out to who will escort the provider and child to the provider will call the parent with emergency updates.						
Alternate: If they could not access the primary location, the provider will grab the child and ERTG and drive to the provider will ensure the child is secured in their forward-facing car seat. Upon arrival the provider will receive instruction from tout where to shelter specifically. Once secured the provider will call and 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: Tyshere Bland	Printed Name					
Signature:	Signature:					
	Data: 10/11/2	Phone: 1-877-227-0125				

Page 3 of 3

⊠Virtual Inspection □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

Inspection Date: 04.08/2022	Time I	n: 3:30 pm	Time Out: 4:43 p	m Result: Approved		
Informal Care	rmal Care					
Type of Care (check one): ☐ Non-rela	tive Infor	mal Provider Ca	are ⊠Relative	Informal Provider Care		
Provider Information						
First Name: Regina Provider ID #:	Last N	ame: Blount		Provider ID: 419825 Email:		
Care Location Inspected	-			Linai.		
-	ity	County:		State: Zip Code:		
Address Verified?: Yes						
Name of Children in Care (add pages if nee	ded)	Scholarship	Date of Birth	Age / Present (Y/N)		
			9/29/12	9 y/o / Y		
			6/30/17	4 y/o / Y		
			12/14/19	2 y/o / Y		
			10/29/21	5 mos / Y		
				1		
				1		
Safety of the Home				•		
	Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.					
Health and Safety Training:  Standard Met Y/N  Comments/Notes Corrective Action /Timeframe if needed						
Basic Health and Safety Training Completed?						
Basic Health and Safety Training C	ompleted	1?	N/A			
Basic Health and Safety Training C Home is free of health and safety hazards	•	1?	N/A Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Will 11 1972 But 1982 - 1987 But 1987 But 1987	•	1?	Standard Met			
Home is free of health and safety hazards	<b>):</b>	1?	Standard Met Y/N			
Home is free of health and safety hazards  • Is in good repair	<b>):</b>	1?	Standard Met Y/N Y			
Is in good repair     Is free of insect or rodent infestation	<b>):</b>	1?	Standard Met Y/N Y Y			
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated	<b>):</b>	1?	Standard Met Y/N Y Y Y	Corrective Action /Timeframe if needed		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water	n		Standard Met Y/N Y Y Y Y	Corrective Action /Timeframe if needed  Temp. tested with thermometer 105.7 degrees		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet	n d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y	Corrective Action /Timeframe if needed  Temp. tested with thermometer 105.7 degrees		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has utilities for cooking, lighting and	n d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has a working and safe heating systems.	n d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has utilities for cooking, lighting and     Has a working and safe heating systems.	n d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has a working and safe heating systems a working refrigerator and stove     Has a working telephone	n d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has utilities for cooking, lighting and     Has a working and safe heating systems. Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s)	d heating		Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed		
Home is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and Has a working and safe heating system  Has a working refrigerator and stove  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies  Has protective coverings on any elections	d heating stem e	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads		
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water     Has a working inside toilet     Has utilities for cooking, lighting and     Has a working and safe heating systems as a working refrigerator and stove     Has a working telephone     Has operational smoke detector(s)     Has first aid kit/supplies     Has protective coverings on any elections are stored appropriately are	d heating stem e	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads 6 outlet covers  Comments/Notes		
Home is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and  Has a working and safe heating system  Has a working refrigerator and stove  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies  Has protective coverings on any elector and stove accessible to children	d heating stem e	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads 6 outlet covers  Comments/Notes Corrective Action /Timeframe if needed		
Home is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and Has a working and safe heating sys  Has a working refrigerator and stov  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies  Has protective coverings on any eleaccessible to children  Harmful items are stored appropriately archildren:  Sharp or pointed items	d heating stem re	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads 6 outlet covers  Comments/Notes Corrective Action /Timeframe if needed On the wall high up		
Home is free of health and safety hazards  Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any elector accessible to children  Harmful items are stored appropriately are children: Sharp or pointed items Medications of any kind	d heating stem re	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads 6 outlet covers  Comments/Notes Corrective Action /Timeframe if needed On the wall high up In a cabinet on a high shelf		
Home is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and Has a working and safe heating sys  Has a working refrigerator and stov  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies  Has protective coverings on any eleaccessible to children  Harmful items are stored appropriately archildren:  Sharp or pointed items  Medications of any kind  Matches, lighters and flammable pr	d heating stem re	utlet that is	Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Temp. tested with thermometer 105.7 degrees Flush observed  Temp turned up All burners and refrigerator operational Outbound call made Test button pressed Gauze, Bandages, Alcohol pads 6 outlet covers  Comments/Notes Corrective Action /Timeframe if needed On the wall high up In a cabinet on a high shelf Not kept in the home.		

Poisonous substances	Y	Not kept in the home.
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 kept clean and
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.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • 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:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment  The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local	Y	
Department of Social Services Child Protective Services Unit.	Y	

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**

cuments
e(s)
nes
Tape/

			Packing Tape & Sealing Plastic/ Trash Bags		
☐Medications <b>N/A</b>	⊠Blanket(s)				
Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N	)? Y			
Emergency Ready-to-Go Pack is available and e	asily accessible in the	event of an emergency (Y/N)	?Y		
Location of Emergency Ready to go Pack: New Item Specification (if needed):  • 4 trash bags, large blue scissors and Item Specification (if needed):  • Car steering wheel toys  • Green flash light 3 D Batteries  • First Aid Kit: Ice pack, bandages, gauze  • Diapers: 3 each  • A pack of wipes  • 6 Bottles of 8 oz. water 3 16 oz.  • 3 Canned Ravioli  • Tops: White Top White & Orange  • Blankets: Orange, Tan, White and Blue	ar the front door ned  Ouct tape  i.e, alcohol pads	ct to a buffet table			
To be observed for compliance on :  • N/A					
Emergency Documents					
☑Informal Provider Emergency Prepared ☑Authorization for emergency medical ca		pleted form)			
Planning and Maintenance					
Person responsible for updating the Disaster Su	pply Kit and the Eme	ergency Documents regularly	:		
First Name Last Name Last Name					
Description of how the Emergency Ready-to-Go	Pack will be transpo	orted to an evacuation locatio	n:		
<u>Shelter In Place Procedure:</u> The provider will Call mom firs then gather the children and place them in a large closet .Make sure the windows and doors are locked. Tape the windows with duct tape and trash bag. The emergency bag will already be in the closet(1 door 0 windows).					
Evacuation Procedures:  The provider will gather the children, grab the stroller and secure the 2 children in the stroller. The Provider will then call the parent before leaving the house. Once outside of the home the Provider will go through the front or back door and walk over the neighbor's house two doors over. The Provider will pick them up. The provider will gather the three children and exit the pick them up in his vehicle where the children will be secured in their car seat and seat belts. On the way to the location the Provider will contact the Parent and give her an update. Once at the location the Provider and the children will shelter in the the son's bedroom closet (1 door 0 windows). Once secured the Provider will contact the parent.					
Signaturas 9 Data					
Signatures & Date  Acknowledgement: By signing below the parties ag	knowledge that all sta	indards have been reviewed a	and any corrections if needed have		
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:		Printed Name:			
Signature:		Signature:			
Date: L Phone		Date: 04/08/2022	Phone: 1-877-227-0125		

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

						- 12	
Inspection Date: 2/24/2022 Follow up 02/28/2022		Time In 11:00A	n: 1:45Pm M	Time Out: 3:15pr 12:00	m Resu	ılt: Fail	ed
Informal Care					•		
Type of Care (check one):	☐ Non-relativ	e Inform	mal Provider Ca	are ⊠Relative	Informal Pr	ovider	Care
Provider Information							
First Name: Regina		Last Na	ame: Blount		Provi	der ID	: 419825
Provider ID #:					Emai	l:	
Care Location Inspected					-	13	
Street Address: Address Verified? Yes		City		County State	2	Zip Co	de
Name of Children in Care (add	pages if neede	ed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
				9/29/2012	9 / N		
				6/30/2017	4 / Y		
				12/14/2019	2 / Y		
				10/29/2021	5 months	/ Y	
Safety of the Home							
Dissetions: Deview and determine	lienee	the each	atandard Nata		timeti		and and Additional

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	•	orrective actions needed. Additional  O – 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	
VII	A STATE OF THE PARTY OF THE PAR	The same and the s

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	No insects or rodents observed.
Is well-lit and well-ventilated	Y	Well lit with natural light and indoor lighting.
Has hot and cold running water	Y	Observed thermometer reading on high
Has a working inside toilet under sink	Y	Cabinet under sink child lock observed
Has utilities for cooking, lighting and heating	Y	Stove burners observed
Has a working and safe heating system	Y	Turned up from 78 to 79 degrees
Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
Has a working telephone	Y	House phone. Outbound call observed.
Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
Has first aid kit/supplies	Y	Gauze, band aids, alcohol wipes
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	14 outlets with covers.

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	Up high on the wall
Medications of any kind	Y	Upper cabinet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Υ	None in the house
Alcoholic beverages	Υ	None in the house
• Guns	Y	None in the house
Cleaning agents	Y	Locked under bathroom sink

- Poisonous substances		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	Diaper changed on bed
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:         Any deliberate act that hurts a child physically or emotionally, including:         Spanking, Biting, Hitting, Shaking         Any other means of physical discipline         Not attending to a child's physical needs         Shouting, Cursing, Shaming, Ridiculing         Washing a child's mouth with soap         Putting pepper or other spicy or distasteful items in a child's mouth         Requiring a child to stand on one foot as punishment         Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>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 access ble ineeded medications) and Emergency Documents.	n the event of an em	ergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the enough supplies for each child in care. Also the items are clean, organized, a		
□Flashlight ⊠Bottled water		⊠Folder or binder for EPP documents
□Batteries for Flashlight ⊠Non-perishab	le food	□ Backpack(s) or carrying case(s)
☑Portable First Aid Kit ☑Diapers		

Poisonous substances

Other than medications and cleaning solutions

⊠Thermometer ⊠Change of clo	passing tape a country place.			
☐Medications N/A	bags			
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	I)? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the	e event of an emergency (Y/N)? Y			
Location of The Emergency Ready to go Pack: In a closet off the	family room.			
Item Specification (if needed):				
Band-Aids, aspirin, ointment, alcohol wipes cold compress, gauz 10 diapers, 3 under wares, 4 onesies for the baby, 3 tops, 3 pants 3 large blankets, Crackers, 6 8oz. waters bottles, goldfish, granola bars, 4 chef Boyarde				
Dice game, drawing pad, word games, crayons				
Emergency medication form she had Items to review on Monday 02/28/2022 if needed:				
·				
Flash light did not turn on and there were no extra batteries				
Emergency Documents				
⊠Informal Provider Emergency Preparedness Plan (this comp	pleted 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 Procedure:	Chalter In Blace Breezedure:			
The provider will Call mom firs then gather the children and place the	em in a large closet .Make sure the windows and doors are locked.			
Tape the windows with duct tape and trash bag. The emergency bag	g will already be in the closet.			
Evacuation Procedures:				
The provider will gather the children, grab the stroller and secure the	e 2 children in the stroller and go	- 1		
Call the parent before leaving				
Altamata I anatisma				
Alternate Location: The provider will call. The provider will	The provider will gather the three children and exit the			
house and where the children will be secured in their car seats and seat belt before heading to				
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:	Printed Name:			
Signature:	Timed radiie.			
Signature	Signature:			

Signature:

	i		
Date:	Phone:	Date:	Phone: 1-877-227-0125

⊠Virtual Inspection

☐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.g

Inspection Date: 04/06/2023	Time in: 10:30AM	Time Out: 11:39AM	Result: PASSED
Informal Care		134	
Type of Care (check one): ☐ Non-rela	tive Informal Provider C	are ⊠Relative int	formal Provider Care
Provider Information			
First Name: Kathy	Last Name: Bowen		Provider ID: 511502
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified? <b>Yes.</b>	City:	County: St	ate Zip Code:
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(07/19/2022)	Bmos./Y

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(07/19/2022)	8mos./Y
Safety of the Home			
Directions: Review and determine compliance with eac pages may be used for comments.	h standard. Note	any comments or c Y – Yes, N – No,	orrective actions needed. Additional 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?		Υ	Relative Informal Care - Certificate Submitted
lome 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
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	No evidence of infestation
Is well-lit and well-ventilated		Υ	All lights were turned on and natural window lighting
Has hot and cold running water		Υ	Tested by provider and steam observed on camera
Has a working inside toilet		Υ	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	9	Y	
Has a working and safe heating system		Y	Thermostat tested by provider for cooling & heating
<ul> <li>Has a working refrigerator and stove</li> </ul>		Y	Tested by provider and observed
<ul> <li>Has a working telephone</li> </ul>		Y	Outbound call made to provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>		Y	Tested by provider and observed
Has first aid kit/supplies		Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide
<ul> <li>Has protective coverings on any electrical of accessible to children</li> </ul>	utlet that is	Y	All outlets were occupied or covered
larmful items are stored appropriately and away hildren:	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	Stored in knife holder on the back of kitchen counter
<ul> <li>Medications of any kind</li> </ul>		Υ	Stored in high cabinet in bathroom
<ul> <li>Matches, lighters and flammable products</li> </ul>		Υ	Does not own
Alcoholic beverages		Υ	Does not own
• Guns		. Y	Does not own
Cleaning agents		Y	All cleaning agents stored under kitchen with lock
Poisonous substances		Y	Does not own
SENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed

<del></del>		
All areas of the home are kept clean, including diapering area.	Y	Diapering area in child's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers are thrown away daily in diaper genie
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All additional diapering needs in storage holder in child's bedroom
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • 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:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services Unit.</u>	Y	

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

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑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 the corner of the dining room Item Specification (if needed): 1 duffle bag (carrying case), 3 bottled waters, 6 canned foods, 3 baby foods, 1 first aid kit, 1 pair of scissors, 1 roll of trash bags, roll of duct tape, no spec meds, 4 diapers/1pk of wipes, 2 toys, 1 outfit (top/bottom/socks), 1 med blanket, folder w/ EPP & ECMA, 1 flashlight, 1 thermometer, 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 Kathy Bowen 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 grab the emergency bag and head into 1 door 0 windows). The provider will ensure the door is sealed with sealing plastic and tape. Provider will call or text the parent to inform her of the emergency. Evacuation Location(s) Procedures: Primary: The provider will account for the child and ERTG and carry them to her vehicle. She will ensure the child is secured in her rearfacing car seat and then call or text the parent to inform them an emergency has occurred and where they are going. She will drive to the and upon entry be instructed by the staff of where to locate for shelter. Provider will call or text the parent with updates once they are secured. Alternate: If they could not access the primary location, the provider will gather the child and ERTG and carry them into her vehicle. She would secure the child in her rear-facing car seat. The provider would drive to and call the parent to inform them of the change. The provider has a spare key to the home, upon entry they would go into the bathroom (1 door 0 windows), She will call or text the parent once they are secured.

the parent office they are secured.		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appropop up visit which will be conducted virtually or in-person.	ge that all standards have been revoved, the home in which care is pro	iewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Vathu Banen	Printed Name:	
Signature	Signature:	
Date: 4 18 202 3   Phone:	Date: 04/06/2023	Phone: 1-877-227-0125

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to ccs informalproviders@maryland.g ov

Inspection Date: 04/04/2023	Time In: 3:30PM	Time Out 4:34PM	M Result: PASSED
Informal Care			
Type of Care (check one)	on-relative Informal Provider	Care ⊠Relative I	Informal Provider Care
Provider Information			
First Name: Chrystal	Last Name: Boykir	ns	Provider ID 510722
Provider ID #			Email:
Care Location Inspected			
Street Address: C. Address Verified? Yes.	County	State	Zip Code
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(05/18/2022)	10mos. / Y

Safety of the Home		为是在1000年1000年1000年1000年1000年1000年1000年100	
Directions Review and determine compliance with each standard. No pages may be used for comments.	te any comments or or Y - Yes, N - No,	corrective actions needed. Additional  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	Υ	All areas were clean	
Is free of insect or rodent infestation	Y	No evidence of infestation	
Is well-lit and well-ventilated	Υ	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	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y		
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating	
Has a working refrigerator and stove	Υ	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 upstairs in providers bedroom	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Υ	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 storage bag in high kitchen cabinet	
Medications of any kind	Y	Stored on high shelf in kitchen pantry	
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 stored under kitchen with lock	
Poisonous substances	Y	Does not own	
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	

All areas of the home are kept clean, including dispering area.	¥	Diapering area in playroom room and provident room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Dispers are thrown away daily in garage trash bin
Child is changed immediately when site has a soiled or wet diaper, clothing or bedding.	Y	THE RESERVE OF THE PARTY OF THE
Diapering procedures are followed	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Tolleting: 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:     Physical injury     Any sexual abuse     Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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	

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

#### Disaster Supply Kit

Items in the Disaster Supply Kit are cle	an organized and unable (V/N)2 V	
	⊠Blanket(s)	
⊠Thermometer	⊠Change of clothes	SHeavy Duty Scissors, duct tape/ packing tape & sealing plastic/tresh bags
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games.
⊠Batteries for Flashlight	⊠Non-perishable food	IS Backpack(s) or carrying case(s)
⊠Flashlight	⊠ Bottled water	SFolder or binder for EPP documents

Emergency Ready-to-Go Pack is available and easily acces  Location of The Emergency Ready to go Pack: Stored in  Item Specification (if needed):  1 duffle bag (carrying case), 3 canned foods, 2 bottl  spec. meds, 3 diapers/1 pk of wipes, 1 large blanker  1 outfit (top/bottom) and 1 pair of scissors  Items to be reviewed on xx/xx/xxxxx: N/A	
Emergency Documents	
	(this completed form)
Planning and Maintenance	24、外位中国主席外的节题上300分钟。
Person responsible for updating the Disaster Supply Kit and First Name Last Name Chrystal Boykins	me
	be transported to an evacuation location: carried by the provider.
provider and child will head to the provider and child will head to the provider will call the parameters if needed. Once secured the provider will call the parameters. The provider will account for the child and ERTG facing car seat. Then drive to the provider would call the provider would call the parameters. If they could not access the primary location, the would secure the child in her rear-facing car seat. They would secure the child in her rear-facing car seat.	and carry them to her vehicle. She will ensure the child is secured in her rear- er has key access into the home, upon entry they would enter into the master parent before, during and after the emergency.  the provider will gather the child and ERTG and carry them into her vehicle. She
Signatures & Date	
	ge that all standards have been reviewed, and any corrections if needed have oved, the home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name Chrystal Boukins	Printed Name:
Signature	Signature:
Date: 4/4/2023 Phone	Date: 04/04/2023 Phone: 1-877-227-0125

SVirtus Otr-per	d Ins	INSPECTION CHECKLIST					hild Care	Return to: ccs informalproviders@maryland.cov	
Impect	ion D	on Cate: 04/04/2022 Time in: 1:45PM		Time Out: 2:35P	M Resu 05/04	II: PASSED If returned by SPM on U/2022.			
		Marine.		1		-	-	A TOTAL PROPERTY.	
Inform	had	are					- toward D	- Mar Cata	
Type of		(check one):	☐ Non-rela	live int	ormal Provider Ca	NO SReintive	informat Pr	ovider Care	
Provide	er ber	mutton	MARINE II				Provider ID: 463003		
First Na Provider		Charlene Last Name: Briscoe			Name: Briscoe		Emai	And the Person of the Person o	
No. of Concession,	-	n irespected	CONTRACT OF	100					
		iod? Yes	CR	7	County		State:	Zip Code: Military	
_	_			-	Lancon		T Am	/ Present (Y/N)	
Martin of	C	idren in Care (a	sod pages if nee	ded)	Scholarship	Osto of Birth 06/24/2016	Age I N	io, at school	
	-1					06/24/2016	by Th		
	-			-					
	+			-					
				-				1	
	1							1	
- Mate	1	he Home						No. of the last of	
			in constant		th standard Mate	with discount and a	annethin act	tone model Additional	
ages ma	ry to	used for commit	nts.	WALL CON	ch standard, recte	Y - Yes, N - No.	D - Discuss	ions needed. Additional sed, n/a – Not Applicable	
be of the se	ndki	elety Training:			71111	Standard Met	Comments/Notes		
	-	and Safety Train		2		N/A	Corrective Action /Timeframe if needed		
	<b>3</b>			_		Standard Met	Common	ts/Notes	
ome is	me	of health and s	salety hazards	•		Y/N		re Action /Timetrame if needed	
. 1	15 41 5	good repair				Y			
_		e of insect or ro				Y	No sign o	f insects or radents	
_	==	Hit and well-ver		-		Y	Strong of		
	_	ot and cold run working inside		-		Y	Steam of		
_		elities for cookir		beatin	0	Y	100000000000000000000000000000000000000	e operational	
	==	working and sa				Y	Clas Seur	to report describe	
_		working refrige	the second second	_		Y	Observer	d light coming on when opened	
	-	working telepho	DOMESTIC STREET			Y		owder on cell phone	
The second secon		perational smok				Y			
		st aid kit/suppli				Υ.	Bond Aid	is, oiremore	
* H	as Dr	olective covering the solective covering the	ngs on any elec	ctrical o	utlet that is	Y	In use or	behind furniture	
rentul its	_	we stored app		d assess	from	Standard Met			
idren:						Y/N Y/N	Correctiv	ts/Notes to Action /Timeframe if needed	
	-	or pointed items				Y		ounter top	
		tions of any kin				Y			
* M		s. lighters and	Rammable pro	ducts		Y	None in th	he house	
* Al		ic beverages				Y	None in th	he house	
• G						Y	None in th	he house	
• Ck		g agents				Y			
E OCC N	-	d Care Inspection i	Checklin			Family Ch			
		-				Page 1 of 3		Revised 1	

		Y	Other than medications and cleaning solutions
ŀ	Potenous sutránces	Standard Met Y/N	Convective Action (Timphume If moded
E	ERAL CLEANLINESS STANDARDS	1100	CANADA SERVICE
	eas of the home are kept clean, including dispersing area.	*	
	s, gartage and set and soled dispers are disposed of in a ary manner.	Y	
	is changed immediately when some new a	Y	
-	st. ciothing or bedding.  ereng procedures are tollowed.	٧	
200000	weaking procedures are followed. Provider and civil is harms od thoroughly with soap and warm running water after:  Tolleting: Dispering: Before food preparation and eating: All other times when necessary to prevent the spread of disease.	*	Comments/Stotes
.1	D ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/90000 Corrective Action /Timeframe if needed
	Ild is not subject to any form of abuse, including: Physical injury Any sexual abuse Mortal injury	*	
I	id in care is not subjected to any form of neglect, sing:  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.		
	ild in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Puting 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	•	
	provider immediately reports any suspected child abuse, act or mistreatment by calling 911 and your local atment of Social Services Child Protective Services Unit		
	rgency Ready-to-Ge Pack		AND DESCRIPTION OF A PARTY OF THE PARTY OF T
	mergency Ready-to-Go Pack must be available and easily accessit d medications) and Emergency Documents.	ole in the event of an	emergency. This contains a Disaster Supply Kit (include
	ster Supply Kit		
-	ons: Review and determine that each item is adequately included in supplies for each child in care. Also the items are clean, organize	in the Disaster Supp d, and usable. Com	mere and note below it needed.
1	≅Flashlight ⊠Bottled wa	ter	SFolder or binder for EPP docume
1	©Batteries for Flashlight 00Non-perish	nable food	80Backpack(s) or carrying case(s)
1	SEPortable First Aid Kit DiDiapers N	/A	@Consider special toys or games
D	OCC Informal Case Inspection Checklist	Page 2 of 1	Revised 10

	I Treemometer	SChange of	clothes	packing tape & sealer bags	rs, duct topel g plastic/trash
	IMEGICATIONS INA	Distantes (s)		125	
-	The Column County KO are clean.	organized, and usable (	ONOT Y		
Cene	pency Ready to Go Pack is available	and easily accessible in	the event of an emergency (	AUNIA A	HATTI
Less	Consessor Density to Go				
Berry	Specification of needed: A batteries, Band aids, antiseptic of	intraced, gallow.			
1 pa	pents, top, underwear, 2 blenkets, e cans of Chef Boyardee, 4 peach	cups. 2 16oz. bottles o	f water		
Reco	to review on subsubusus if needed.	N/A			
men	ency Documents				
	Sinformal Provider Emergency Pre GAuthorization for emergency mod		ompleted forms		
Terre	ng and Maintenance				
_	responsible for updating the Disast		Ernergency Documents regu	larly:	
R2T V	ame	Last Name			
oor.	r in Place Procedure: we emergency bag that is at the top Provider will call the parent once the ation Procedures:	y are secule in the sh ther walk or drive	elis		ng provider will g
e io	ne emergency bag that is at the top Provider will call the parent once the ation Procedures:	ther walk or drive	nving to the emorgency loci on is Waytand Village Sene	If driving the call party of t	ng provider will great ence secure ute drive from the
irab loor. Evass ne lo	ne emergency bag that is at the top Provider will call the parent once the ation Procedures: and the emergency bag and or booster seat and secure her ation. If they could not go to the sch cation. The provider will get Ashryn	ther walk or drive	nving to the emorgency loci on is Waytand Village Sene	If driving the call party of t	ng provider will go rent ance secure ute drive from the
cyasa he lo hece	ne emergency bag that is at the top frovider will call the parent once the ation Procedures:  and the emergency bag and of booster seat and secure her ation. If they could not go to the sch cation. The provider will get Ashryn ecure at the location.	ther walk or drive in the vehicle before do ool the Alternate local secured her booster 5	nving to the emorgency loci on is Waytand Village Senion out before driving to the em	If driving abon. Provider will call par or Center which is a 5 min ergency location. Provider	ng providor will great ance secure use drive from the r will notify parent
erab boor. Evance ser to are to none	ne emergency bag that is at the top hovider will call the parent once the ation Procedures:  and the emergency bag and or bacater seat and secure her ation. If they could not go to the sch caton. The provider will get Ashryn ecure at the location.  area & Date adegement: By signing below the pa iscussed. The parties also admostle visit which will be conducted virtual	ther walk or drive in the shifter walk or drive in the vehicle before dool the Alternate local secured her booster 5 secured her boo	nving to the emorgency loci on is Waytand Village Senion out before driving to the em	if driving the state of the sta	ng providor will great ance secure use drive from the r will notify parent
cor.	ne emergency bag that is at the top- hovider will call the parent once the ation Procedures:  and the emergency bag and of booster seat and secure her ation. If they could not go to the sch caton. The provider will get Ashryn ecure at the location.  were & Date  ledgement. By signing below the pa iscussed. The parties also acknowle visit which will be conducted withrall	ther walk or drive in the shifter walk or drive in the vehicle before dool the Alternate local secured her booster's secured her booster's acknowledge that if approved, by or in-person.	nveng to the emergency loc- on is Waytand Village. Serie not before driving to the em t all standards have been re the home in which care is pi	If driving abon. Provider will call par or Center which is a 5 min ergency location. Provider	ng providor will great ance secure use drive from the r will notify parent
irabioor.  (vac)  ne lo  are à  nece   circe   po un  po u	ne emergency bag that is at the top hovider will call the parent once the ation Procedures:  and the emergency bag and or bacater seat and secure her ation. If they could not go to the sch caton. The provider will get Ashryn ecure at the location.  area & Date adegement: By signing below the pa iscussed. The parties also admostle visit which will be conducted virtual	ther walk or drive in the shifter walk or drive in the vehicle before dool the Alternate local secured her booster's secured her booster's acknowledge that if approved, by or in-person.	nving to the emorgency loci on is Waytand Village Sens nat before driving to the em t all standards have been re the home in which care is pr	if driving the state of the sta	ng providor will go rent ance secure vale drive from the r will notify parent
crabicor.  Cyaco  Incidente in	ne emergency bag that is at the top- hovider will call the parent once the ation Procedures:  and the emergency bag and of booster seat and secure her ation. If they could not go to the sch caton. The provider will get Ashryn ecure at the location.  were & Date  ledgement. By signing below the pa iscussed. The parties also acknowle visit which will be conducted withrall	ther walk or drive in the shifter walk or drive in the vehicle before dool the Alternate local secured her booster's secured her booster's acknowledge that if approved, by or in-person.	nveng to the emergency loc- on is Waytand Village. Serie not before driving to the em t all standards have been re the home in which care is pi	if driving the state of the sta	ng provider will great ance secure use drive from the r will notify parent res if recoded have m, unannounced
irabiloor.  Yescalate of the same of the s	ne emergency bag that is at the top Provider will call the parent once the ation Procedures:  and the emergency bag and or bocaler seat and secure her ation. If they could not go to the school. The provider will get Ashtyn ecure at the location.  serve & Date.  Independent: By signing below the paiscussed. The parties also admonle with which will be conducted worked.  IN home Chock R. N. C. S.	ther walk or drive in the shifter walk or drive in the vehicle before dool the Alternate local secured her booster's secured her booster's acknowledge that if approved, by or in-person.	riving to the emergency locion is Wayland Village. Senional before driving to the emitted standards have been rethe home in which care is properly and signature.	If driving all on the particular of the particul	ng provider will great ance secure use drive from the r will notify parent res if recoded have m, unannounced

### ⊠Virtual Inspection ☐ In-person Inspection

#### Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

THE REAL PROPERTY OF THE PERSON OF THE PERSO

Return to: ccs.informalproviders@maryland.g

Inspection Date: 07/06/2023				
100/2023	Time In: 2:30PM	Time Out: 3:38P	M Result: PASSED	
Informal Care				
Type of Care (check one):	on-relative Informal Provid	er Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Jacqueline	Last Name: Broo	king	Provider ID: <u>518292</u>	
Provider ID #:		3	Email:	
Care Location Inspected				
Street Address: Address Verified? Yes.	City:	County:	State Zip Code:	
Name of Children in Care (add page	s if needed) Scholarsh	p Date of Birth	Age / Present (Y/N)	
Name of Children in Care (add page	s if needed) Scholarsh	Date of Birth (09/09/2014)	Age / Present (Y/N) 8yr. / N	
Name of Children in Care (add page	s if needed) Scholarsh			
Name of Children in Care (add page	s if needed) Scholarsh	(09/09/2014)	8yr. / N	
Name of Children in Care (add page	s if needed) Scholarsh	(09/09/2014) (09/13/2017)	8yr. / N 5yr. / Y	

The state of the s	100	1000		
Safety	nof.	tha	Hon	20
Odlety	OI	Litte	поп	пе

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

pages may be used for comments.		
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
	Y	Flushed by provider and observed
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	Thermostat tested by provider for cooling & heating – utility bill previously submitted
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Tested by provider and observed
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Outbound call made by informal team to provider
Has a working telephone	Y	Tested by provider and observed
Has operational smoke detector(s)	Y	First aid kit stored on top of kitchen cabinet
Has first aid kit/supplies     Has protective coverings on any electrical outlet that is	Y	All outlets covered or occupied
Has protective coverings of any accessible to children  Inful items are stored appropriately and away from  Items  Items  Income:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
iren.	Y	Stored in high level kitchen cabinet with knife coverings
Sharp or pointed items	Y	Stored in high cabinet of bathroom and kitcher
Medications of any kind	Y	Does not own
Matches, lighters and flammable products	Page 1 of 3	
	1'age 1 01 3	

Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
Cleaning agents	Y	Cleaning products stored on two high shelves in laundry room
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.	Υ	Diapering area organized in play pen carrier
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	Diapering supplies near changing pad in parent's bedroom
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect.		
<ul> <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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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.	Υ	

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) <a href="mailto:and-emergency-needed-

#### **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.

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

	⊠Diapers (N/A)	
⊠Thermometer	⊠Change of clothes	
⊠Medications		bags
	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear Emergency Ready-to-Go Pack is available	n, organized, and usable (Y/N)? Y	
Location of The Emergency Ready to Item Specification (if needed):  1 flashlight, 1 pk of AA batteries, canned foods, 6 diapers and 1pk sealing plastic, Folder w/ EPP an	go Pack: Stored by front door near exit 1 first aid kit, 1 thermometer, no spec r of wipes, 5 outfits (top/bottom), 2 bland d ECMA per child	
!tems to be reviewed on xx/xx/xx Emergency Documents	xx: N/A	
⊠Informal Provider Emergency F ⊠Authorization for emergency m	Preparedness Plan (this completed form edical care	)
Planning and Maintenance		
Person responsible for updating the Dis	aster Supply Kit and the Emergency Do	cuments regularly:
First Name	Last Name	canonis regularly.
Jacqueline	Brooking	evacuation location: carried by the provider.
wheels to secure all children together, appropriate seating (oldest in car seat I youngest children in rear-facing car seat The provider and children will go into the throughout the emergency.  Alternate: If they could not access the children, grab the ERTG and then use I provider's vehicle, the provider secure of child in forward-facing car seat/booster.	They will walk down the steps to the provident, 2nd oldest in booster, seat, middle charts). They will drive to the ne bathroom (1 door 0 windows) for shelter primary location, the provider will account the hand-holding wheels to secure all charts and 2 youngest children in rear-face entry. The provider and children will go in their provider and children will go in the provider	e carry-on wagon, the provider will use the hand-holding vider's vehicle, the provider secure each child in their vider's vehicle, the provider secure each child in their life in forward-facing car seat/booster seat, and 2 upon arrival the provider has key access for entry. For once secured the provider will call and text the parent life for the children by taking a head count, gather the didren together. They will walk down the steps to the lidest in car seat belt, 2 <sup>nd</sup> oldest in booster seat middle upon into the basement (1 door 0 windows) for shelter. Once
7:00am-5:00pm		
Signatures & Date		have been selected as a select
Acknowledgement: By signing below the been discussed. The parties also acknow pop up visit which will be conducted virtu	wledge that, if approved, the nome in wh	have been reviewed, and any corrections if needed have nich care is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name:  JAC QUELLIAC V BCO	Printed N	lame
	Signature	0.

Date: 07/06/2023

Date: 7 - C-23 Phone:

Phone: 1-877-227-0125

⊠Virtual Inspection
□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.g ov

Increation Date: 04/47/2002	Time In O.OOAAA	Ti O-+ 40-4048	• Lo. Wheeler
Inspection Date: 04/17/2023	Time In: 9:30AM	Time Out: 10:46AN	Result: PASSED
Informal Care			
Type of Care (check one):   Non-related	ive Informal Provider C	are ⊠Relative In	formal Provider Care
Provider Information	-	TO THE PERSON OF	***************************************
First Name: Amperita	Last Name: Brookins	<b>;</b>	Provider ID: <u>485685</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City:	County:	State Zip Co	ode:
Address Verified? Yes.		_	
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
		(08/23/2010)	12yr. / N
		(02/04/2022)	1yr. / Y
		(12/24/2018)	4yr. / N
		(11/10/2010)	2yr. / N

	(02/04/2022)	1yr. / Y
AND	(12/24/2018)	4yr. / N
	(11/10/2010)	2yr. / N
Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional 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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored in basket in living room
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Υ	
Medications of any kind	Y	Stored in high cabinet in bathroom
Matches, lighters and flammable products	Y	Does not own
	Y	Does not own
Alcoholic beverages		
Alcoholic beverages     Guns	Y	Stored in garage will move high
		Stored in garage will move high All stored in locked cabinets or closets

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Diaper supplies stored in basket in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily as needed
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	Diaper supplies stored in basket in living room
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • 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:  Physical injury  Any sexual abuse  Mental injury	Υ	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

⊠Flashlight	⊠Bottled water	☑ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	図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, organize	ed, and usable (Y/N)?	Υ	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the ev	ent of an emergency (Y/N)	? Y
Location of The Emergency Ready to go Pack	Closet near exit door		
Item Specification (if needed):  - 1 large blanket, 1 first aid kit, sippy cup for diapers/1pk of wipes, 4 canned foods, 1 bin pair of scissors, folder w/ EPP and ECMA  Items to be reviewed on xx/xx/xxxx:	aby meal, 7 bottled wat	ers, no spec. meds, 1 rol	
Emergency Documents			
☑Informal Provider Emergency Preparedr	ness Plan (this complete	ed form)	
		,	
Planning and Maintenance			
Person responsible for updating the Disaster Sup	pply Kit and the Emerge	ncy Documents regularly	
First Name Amperita	Last Name Brookins		
Description of how the Emergency Ready-to-Go	Pack will be transported	to an evacuation locatio	n: carried by the provider.
Shelter In Place Procedure:			
The provider will gather the children and grab the the sealing plastic and tape if needed. The provious location.			door 0 windows) and seal the door with after everyone is secured in the
Evacuation Location(s) Procedures:			
Primary: The provider will account for the childre the rear-facing car seat, two toddler children in the the parents while they are in the car to the evacuthe provider and children will shelter in the living call, text or email.	eir front-facing car seat ation location, room (1 door 2 windows	and the oldest child in the Tild in the Ti	neir car seat belt. The provider will call ne provider has key access, upon entry If the provider will contact the parents by
Alternate: If they could not access the primary lot The provider will secure the baby in the rear-facing car seat belt. She will call the parents once they awill call the parents once they awill call the parents once they are will call the parents once they are will call or text each parent until the emergence.	ng car seat, two toddler are all secured in the ve entry the children and p	children in their front-faci hicle. They will head to	
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the hom		
PROVIDER			INSPECTOR
Printed Name: Amperita M. Brooki	ns Pi	inted Name:	
Signatura		gnature:	
Date: 4-17-23 Phone:	Da	ate: 04/17/2023	Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child Care

© Virtual Inspection
□ In-person Inspection
□ INSPECTION CHECKLIST

| Maryland State Department of Education/Office of Child Care
| Return to:
| ccs.informalproviders@maryland.gov

Inspection Date: 05/11/2022	Time In: 3:30 PM	Time Out: 4:47 PM	Result: PASSED if submitted with document corrections by 5pm on 05/12/2022.
Informal Care		and the contractive of the contr	-
Type of Care (check one): □ Nor	n-relative Informal F	Provider Care	Relative Informal Provider Care
Provider Information	***************************************	***************************************	
First Name: <b>Amperita</b> Provider ID #	Last Name: Brook	cins	Provider ID: 485685
			Email:
Care Location Inspected			
Street Address: Address Verified? Yes.	City	County	State Zip Code
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(08/23/2010)	11yr. / N
		(02/04/2022)	2 mos. / N
		(12/24/2018)	3yr. / N
		(11/10/2020)	1yr. / N
			1
			1
	-		
Safety of the Home			
Directions: Review and determine compliance with each	h standard. Note any	comments or correcti	ve 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
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	Home was very clean and organized
Is free of insect or rodent infestation		Y	
Is well-lit and well-ventilated		Y	
Has hot and cold running water		Y	Steam observed and shower test by provider
<ul> <li>Has a working inside toilet</li> </ul>		Y	Observed provider flush toilet
<ul> <li>Has utilities for cooking, lighting and heatir</li> </ul>	ng	Υ	
<ul> <li>Has a working and safe heating system</li> </ul>		Υ	Observed and tested by provider
<ul> <li>Has a working refrigerator and stove</li> </ul>		Y	
Has a working telephone		Y	Only working cellphones, no landline
Has operational smoke detector(s)		Y	Tested both smoke detectors on both levels
Has first aid kit/supplies		Υ	Stored in storage bin on the lower level
Has protective coverings on any electrical accessible to children	outlet that is	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	In kitchen cabinet with lock
Medications of any kind	Y	Stored in high level cabinet in the bathroom
<ul> <li>Matches, lighters, and flammable products</li> </ul>	Y	Lighters in kitchen cabinet with locks
Alcoholic beverages	Y	Does not have any at this time, if they did the beer would be stored in the fridge
• Guns	Υ	Does not own
Cleaning agents	Y	Stored under kitchen and bathroom sink with locks
Poisonous substances	Y	Stored in the shed and not in the home
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	Neatly organized in children's room
Trash, garbage, and wel 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.		
Toileting; Diapering; Refers food association and actions.	Y	
<ul> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> </ul>		1
At other times when necessary to prevent the spread of		
disease. CHILD ABUSE, NEGLECT AND MISTREATMENT	Standard Met	Comments/Notes
STANDARDS A child is not subject to any form of abuse, including:	Y/N	Corrective Action /Timeframe if needed
<ul> <li>Physical injury</li> <li>Any sexual abuse</li> </ul>	Y	
Mental injury	<u></u>	<u> </u>
A child in care is not subjected to any form of neglect, including:  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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 (\$11 mag) (1994)	Y	
Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily access	sible in the event of an em	ergency. This contains a Disaster Supply Kit
(including needed modications) and Emergency Documents.  Disaster Supply Kit		
Directions: Review and determine that each item is adequately include contains enough supplies for each child in care. Also, the items are class	d in the Disaster Supply K an, organized, and usable,	t. Be certain that the Disastor Supply Kit Commont and note bolow if needed.
∑Flashlight	× Bottled water	▼Folder or binder for EPP decuments
≅ Batteries for Flashlight	▼Non-perishable food	≅Backpack(s) or carrying case(s)
• Portable First Aid Kit	3. Dtapers	⊻Consider special toys or games
≚ Thermometer	3. Change of clothes	∑Heavy Duty Scissors, duct tapef packing tape & seating plastic/trash bags
« Medications (N/A)	ÿ Blanke!(s)	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/h Emergency Ready-to-Go Pack is available and easily accessible in th Emergency Documents	ic event of an emergency	Y/N)? Yes, hallway closet near exit.
Informal Provider Emergency Preparedness Plan (this os Authorization for emergency medical care	completed form)	
Planning and Maintenance	~	
Person responsible for updating the Disaster Supply Kit and the		s regularly:
First Name	Last Name	

escription of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
em Specification (if needed):	
first aid kit, 5 bottled water, 3 canned foods, 1 baby formula w/ bottle, diapers w/ wipes for 2mos & 1yr old, 1 thermometer, no edications for any of the children, 1 flashlight, 3 extra AA batteries, 1 outfit per child (4 total), 1 pair of heavy-duty scissors, duct tand sealing plastic (trash bags), 3 toys and 1 book, binder with EPP & ECMA forms for all children.	эе
helter-in-Place Procedure:	
rovider will go into the lower-level bathroom after gathering the children and the grabbing emergency bag, (1 door 0 windows). Once ey are sheltered in place, she would contact the parents by cellphone via call and text.	се
vacuation Location Procedures	
rimary: Provider will grab the emergency to-go bag and the children, once in the vehicle she will secure three small children in the ar seats and the 11 yr. in her seatbelt, once they arrive provider will use spare key to access, they will go into ring room (1 door 2 windows), after secured in location she will contact the parent by call or text.	
Iternate: Provider will grab the emergency bag and all children, secure in car seats and seat belts, will proceed to the second cation Upon arrival they will shelter in the living room (2 windows 1 door). Will contact the parent via all or text once they are settled into the location.	э

Signatures & Date		
have been discussed. The parties	v the parties acknowledge that all standard also acknowledge that, if approved, the ho vill be conducted virtually or in-person.	s have been reviewed, and any corrections if needed me in which care is provided is subject to random,
PROVIDER	INSPECTOR	
Printed Name: Amperita Brookins	Printed Name:	
Signature:	Signature:	
Date: Phone:	Date: 05/11/2022	Phone: 1-877-227-0125
5-11-22		

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3

Revised 10:2021

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/05/2022	Time In: 9:30AM	Time Out: 10:15	AM Result Needs follow up	
Follow up date: 10/06/2022	Time In: 9:00AM	Time Out: 9:05A	M Result PASSED	
Informal Care				
Type of Care (check one):	ative Informal Provider (	Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Linda Provider ID #:	Last Name: Brown		Provider ID: 309053 Email:	
Care Location Inspected			Larrett.	
Street Address: City	County:		State Zip Code:	
Address Verified? Yes				
Name of Children in Care (add pages if nee	eded) Scholarship	Date of Birth	Age / Present (Y/N)	
		09/23/2011	11 / No - At school	
			1	
C-f-tf-th II				
Safety of the Home				
Directions: Review and determine compliance pages may be used for comments.	with each standard. Note		orrective actions needed. Additional  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	1?	Y	Certificate Submitted	
Home is free of health and safety hazards	<b>8:</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>		Y		
<ul> <li>Is free of insect or rodent infestation</li> </ul>	n	Y	No sign of infestation	
Is well-lit and well-ventilated		Υ		
<ul> <li>Has hot and cold running water</li> </ul>		Y	Steam Observed	
<ul> <li>Has a working inside toilet</li> </ul>		Y	Flush observed	
<ul> <li>Has utilities for cooking, lighting an</li> </ul>	d heating	Y		
<ul> <li>Has a working and safe heating sy</li> </ul>	stem	Y	Thermostat dialed up	
<ul> <li>Has a working refrigerator and store</li> </ul>	/e	Y		
Has a working telephone		Y		
Has operational smoke detector(s)		Y	Alarm sounded	
Has first aid kit/supplies		Y	Band aids, alcohol pads, gauze, tape	
<ul> <li>Has protective coverings on any eleaccessible to children</li> </ul>	ectrical outlet that is	Y		
Harmful items are stored appropriately a children:	nd away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items		Y		
<ul> <li>Medications of any kind</li> </ul>		Y		
<ul> <li>Matches, lighters and flammable pr</li> </ul>	roducts	Y	Moved to high cabinet	
Alcoholic beverages		Y		
Guns		Y	None	
Cleaning agents		Y	Locked or moved	
<ul> <li>Poisonous substances</li> </ul>		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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:  Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:         Any deliberate act that hurts a child physically or emotionally, including:         Spanking, Biting, Hitting, Shaking         Any other means of physical discipline         Not attending to a child's physical needs         Shouting, Cursing, Shaming, Ridiculing         Washing a child's mouth with soap         Putting pepper or other spicy or distasteful items in a child's mouth         Requiring a child to stand on one foot as punishment         Tying child to a cot or other equipment	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	

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**

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications N/A	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organi	
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack	Behind the couch by the front door
Item Specification (if needed):	
1 shirts, 1 pants, 1 underwear 2 extra DD batteries, Band aids, ointment, gauze, tape, alcohol wipes, 3 16oz water bottles, 1 can tomato, cream chicke	
Items to review on 10/06/2022 if needed: Observed	erved10/06/2022
Locks under sink Cleaning supplies in laundry room moved off floo	r to high shelf
Emergency Documents	
☑Informal Provider Emergency Prepared ☑Authorization for emergency medical ca	· · · · · · · · · · · · · · · · · · ·
Planning and Maintenance	
	pply Kit and the Emergency Documents regularly:
First Name	Last Name
window. If the need should arise the provider will are secure.  Evacuation Procedures:  The provider will grab the before driving to the primary evacuation location and head to the bathroom that has no windows a shelter. The provider will call the parents again a lift they couldn't shelter at the primary location, the will grab the ERTG bag is to the alternate evacuation location The provider	The provider and proceed to the her vehicle where she will secure seatbelt before driving will gain entry using a spare key. They will shelter in the bathroom in the basement that draise the provider will use plastic and tape to seal the shelter. The provider will call
Signatures & Date	
Acknowledgement: By signing below the parties a seen discussed. The parties also acknowledge the sop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Inda M Brown	Printed Name:
Signatu	Signature:
Date: 10 - ( - 22   Phone:	Date: 10/06/2022 Phone: 1-877-227-0125

⊠Virtual Inspection
□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.g ov

Inspection Date: 09/14/2022	Time In: 3:30PM	Time Out: 4:18PI	M Result: PASSED
Informal Care			
Type of Care (check one): ⊠ No	n-relative Informal Provider	Care □Relative	Informal Provider Care
Provider Information			
First Name: Shelemiah	Last Name: Brow	/n	Provider ID: 494100
Provider ID #:	Lust Humor Brown		Email:
Care Location Inspected			
Street Address: Address Verified? Yes	City:	County:	State Zip Code:
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		11/27/2018	3 / Yes
Estimated the state of			
			TABLE AND ADDRESS OF THE PARTY
		111111111111111111111111111111111111111	
	/ 国际产品		

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or Y - Yes, N - No,	corrective actions needed. Additional  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	
Has utilities for cooking, lighting and heating	Y	Electric stove lit
Has a working and safe heating system	Y	Thermostat turned down
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Provider's cell called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Hydrogen peroxide, Tylenol, alcohol wipes, band aids, ointment
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Υ	Up on top of cabinet
Medications of any kind	Υ	
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

ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
areas of the home are kept clean, including diapering area.	Υ	
rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Υ	
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:         Physical injury         Any sexual abuse         Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  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:         Any deliberate act that hurts a child physically or emotionally, including:         Spanking, Biting, Hitting, Shaking         Any other means of physical discipline         Not attending to a child's physical needs         Shouting, Cursing, Shaming, Ridiculing         Washing a child's mouth with soap         Putting pepper or other spicy or distasteful items in a child's mouth         Requiring a child to stand on one foot as punishment         Tying child to a cot or other equipment	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	

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

aine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains

ions: Review and determine that each to the supplies for each child in care. Also the	e items are clean, organized, and usable. Commen	t and note below if needed.
⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠ Change of clothes	⊠Heavy Duty Scissors, duct tapel packing tape & sealing plastic/trash bags

⊠Medications	⊠Blanket(s)	
tems in the Disaster Supply Kit are clean, or	rganized, and usable (Y/N)? Y	
mergency Ready-to-Go Pack is available a	and easily accessible in the event of an emergence	y (Y/N)? Y
ocation of The Emergency Ready to go	Pack: Hallway Closet	
tem Specification (if needed):		
Pinesie, Skirt, Shirt, Socks extra AA batteries, Spring time friends Boo Band aids, ointment, gauze, tape, alcohol w 16oz water bottles, 2 cans of corn, green b	ipes, Neosporin, gloves,	
tems to review on xx/xx/xxxx if needed:	N/A	
mergency Documents		
☑Informal Provider Emergency Prep ☑Authorization for emergency medi	paredness Plan (this completed form) cal care	
Planning and Maintenance		
Person responsible for updating the Disast First Name	Last Name  to-Go Pack will be transported to an evacuation	
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# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 07/14/2023	Time In: 2:30PM	Time Out: 4:02PM	Result: PASSED
Informal Care		CONTRACTOR OF STREET	
Type of Care (check one):	n-relative Informal Provider C	are ⊠Relative l	nformal Provider Care
Provider Information			
First Name: Wanda Provider ID #:	Last Name: Brown		Provider ID: <u>518806</u> Email:
Care Location Inspected		er partile cal	
Street Address Address Verified? Yes.	County:	Stat	e Zip Code:
Name of Children in Care (add pages i	f needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/19/2020)	2yr. / Y

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)		
		(09/19/2020)	2yr. / Y		
Safety of the Home					
Directions: Review and determine compliance with ea	ch standard Note	any comments or o	corrective actions needed. Additional		
pages may be used for comments.	Cil Stalldard, 14010	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 Submitte		
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	ng	Y			
Has a working and safe heating system		Y	Thermostat tested by provider for cooling & heating		
Has a working refrigerator and stove		Υ	Tested by provider and observed		
Has a working telephone		Y	Outbound call made to provider's phone		
<ul> <li>Has operational smoke detector(s)</li> </ul>		Υ	Tested by provider and observed		
Has first aid kit/supplies		Y	First aid kit stored in bathroom cabinet		
<ul> <li>Has protective coverings on any electrical accessible to children</li> </ul>	outlet that is	Υ	All outlets covered or occupied		
Harmful items are stored appropriately and away children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items		Y	Stored on back of kitchen counter		
Medications of any kind		Y	Stored in locked cabinet in bathroom		
Matches, lighters and flammable products		Υ	Does not own		
Alcoholic beverages		Υ	Does not own		
Guns		Y	Does not own		
Cleaning agents		Y	Stored in higher level shelf in laundry room		
Poisonous substances		Υ	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	Changing station in provider's bathroom or common bathroom/child is partly potty-traine		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily via mini trash bin		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ			
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:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ			
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:  Physical injury  Any sexual abuse  Mental injury	Υ			
A child in care is not subjected to any form of neglect, including:  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.	Υ			
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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			

The Emergency Ready-to-Go Pack must be a needed medications) and Emergency Docum-		ergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions. Review and determine that each it enough supplies for each child in care. Also the	tem is adequately included in the Disaster Supply Ki ne items are clean, organized, and usable. Commen	t. Be certain that the Disaster Supply Kit contains t and note below if needed.
⊠Flashlight	⊠ Bottled water	
Batteries for Flashlight	⊠Non-perishable food	Backpack(s) or carrying case(s)
☑ Portable First Aid Kit	⊠Diapers	
∑Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	

Location of The Emergency Ready to go Pack: Stored in foyer near exit door    Item Specification (if needed);   1 backpack (carrying case), 2 bubbles and a few toys, folder wif EPP and ECMA, 1 pk of diapers and wipes and ointment, 5 pks of direct foods, 1 blanket, 1 outfit (tophotom), 3 bortled waters, 1 roll of sealing plastic, 2 rolls of duct tape, 1 thermometer, 1 fleahilight, 1 pk of extra batteries, 1 pair of scissors, and 1 first aid kit	Emergency Ready-to-Go Pack is available and easily accessible	in the event of an emergency (Y/	(N)? Y
Signatures   Secure			
a 1 backpack (carrying case), 2 bubbles and a few toys, folder wir EPP and ECMA, 1 pk of diapers and wipes and ointment, 5 pks of dried foods, 1 blanket, 1 outfit (phothorm), 3 bottled waters, 1 roll of sealing plastic, 2 rolls of duct tape, 1 thermometer, 1 flashflight, 1 pk of extra batteries, 1 pair of scissors, and 1 first aid kit    Items to be reviewed on xx/xx/xxxxx; N/A    Emergency Documents	Item Specification (if needed):	er near exit door	
died foods, 1 blanket, 1 outfit (flop/bottom), 3 bottled waters, 1 roll of sealing plastic, 2 rolls of duct tape, 1 inermometer, 1 flashlight, 1 pk of extra batteries, 1 pair of scissors, and 1 first aid kit  2 ltems 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 Wanda  Brown  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 hallway bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. The provider will call, text or email the parent to give emergency updates.  Evacuation Procedures  Primary: The provider will account for the child and grab the ERTG and drive to 1 The provider will secure the child in her forward-facing car seat. Upon arrival the provider will gather the child and ERTG and drive to 1 The provider will call, text or email the parent with emergency updates.  Alternate: If they could not access the primary location, the provider will gather the child and ERTG and drive to 1 school. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from 1 provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from 1 provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from 1 provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from 1 provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from 1 provider will secure the child in her forward-f	1 backpack (carrying case), 2 bubbles and a few toys, for	older w/ EPP and ECMA, 1 pk of	f diapers and wipes and ointment, 5 pks of
Emergency Documents  Sinformal 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  Brown  Last Name Brown  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 hallway bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. The provider will call, text or email the parent to give emergency updates.  Evacuation Procedures  Primary: The provider will account for the child and grab the ERTG and drive to the child in her forward-facing car seat. Upon arrival the provider will receive instruction from the provider will call, text or email the parent with emergency updates.  Alternate: If they could not access the primary location, the provider will gather the child and ERTG and drive to school. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from the provider will receive instruction from the provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from the provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from the provider will receive instruction from the provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from the provider will rec	dried foods, 1 blanket, 1 outfit (top/bottom), 3 bottled wa	aters, 1 roll of sealing plastic, 2	rolls of duct tape,1 thermometer, 1
Emergency Documents  Sulfnormal Provider Emergency Preparedness Plan (this completed form)  Sulfnormal Provider Emergency medical care  Planning and Maintenance  Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  First Name  Wanda  Brown  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 hallway bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. The provider will call, text or email the parent to give emergency updates.  Evacuation Procedures  Primary: The provider will account for the child and grab the ERTG and drive to the child in her forward-facing car seat. Upon arrival the provider will receive instruction from provider will call, text or email the parent with emergency updates.  Alternate: If they could not access the primary location, the provider will gather the child and ERTG and drive to school. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from provider will receive instruction from provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from provider w	flashlight, 1 pk of extra batteries, 1 pair of scissors, and	1 first aid kit	
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Printed Name:  Signature:  Signature:  Signature:	been discussed. The parties also acknowledge that, if approve	that all standards have been revious, the home in which care is proven	ewed, and any corrections if needed have vided is subject to random, unannounced
Signature: Signature:	PROVIDER		INSPECTOR
Signature.	Printed Name: WANDA BLOWN	Printed Name:	
Date: 07/14/2023 Phone: 1-877-227-0125	Signature:	Signature:	
	AR		Dhara 4 077 007 0405

⊠Virtual Inspection
□In-person Inspection

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.g ov

		IIN	SPECTION CF	IECKLIST		
Inspection Date: 07/21/2022		Time	In: 1:45PM	Time Out: 2:50PI	M Result	: Follow-Up Needed
Follow Up 07/22/2022			In : 11:00AM	Time Our: 11:07/	ı	ED if returned by 5 pm on
Informal Care						
Type of Care (check one):		ve Info	rmal Provider Ca	are	Informal Pro	vider Care
Provider Information						
First Name: Towanda		Last N	Name: Burrell		Provid	er ID: 490897
Provider ID #:					Email:	
Care Location Inspected						
Street Address: Address Verified? Yes	City:		County:	State	Z	p Code:
Name of Children in Care (a	dd pages if need	ed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
				9/13/2014	7 / Yes	
				10/30/2018	3 / Yes	
Safety of the Home						
Directions: Review and determ	ine compliance w	vith eac	h standard. Note	any comments or co	orrective action	ens needed. Additional
pages may be used for commer						d, n/a – Not Applicable
Health and Safety Training:				Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed
Basic Health and Safety Train	ing Completed?	•		Y	Completio	n Certificate Submitted
Home is free of health and s	afety hazards:			Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed
				l v	1	
Is in good repair				Y	ļ	
Is free of insect or ro				Y	No sign of	infestation
				Y Y		
Is free of insect or ro     Is well-lit and well-ve     Has hot and cold run	ntilated ning water			Y Y Y	Steam Obs	
Is free of insect or ro     Is well-lit and well-ve     Has hot and cold run     Has a working inside	ntilated ning water toilet			Y Y Y		
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki	ntilated ning water toilet ng, lighting and		g	Y Y Y Y	Steam Obs	erved
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s	ntilated ning water toilet ng, lighting and afe heating syst	em	g	Y Y Y Y Y Y	Steam Obs	
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige	ntilated ining water toilet ng, lighting and afe heating systerator and stove	em	g	Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta	erved t dia <b>l</b> ed up to 82
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph	ntilated ning water toilet ng, lighting and afe heating systerator and stove	em	g	Y Y Y Y Y Y Y Y Y Y	Steam Obs	erved t dia <b>l</b> ed up to 82
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s)	em	g	Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta	t dia <b>l</b> ed up to 82
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo	ntilated ining water toilet ng, lighting and afe heating systerator and stove none ke detector(s)	em		Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta	erved t dia <b>l</b> ed up to 82
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo	ntilated ining water toilet ng, lighting and afe heating systemator and stove none ke detector(s) lies ings on any elec	em		Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta	t dialed up to 82 cell called gauze, scissors, tape, wipes
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/suppl Has protective cover	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s) lies ings on any elect	em ctrica <b>l</b> c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta Provider's of Band aids, Covered or	t dialed up to 82 cell called gauze, scissors, tape, wipes
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/suppl Has protective cover accessible to children  Harmful items are stored ap	ntilated ining water toilet ng, lighting and afe heating systemator and stove none ke detector(s) lies ings on any elect	em ctrica <b>l</b> c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Standard Met	Steam Obs Flushed Thermosta Provider's of Band aids, Covered or	t dialed up to 82  cell called  gauze, scissors, tape, wipes  in use
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/suppl Has protective cover accessible to childred  Harmful items are stored ap children:	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s) lies ings on any elector	em ctrica <b>l</b> c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Standard Met Y/N	Steam Obs Flushed Thermosta Provider's of Band aids, Covered or	t dialed up to 82  cell called  gauze, scissors, tape, wipes  in use
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/supp Has protective cover accessible to children Harmful items are stored ap children: Sharp or pointed items	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s) ies ings on any elect propriately and	em etrical c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta Provider's of Band aids, Covered or	t dialed up to 82  cell called  gauze, scissors, tape, wipes  in use
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has utilities for cooki Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/suppl Has protective cover accessible to childred Harmful items are stored apchildren: Sharp or pointed item Medications of any kellocations.	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s) ies ings on any elect propriately and	em etrical c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermosta Provider's of Band aids, Covered or Comments/	t dialed up to 82  cell called  gauze, scissors, tape, wipes  in use
Is free of insect or ro Is well-lit and well-ve Has hot and cold run Has a working inside Has a working and s Has a working refrige Has a working teleph Has operational smo Has first aid kit/supp Has protective cover accessible to children Harmful items are stored apchildren: Sharp or pointed item Medications of any k Matches, lighters and	ntilated ning water toilet ng, lighting and afe heating systerator and stove none ke detector(s) ies ings on any elect propriately and	em etrical c	outlet that is	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Steam Obs Flushed Thermostal Provider's of Band aids, Covered or Comments/ Corrective of	t dialed up to 82  cell called  gauze, scissors, tape, wipes  in use

Poisonous substances	Y	Other than medications and cleaning solutions
	Standard Met	Comments/Notes
GENERAL CLEANLINESS STANDARDS	Y/N	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	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • 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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services Unit.</u>	Y	

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**

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games

⊠Thermometer

□ Change of clothes

⊠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 front door

#### Item Specification (if needed):

2 flashlights, 2 D batteries, 4 16oz Water bottles, Chunky vegetable soup, Spaghettios, 4 bowls of microwavable ramen noodles, 2 shirt, shorts, pants, One large blanket, Dr. Seuss books, toys Band-Aids, gauze, thermometer antiseptic wipes

Items to review on 07/22/2022 if needed: Observed

First Aid for ERTB - Observed 7/22/2022

Game or flash cards for ERTB Observed 7/22/2022

Е	m	е	rg	e	n	C	v	D	O	C	u	m	е	'n	ts

☑ Informal Provider Emergency Preparedness Plan (this completed form)

#### 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

### Shelter In Place Procedure:

The provider will gather the children, ERTB and proceed to the bathroom in the basement. The bathroom has one window and one door. The provider will call the parent as soon as they are secure.

### **Evacuation Procedures:**

The provider will gather the children, get the ETGB, and they wi	II ·	that is approximately a
Once there the school will direct the	em wnere to snetter. The provider will call the p	arent as soon as they are
safe and secure.		

If they cannot shelter at the school, the provider will call her sister to come and pick them up.

before they proceed to the provider's home which is the alternate evacuation location. Once at the home, they will shelter in the basement that has one door and one small window. The provider will call the parent as soon as they are safe and secure.

### 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.

F-F							
P	PROVIDER			INSPECTOR			
Printed Name: Towanda E	Burrell			Printed Name:			
Signature:				Signature:			
Date: 07/22/2022	Phone			Date: 07/22/2022	Phone: 1-877-227-0125		

⊠Virtual Inspection
□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.g ov

Inspection Date: 11/02/2022	Time In: 1	0:30AM	Time Out: 11:26A	M Result: P	ASSED
Informal Care					
Type of Care (check one): ☐ No	n-relative Informal	Provider Ca	are ⊠Relative I	nformal Provide	er Care
Provider Information		-			
First Name: Stephanie	Last Name	: Burton		Provider II	D: <b>445915</b>
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes	City:	County	: State	Zip C	ode:
Name of Children in Care (add pages	if needed) Sc	holarship	Date of Birth	Age /	Present (Y/N)
			7/18/2020	2 / No, With	Great Grandparent
			2/19/2014	8 / No, At S	chool
			6/23/2010	12 / No, At S	chool

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or o	corrective actions needed. Additional  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?	Υ	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>	Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	Thermostat Dialed down
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Provider's cell called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Band-Aids, ointment , gauze, tape, gloves, Alcoho wipes, tourniquet, pain relief, burn relief
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Upper cabinet
Medications of any kind	Y	Upper cabinet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	Upper cabinet
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	Locked in Laundry room
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	The state of the s
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:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
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:         Physical injury         Any sexual abuse         Mental injury	Υ	necessarily in necess
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <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 local Department of Social Services Child Protective Services Unit.	Y	

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**

		and here below it it fleeded.
⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠ Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	
⊠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	ne event of an emergency (Y/N)	?Y
Location of The Emergency Ready to go Pack: At the bottom of	stairs in the basement	
Item Specification (if needed):		
3 shirts, 1 tank top, 3 pants,3 pairs socks, 7 Diapers and box wipes		
12 extra AAA & batteries for 3 flash lights, tarps, 3 blankets		
Band aids, ointment, gauze, tape, alcohol wipes, ointment, gloves, p	ain relief, tweezers, whistle	
6 16oz water bottles, 2 Gatorades, 5 Tuna kits, 16 oz bag of beef jerk	y, 3 slim jims snacks, Peanut b	utter cracker, ritz, fruit snacks,
Items to review on xx/xx/xxxx if needed: N/A		
Emergency Documents		
☑Informal Provider Emergency Preparedness Plan (this compared the provider Emergency Preparedness Plan (this compared the prepared the prepare	pleted form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly	:
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation locatio	n:
Shelter In Place Procedure:		
The provider will grab the children, grab the ERTB from basement,	and shelter to the family room	away from windows. The room has
one patio glass door. If the need should arise the provider will use p once they are situated and secure.	lastic and tape to seal the she	lter. The provider will call the parent
ones may are studied and secure.		
Evacuation Procedures:		
The provider will grab the emergency bag, have the children line up	at the front door, then proceed	d to the provider's vehicle where she
will secure the baby in car seat and the older children their seatbelts	, before driving to the primary	evacuation location, which is
Once at the location, they will shelter in the provider will call the parents before leaving the care location and im-	main meeting room which has mediately after they are secur	five windows and two doors. The
If they couldn't shelter at the primary location, they will go to the alte		
The provider will grab the emergency bag, have the children	line up at the front door, then	proceed to the provider's vehicle where
sne will secure the baby in car seat and the older children their seat	pelts, before driving to the loca	ation. The provider will call before
the provider will use plastic and tape to seal the shelter. The provider	mily room that has two windov r will call the parents before le	v and one door. If the need should arise
immediately after they are secure in the alternate evacuation locatio	n.	aving the sale lesation and
Signatures & Date		· ·
Acknowledgement: By signing below the parties acknowledge that all	standards have been reviewe	d, and any corrections if needed have
been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	nome in which care is provided	d is subject to random, unannounced
PROVIDER	1	NSPECTOR
Printed Name: Stephanie Burton	Printed Name:	
Signature:	Signature:	
Date: 11/02/2022   Phone:	Date: 11/02/2022	Phone: 1-877-227-0125
- I O TO TO TO		

⊠Virtual Inspection ☐ In-person Inspection

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE

	114	SPECTION C	IECKLIS I		
Inspection Date: 10/01/2021	Time	In: 10:30 am	Time Out: 11:28 a	Result: Ap	proved if returned by <u>5:00 pm on</u>
Informal Care	S dis	Physical Edit			- 16 d - 21 d
Type of Care (check one):   N	on-relative Info	rmal Provider Ca	are ⊠Relative I	nformal Provide	er Care
Provider Information					
First Name: Stephanie	Last I	Name: Burton		Provider II	D: 445915
ID #:				Email:	
Care Location Inspected					
Street Address: Verified?: Yes		City	County	/ State	Zip Code
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			6/23/2010	11 years/ Y	
Residence			2/19/2014	7 years / Y	
			7/18/2020	1 year /Y	
				1	
		1		1	
				/	
Safety of the Home	. Tan 1945.				
Directions: Review and determ Additional pages may be used		e with each stand			actions needed. n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/No Corrective Ac	otes tion /Timeframe if needed
Basic Health and Safety Tra	ining Complete	ed?	N/A		
Home is free of health and safety hazards:		Standard Met Y/N	Comments/No Corrective Ac	otes tion /Timeframe if needed	
Is in good repair		Y			
<ul> <li>Is free of insect or rodent inf</li> </ul>	estation		Y		
<ul> <li>Is well-lit and well-ventilated</li> </ul>			Y	-	
<ul> <li>Has hot and cold running wa</li> </ul>	ater		Y	SHOWER TUI	RNED ON. BATHROOM STEAMED
Has a working inside toilet			Y	Ob	served 4 burners turn red

Has utilities for cooking, lighting and heating Has a working and safe heating system

Has protective coverings on any electrical outlet that is

Has a working refrigerator and stove

Has operational smoke detector(s)

Harmful items are stored appropriately and away from

Matches, lighters and flammable products

Has a working telephone

Has first aid kit/supplies

accessible to children

Sharp or pointed items

Medications of any kind

Alcoholic beverages

Guns

children:

Υ

Υ

Υ

Y

Y

Υ

Υ

Y

Standard Met

Y/N

Y

OBSEVED TEMP TURNED UP.

Scissors, gloves, bandages, tourniquet, gauze,

REFRIGERATOR LIGHTS TURNED ON.

Corrective Action /Timeframe if needed

Kept n a shelf in the bedroom closet.

1 lighter kept in a high drawer.

HEARD TELEPHONE RING.

Test button pressed

Neosporin.

5 outlet covers.

Comments/Notes

Kept in a cabinet

Not kept in the home

Not kept in the home

Cleaning agents	Υ	Baby gate kept up. Children does not have access to the kitchen.
Poisonous substances	Y	Not in the home.
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 changing pad kept on a shelf and the child is changed on a large ottoman.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Kept in a trash bin outdoors.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	Hands are washed and provider wears gloves. Washes child's hands as well.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Tolleting; 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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurls a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment  The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services	Y	

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.

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Batteries	⊠Non-perishable	food	⊠Backpack(s) or carrying case(s)		
☑ Portable First Aid Kit	⊠Diapers		☑Consider special toys or games		
⊠Thermometer	⊠Change of cloth	nes	⊠Scissors, tape & sealing plastic		
	⊠Blanket(s)		_		
Items in the Disaster Supply Kit are clean, organize	ed, and usable (Y/N)	? Y			
Emergency Ready-to-Go Pack is available and ea	sily accessible in the	event of an emergency (Y/N)?	Y		
Emergency Ready To Go Pack Located in a tote in t	ne closet near the fro	nt door.			
<ul> <li>Children does not take medication.</li> <li>4 bottles of 33 oz water &amp; a life straw to filte</li> <li>Canned Tuna, Peanut Butter, Fruit Cups.</li> <li>11 Diapers and a pack of wipes.</li> <li>Tops, Underwear, and bottoms for all child</li> <li>3 individual blankets.</li> <li>EPP and ECMA for each child in a blue fole</li> <li>Rattle for baby and IPad for children.</li> </ul>	<ul> <li>Flash light</li> <li>Case of AA and AAA Batteries</li> <li>First Aid Ki: ACE bandage, Ointment, Ibuprofen, Gauze, Bandages, Compass, Whistle, Tweezers</li> <li>Children does not take medication.</li> <li>4 bottles of 33 oz water &amp; a life straw to filter undrinkable water.</li> <li>Canned Tuna, Peanut Butter, Fruit Cups.</li> <li>11 Diapers and a pack of wipes.</li> <li>Tops, Underwear, and bottoms for all children</li> <li>3 individual blankets.</li> <li>EPP and ECMA for each child in a blue folder.</li> <li>Rattle for baby and IPad for children.</li> </ul>				
Emergency Documents					
⊠Informat Provider Emergency Preparedn	ess Plan (this como	leted form)			
		,			
Planning and Maintenance					
Person responsible for updating the Disaster Sup	oly Kit and the Eme	rgency Documents regularly:	2 1 2 V 2 2 del 2 min		
First Name	Last Name				
Description of how the Emergency Ready-to-Go I	Pack will be transpo	rted to an evacuation location			
Shelter In Place: Provider will gather the children and the ERGB in contact the parent.	the common area (	1 door 0 Windows), Once saf	e in the common room the provider will		
Evacuation:					
Line the children up at the door, grab shoes and the ERGB and head to the car where will be put in the car seat and the older children will be secured in a seat belt Provider will drive to the where she will gain entry by the administrator will shelter in the main meeting area (3 doors 4 windows.) If the provider cannot shelter here the provider will contact the parent and gather the children and the bag. Secure the children in the seat belts and car seat and head to a relative's home in Dc. The provider has an agreement with the home owner that she is able to shelter at this location. Provider and children will shelter in the main dining area (1 door 1 window) Once secured the provider will contact the parent.					
Signatures & Date	Signatures & Date				
Acknowledgement: By signing below the parties a been discussed.	cknowledge that all	standards have been reviewe	d, and any corrections if needed have		
PROVIDER		ı	NSPECTOR		
Printed Name: Stephanie Burt	TOR	Printed Name:			
Signature:		Signature:			
Date:   -/2-202  Phone:		Date: 10/01/2021	Phone: 1-877-227-0125		

⊠Virtual Inspection □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

Inspection Date: 01/06/2023	Time In: 10:30AM Time In: 3:55PM	Time Out: 11:58AM Time Out: 4:03PM	Result: Follow-up Required Follow-up Result: PASSED
Informal Care	DI CERCE DE LA CONTRACTOR DE LA CONTRACT		
Type of Care (check one):	n-relative Informal Provider	Care ⊠Relative Inf	ormal Provider Care
Provider Information		1	
First Name; Laura Provider ID #.	Last Name: Bustar	nante	Provider ID: Email:
Care Location Inspected			
Street Address: City. Address Verified? Yes.	County:	State Zip	Code:
Name of Children in Care (add pages	reeded) Scholarship	Date of Birth	Age / Present (Y/N)
		11/6/2013 9	/ No, at school
		7/11/2016 6	/ No, at school

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.		orrective actions needed. Additional 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 - Completed
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 natural lighting
Has hot and cold running water	Y	Cold/Hot water tested by provider
Has a working inside toilet	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	Tested by provider
Has a working refrigerator and stove	Y	
Has a working	Y	Working cellphone, provider using her phone for inspection
Has operational smoke detector(s)	Y	Test alarm tested by provider for
Has first aid kit/supplies	Y	Band-Aids and alcohol wipes
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets were 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	Under the sink in a locked cabinet
Medications of any kind	Y	High level cabinet
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Bar area but had a gate to blocked access for children
Guns	Y	In lock box on high level shelf, provider displayed weapon within case and that the case is code-par- locked
Cleaning agents	Y	Under the sink in a locked cabinet
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 disper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children in care
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Tolleting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.	٧	
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:  Physical injury  Any sexual abuse  Mental injury	¥	
A child in care is not subjected to any form of neglect, including:  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.	¥	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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	

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

### Disaster Supply Kit

SIFlashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Dispers (N/A)	⊠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, on	rganized, and usable ("	Y/N)7 Yes	
Emergency Ready-to-Go Pack is available at	ind easily accessible in	the event of an emergence	v (Y/N)? Yes
Location of The Emergency Ready to go P			3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
2007	Leck. Locked in Mast	at pagroom	
Item Specification (if needed):			
- 2 flashlights, 1 pk of batteries, 1 first	and his		
canned food items, no diapers, 2 auet	AIG KIT		ermometer, 3 bottled waters, 4
1 carrying case duffle had 3 town 1 m	ns and underwear 1 s	et per shild. Folder with	ermometer, 3 bottled waters, 4 EPP and 1 set of ECMA documents per child
		or unct tabe, a neavy d	luty trash bags, 1 large blanket in smaller ba-
Items to review on 01/06/2023 if needed: Re	eviewed and correcte	id on 01/08/23 @ 3:55pm	
- Child's prescribed medication in to-go			
Stille a prescribed medication in to-go	o bag		
Emergency Documents			
The state of the s		Constitution from the	
⊠Informal Provider Emergency Prepar ⊠Authorization for emergency medical	redness Plan (this cor	ripleted form)	
	I care		
Planning and Maintenance			
Person responsible for updating the Disaster : First Name	Supply Kit and the En	nergency Documents reg	ularly:
Laura	Last Name Bustamente		
Description of how the Emergency Ready-to-C	Go Pack will be transp	orted to an evacuation in	ocation: Carried
		TO THE STATE OF TH	ocalion, carried
Shelter In Place Procedure			
- The provider will gather both children and	d emergency had an	Chand into the Late	(1 door 0 windows). Provider will lock and
seal the door with the sealing plastic and	d duct tana. Drouider	nead into the bathroom	(1 door 0 windows). Provider will lock and they are settled in the emergency location
and stay until the emergency is over.	a saw tape, Flowder	will call the parent once	they are settled in the emergency location
vacuation Procedures:			
Primary Location			
<ul> <li>Provider will grab the emergency bag an other child in car seat. Both children will</li> </ul>	nd the children and he	ad to the car and 1 child	will be placed in a booster cost and the
other child in car seat. Both children will			
Provider will call the parent on the way to	Once inside the	provider and children will	go into the
parent again.	o evacuation location	and once they are settle	go into the d and safe in the location she will call the
Iternate Location:			
- Provider will grab the emergency has any	el ebildens and atoms	- 102000	
will drive to the children's home in which	children and place t	hem in their booster and	car seat with seatbelts strapped. Provider
window) for shelter. Provider will call the	parant open she sell	or access, upon arrivar t	hey will go to the basement (1 door 1 in the home with the children, as well as has
a phone notification that alerts the parent	t when she arrives at	the home	n the home with the children, as well as has
11) and the second second second second second second	CONTRACTOR OF THE PARTY OF THE	no nome.	
gnatures & Date			
knowledgement. By signing helpsy the goding	acknowledge that all	Mandaula ka	
een discussed. The parties also acknowledge the purpose which will be conducted virtually or in	hat, if approved, the h	ome in which care is now	ewed, and any corrections if needed have
	n-person.		rived to sourject to random, unannounced
PROVIDER			INSPECTOR
aura Bustamante		Printed Name:	
		Signature:	
fig: 1/7/22 Phor		AND COLOR	
111123 11101		Date: 01/06/2023	Phone: 1-877-227-0125
DE OCC Informal Care Inspection Checklist		Page 3 of 4	110000000000000000000000000000000000000
			Revised 10/2021

Sharp or pointed items

Medications of any kind

Alcoholic beverages

Poisonous substances

Cleaning agents

Guns

Matches, lighters and flammable products

## Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.g ov

	1	NSPECTION C	HECKLIST		
Inspection Date: 8/4/2023	Time In: 2:30PM		Time Out: 3:30P	PM Result PASSED	
Informal Care					
Type of Care (check one):	☐ Non-relative Inf	formal Provider C	are MDoletium	Information of the contract of	
Provider Information		- Tovidei C	are Mikelative	Informal Provider Care	
First Name: Maxine	Last	Name: Butler		Provider ID: 424122	
Provider ID #:		reame. Datiel		Email:	
Care Location Inspected				Lital	
Street Address: Address Verified? Yes	City:	County:	State	Zip Code:	
Name of Children in Care (	add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			1/19/2018	5 / Yes	
			2/13/2012	10/ Yes	
			10/26/2010	12/ With Parent	
			1012012010	The state of the s	
Safety of the Home	Established management				
	nina compliance with as	ob otendered Mate			
pages may be used for comme	mine compilance with ea ints.	ich standard, Note		corrective actions needed. Additional 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 Trail	ning 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	Yes, home is in good repair		
Is free of insect or rodent infestation		Y	No sign of infestation		
Is well-lit and well-ventilated		Y	Yes, Well lit and Ventilated		
Has hot and cold running water		Y	Steam Observed		
Has a working inside toilet		Y	Flush observed		
Has utilities for cooking, lighting and heating		ng	Y	Electric Stove lit	
Has a working and safe heating system		Y	Thermostat turned up and down		
Has a working refrigerator and stove		Y	Light Turned on When Opened		
Has a working telephone		Y	Provider's cell was called		
Has operational smoke detector(s)		Y	Alarm sounded		
<ul> <li>Has first aid kit/supp</li> </ul>	olies		Y	Band aids, antiseptic wipes, gauze tape	
<ul> <li>Has protective cove accessible to childre</li> </ul>	rings on any electrical en	outlet that is	Y	Covered, behind furniture or in use	
Harmful items are stored appropriately and away from children:		Standard Met	Comments/Notes		

Moved to Higher Cabinet

Moved to Higher cabinet

Upper shelf in linen closet

Other than medications and cleaning solutions

None

Y

Y

Y

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	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Υ	
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		
Emergency Ready-to-Go Pack  The Emergency Ready-to-Go Pack must be available and easily accessible in needed medications) and Emergency Documents.	n the event of an em	nergency. This contains a Disaster Supply Kit (includi
Disaster Supply Vit	Charles College	

### Disaster Supply Kit

⊠Flashlight	⊠Bottled water	□ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	
⊠Thermometer	⊠Change of clothes	
⊠Medications N/A	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organized, and	usable (Y/N)? V	
Emergency Ready-to-Go Pack is available and easily acce	ssible in the event of an amount	
Location of The Emergency Pandut	(Y	//N)? Y
Location of The Emergency Ready to go Pack: Provide	er's Bedroom	
Item Specification (if needed):		
1 AA batteries, 4 AAA, 3C batteries, 3 Shorts, 3 shirts, 3 si 3 1607 bottles of water, 4 807 water, 2 copp and about Day	ox, 3 underwear's,	200
3 16oz bottles of water, 4 8oz water, 2 cans each chef Boy Band-Aids' Neosporin, tape, Benadryl cream, gauze,	ardee lasagna, 6 Oatmeal bars, 3 sna	ack Cheetos bags, 3 Welch's fruit snacks
, and a second		
Items to review on xx/xx/xxxx if needed: N/A		
mergency Documents		
⊠Informal Provider Emergency Preparedness Plan	(this completed form)	
	. (4115 4511)	
lanning and Maintenance		
Person responsible for updating the Disaster Supply Kit a	nd the Emergency Documents requi	arhc .
	me Butler	arry.
	The Date	
helter In Place Procedure:  he provider will grab the children, grab the ERTB from be our and four windows. If the need should arise the provides soon as she has to shelter in place.  vacuation Procedures:	asement, and head to the lower leve der will use plastic and tape to seal t	el family room to shelter. The room has one he shelter. The provider will call the paren
the provider will grab the children, grab the ERTB from become and four windows. If the need should arise the provides soon as she has to shelter in place.  Evacuation Procedures: The provider will grab the emergency bag, gather the childrent, in seat belts the in car, before provider will window and one door. The provider will call the parents of the evacuation location.  For the alternate evacuation location, The provider will graphicle where she will secure car seat, once at the location, the provider will inquire where they come as the location, the provider will inquire where they can be considered to the location, the provider will inquire where they can be considered to the location, the provider will inquire where they can be careful to the location, the provider will inquire where they can be careful to the location, the provider will inquire where they can be careful to the location, the provider will inquire where they can be careful to the location, the provider will inquire where they can be careful to the location, the provider will inquire where they can be careful to the location to th	dren, then proceed to the provider's driving to the primary evacuation location. The way to the evacuation location ab the emergency bag, gather the character shelter. The provider will call the can shelter. The provider will call the	vehicle where she will secure which has no and immediately after the provider's before driving to the
The provider will grab the children, grab the ERTB from be loor and four windows. If the need should arise the provider soon as she has to shelter in place.  Evacuation Procedures: The provider will grab the emergency bag, gather the childrent, in seat belts the in car, before provider will in seat belts the in car, before window and one door. The provider will call the parents of the evacuation location.  For the alternate evacuation location, The provider will graphicle where she will secure the car seat, once at the location, the provider will inquire where they can mediately after they are secure in the alternate evacuation.	dren, then proceed to the provider's driving to the primary evacuation location. The way to the evacuation location ab the emergency bag, gather the character shelter. The provider will call the can shelter. The provider will call the	vehicle where she will secure which has no and immediately after the provider's before driving to the
the provider will grab the children, grab the ERTB from becor and four windows. If the need should arise the provide soon as she has to shelter in place.  Evacuation Procedures: The provider will grab the emergency bag, gather the childrent, in seat belts the in car, before Provider will window and one door. The provider will call the parents of the evacuation location.  For the alternate evacuation location, The provider will graphicle where she will secure the car seat, once at the location, the provider will inquire where they commediately after they are secure in the alternate evacuation in the alternate ev	dren, then proceed to the provider's driving to the primary evacuation location.  Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the chin seat belts the in car can shelter. The provider will call the tion location.	vehicle where she will secure
the provider will grab the children, grab the ERTB from be corrected and four windows. If the need should arise the provider soon as she has to shelter in place.  Evacuation Procedures: The provider will grab the emergency bag, gather the childrent, and the provider will in seat belts the in car, before provider will window and one door. The provider will call the parents of the evacuation location.  For the alternate evacuation location, The provider will graphicle where she will secure the car seat, and once at the location, the provider will inquire where they can mediately after they are secure in the alternate evacuation location.  Figure 8 Date acknowledgement: By signing below the parties acknowledge that, if applied the car also acknowledge that ackno	dren, then proceed to the provider's driving to the primary evacuation location.  Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the chin seat belts the in car can shelter. The provider will call the tion location.	vehicle where she will secure vehicle which she will secure vehicl
helter In Place Procedure:  he provider will grab the children, grab the ERTB from become and four windows. If the need should arise the provides soon as she has to shelter in place.  vacuation Procedures:  he provider will grab the emergency bag, gather the childrent in seat belts the in car, before Provider will in seat belts the in car, before Provider will window and one door. The provider will call the parents of the evacuation location.  or the alternate evacuation location, The provider will graphicle where she will secure car seat, where they can be at the location, the provider will inquire where they can mediately after they are secure in the alternate evacuation location.  In the provider will inquire where they can be alternated evacuation location. The provider will inquire where they can be alternated evacuation location. The provider will inquire where they can be alternated evacuation location.  In the provider will be alternated evacuation location.	dren, then proceed to the provider's driving to the primary evacuation location.  Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the chin seat belts the in car can shelter. The provider will call the tion location.	vehicle where she will secure vehicle which she will secure vehicl
the provider will grab the children, grab the ERTB from becor and four windows. If the need should arise the provide soon as she has to shelter in place.  I wacuation Procedures: The provider will grab the emergency bag, gather the childrent.  Provider will in seat belts the in car, before in seat belts the in car, before will window and one door. The provider will call the parents one evacuation location.  For the alternate evacuation location, The provider will graphicle where she will secure the car seat, wince at the location, the provider will inquire where they can at the location, the provider will inquire where they can mediately after they are secure in the alternate evacuation in the alternate evacuation in the parties acknowledgement. By signing below the parties acknowledge on up visit which will be conducted virtually or in-person.  PROVIDER	dren, then proceed to the provider's driving to the primary evacuation location.  Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the chin seat belts the in car can shelter. The provider will call the tion location.	vehicle where she will secure vehicle where she will secure vation, etter in the and immediately after they are secure in hildren, then proceed to the provider's to before driving to the expansion parents on the way to the location and hiewed, and any corrections if needed have wided is subject to random, unannounced
the provider will grab the children, grab the ERTB from be corrupted four windows. If the need should arise the provider soon as she has to shelter in place.  Evacuation Procedures: The provider will grab the emergency bag, gather the childrent will grab the emergency bag, gather the childrent will grave will window and one door. The provider will call the parents of the evacuation location.  For the alternate evacuation location, The provider will grave ehicle where she will secure car seat, once at the location, the provider will inquire where they can be considered after they are secure in the alternate evacuation and the alternate evacuation in the alternate evacuation in the alternate evacuation.  For the alternate evacuation location, the provider will inquire where they can be considered after they are secure in the alternate evacuation.  For the alternate evacuation location, the provider will inquire where they can be considered as the location where they are secure in the alternate evacuation in the alternate eva	dren, then proceed to the provider's driving to the primary evacuation location.  Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the character in seat belts the in car can shelter. The provider will call the tion location.	vehicle where she will secure vehicle where she will secure vation, etter in the and immediately after they are secure in hildren, then proceed to the provider's to before driving to the expansion parents on the way to the location and hiewed, and any corrections if needed have wided is subject to random, unannounced
Provider will window and one door. The provider will call the parents of the evacuation location. For the alternate evacuation location, The provider will gra- tehicle where she will secure car seat, Once at the location, the provider will inquire where they of mmediately after they are secure in the alternate evacuation  Signatures & Date	dren, then proceed to the provider's driving to the primary evacuation loc Once at the location, they will she in the way to the evacuation location ab the emergency bag, gather the chin seat belts the in car can shelter. The provider will call the tion location.  Drinted Name:	vehicle where she will secure vehicle where she will secure vation, etter in the and immediately after they are secure in hildren, then proceed to the provider's to before driving to the expansion parents on the way to the location and hiewed, and any corrections if needed have wided is subject to random, unannounced

✓ Virtual Inspection

# Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

- Inaper	ction Date: 08/11/2021	Time In: 3:30 P	M Time Out 4:12	PM Res	ult: PASSED
Info	mal Care				
Type of (	Care (check one):   Non-relative	Informal Provide	er Care Relativ	e Informal P	Provider Care
	der Information				The state of the s
First I	Name: Maxine	Last Name: But	dar	Prov	vider ID: 424122
		Last Name, Du	ier	Ema	ail:
Care	Location Inspected			tini (1)C	
To the Contract of the Contrac	Address:	City:	County:		State: Zip Code:
50661		Sity.	County.	19	zip code:
Name	of Children in Care (add pages if nee	ded) Scholan	ship Date of Birth	Age	/ Present (Y/N)
			10/26/2010	10	/ N
	244		02/13/2012	8	7 N
			01/19/2018	3	/ N
					1
					1
		10000000			1
Safe	ty of the Home				
	Directions: Review and determine con Additional pages may be used for con				
Healt	Applicable	ments.	Standard Met	Commen	ussed, n/a – Not ts/Notes
Healti	Applicable hand Safety Training:		Standard Met	Commen	ts/Notes e Action /Timeframe if needed
	Applicable h and Safety Training: Basic Health and Safety Training C	ompleted?	Standard Met Y/N N/A	Commen Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care
	Applicable hand Safety Training:	ompleted?	Standard Met	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care
	Applicable h and Safety Training: Basic Health and Safety Training C is free of health and safety hazards	ompleted?	Standard Met Y/N N/A Standard Met	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable  h and Safety Training:  Basic Health and Safety Training Cook is free of health and safety hazards  Is in good repair	ompleted?	Standard Met Y/N N/A Standard Met Y/N	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training Cooks is free of health and safety hazards Is in good repair Is free of insect or rodent infestation	ompleted?	Standard Met Y/N N/A Standard Met Y/N Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training C is free of health and safety hazards Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated	ompleted?	Standard Met Y/N N/A Standard Met Y/N Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training Cooks is free of health and safety hazards Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet	ompleted?	Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training Cook is free of health and safety hazards Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and	ompleted?	Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training Cook is free of health and safety hazards Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating sys	ompleted?	Standard Met Y/N N/A Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
Home	Applicable h and Safety Training: Basic Health and Safety Training Cook is free of health and safety hazards Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating sys Has a working refrigerator and stove	ompleted?	Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comment Correctiv	ts/Notes e Action /Timeframe if needed Relative Informal Care ts/Notes
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Guns	Y	
Cleaning agents	Υ	
Poisonous substances		
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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	The trash/recycling goes out daily
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:  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:  Physical injury  Any sexual abuse  Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  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:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	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	

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.

Flashlight

**Bottled** water

Folder or binder for EPP documents

Consider special toys or games

Batteries

Non-perishable food

Backpack(s) or carrying case(s)

Portable First Aid Kit

Diapers

MSDE OCC Informal Care Inspection Checklist 2020-03-26

√ Thermometer	✓ Change of clothes	✓ Scissors, tape & sealing plastic
✓ Medications	✓ Blanket(s)	
Items in the Disaster Supply Kit a	are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is	available and easily accessible in the event of an em	nergency (Y/N)? Y
Disaster Supply Kit Comments/N	otes: All items were displayed on the camera and pad	cked well in the to-go bag.
Emergency Documents		
<ul> <li>✓ Informal Provider Emergen</li> <li>✓ Authorization for emergence</li> </ul>	cy Preparedness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating t	the Disaster Supply Kit and the Emergency Docum	nents regularly:
First Name	Last Name	
Description of how the Emergence with the children.	y Ready-to-Go Pack will be transported to an evac	cuation location: She will transport the bag in her car

Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.					
Printed Name: Maxine Butler	Printed Name:				
Signature:	Signature:				
Date: 8/11/2021 Phone:	Date: 08/11/2021 Phone: 1-877-227-0125				