

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

B

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.

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov or
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Inspection Date: 09/02/2022	Time In: 3:30 PM	Time Out: 4:21 PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Christina	Last Name: Baierlein	Provider ID: 493093
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(11/10/2020)	1yr	/	N
[REDACTED]		(01/03/2015)	7yr	/	N
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Very tidy
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Well-lit and ventilated
• Has hot and cold running water	Y	Tested and observed by provider
• Has a working inside toilet	Y	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	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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
• Cleaning agents	Y	Locked cabinet in kitchen

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ 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)? **Yes.**Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? **Yes, stored in master bedroom closet****Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

Itemized List: 1 flashlight, AA extra batteries, no specific meds, 2 blankets, 2 canned foods, baby food, 3 bottled waters, 1 thermometer, diapers & wipes, 2 outfits/1 per child, 1 first aid kit, 1 backpack carrying case, 1 small toy, 2 books, 1 roll of duct tape, 2 trash bags, 1 pair of scissors, Folder w/ EPP and ECMA forms.**Shelter-in-Place Procedures:** Provider will take the children and emergency bag and go into the master bedroom closet (1 door 0 windows), will call 911 and then call her sister to inform her that they are in lockdown.**Evacuation Locations:****Primary** – Provider will gather the emergency bag along with the children, she will strap each child in their car seats and put the to-go bag in the trunk. They will go to the [REDACTED] where she will have key access for entry. They will go into the bathroom (1 door 1 window) and seal the windows with sealing plastic and tape if needed. Then she will contact the parent via call.**Alternate** – Provider will gather the children and emergency bag, will go into the car, and secure each child in their car seats and to-go in the trunk. Upon arrival the provider will have key access into the home, and they will go into the master bedroom closet (1 door 0 windows), once settled in provider will call the parent and inform her of the emergency status.**Items to be Corrected:** N/A**Signatures & Date**

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

PROVIDER**INSPECTOR**Printed Name: *Christina Baierlein*

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: *9/5/22*

Phone: [REDACTED]

Date: 09/02/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/03/2022 Follow Up Inspection: 05/04/2022	Time In: 3:30PM Time In: 11:00AM	Time Out: 5:00PM Time Out: 11:15AM	Result: Follow Up inspection scheduled.. Result: PASSED if returned by 5PM on 5/4/2022
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Informal Care

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

Provider Information

First Name: Pamela	Last Name: Banks	Provider ID: 485448
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Address Verified? Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		05/26/2010	11 yr / No
[REDACTED]		09/06/2016	5 yr / No
[REDACTED]		10/20/2021	7 mos. / No

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	Y	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
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, Neosporin
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered/in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • 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	

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

☒ Medications 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: 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 [REDACTED]

Last Name [REDACTED]

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization 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:	PAMELA M. BANKS	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 05/04/2022	Pho: [REDACTED]	Date: 05/04/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/05/2022	Time In: 1:45PM	Time Out: 2:10PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Shirley	Last Name: Bauer	Provider ID: 496840
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		04/24/2022	5 Months / Yes
			/

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Gas stove lit
• Has a working and safe heating system	Y	Thermostat dialed up
• Has a working refrigerator and stove	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 electrical outlet that is accessible to children	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	High Cabinet
• Medications of any kind	Y	High Cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Close to front door

Item Specification (if needed):

5 shirts, 5 pants, 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 [REDACTED]

Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will 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 get [REDACTED] vehicle where she will secure [REDACTED] seats before driving to the primary evacuation location which is provide [REDACTED]. Once at the location, the provider will gain entry with [REDACTED] 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 evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the provider's [REDACTED] house. The provider will get [REDACTED] vehicle where she will secure [REDACTED] car seats before driving to the alternate evacuation 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

Printed Name: Shirley Bauer

Signature: [REDACTED]

Date: 10/6/22

Phone: [REDACTED]

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 10/05/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/31/2023 Follow-up Inspection Date: 02/03/2023	Time In: 3:30PM Time In: 1:31PM	Time Out: 4:33PM Time Out: 1:58PM	Result: Follow-up Required Result: PASSED
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Informal Care

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

Provider Information

First Name: Demetrius	Last Name: Benjamin-Frazier	Provider ID: 505296
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		06/04/2012	10 / No, at school

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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

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

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

☒ Medications 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: Closet by front door**Item Specification (if needed):**

4 16oz bottles of water, can each of chicken noodle soup, chef Boyardee lasagna, Ramen noodles, Band-aids, gauze, tape, scissors, tweezers, gloves, skin wipes, burn ointment, splinter probes, emergency blanket, bandages wound dressing, 2 outfits(shirts&pants), EPP & ECMA docs in folder, 2 books, 1 flashlight, 5 extra AA batteries

Items to review on 02/03/2023 if needed: Reviewed & Corrected on 02/03/2023

Electrical outlet covers – corrected all outlets covered or in use, Lock on cleaning agents under sink – added locks to both the kitchen and bathroom cabinets w/ cleaning products & medicines, Observe large knife – moved to highest kitchen cabinet above the stove, First aid for the home – first aid kit stored in bathroom wall cabinet, move Hydrogen peroxide, rubbing, alcohol and Lysol to Kitchen – moved to bathroom and kitchen cabinets with locks, Flash light and extra batteries – added to ERTG, Clothes – 1 t shirt, underwear & 2 pants, Book or game – 2 books, EPP & ECMA – both set of forms in folder in ERTG, Hot water – observed and tested the hot water and observed steam

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 **Demetrius**Last Name **Benjamin-Frazier**

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

Shelter In Place Procedure:

The provider will grab the ERTB and [REDACTED] and shelter in the bathroom. The room has one door and no window. 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 in the bathroom..

Evacuation Procedures:

The provider will grab the emergency bag and [REDACTED] and proceed to the designated path that has been established with [REDACTED] and walk to the primary evacuation location, which is [REDACTED] located within a 10 minute walk. Once at the location, the provider will shelter in the [REDACTED] no window one double door. The provider will call the parent 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 [REDACTED]. The provider will grab the emergency bag, get [REDACTED] to either catch a bus or an Uber. If traveling by Uber, the provider will make sure [REDACTED] secured in a seat belt. Once at the location, the provider will inquire as to where to shelter. The provider will call the parents before leaving the care location and immediately after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	<i>Demetrius Benjamin Frazier</i>	Printed Name:	[REDACTED]
	[REDACTED]	Signature:	[REDACTED]
Date: <i>2/4/2023</i>	Phone: [REDACTED]	Date: 02/03/2023	Phone: 1-877-227-0125

Virtual Inspection		Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
Inspection Date: 10/14/2021		Time In: 2:28 PM	Time Out: 3:23 PM
		Result: PASSED	
Informal Care			
Type of Care (check one):		Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care	
Provider Information			
First Name: Barbara		Last Name: Bennett	
License #: [REDACTED]		Provider ID: NOT IN CCATS	
		Email: [REDACTED]	
Care Location Inspected			
Street Address: [REDACTED]		City: [REDACTED]	State: [REDACTED] Zip Code: [REDACTED]
Name of Children in Care (add pages if needed)		Scholarship	Date of Birth
[REDACTED]			01/15/2016
			Age / Present (Y/N)
			5 / N
			/
			/
			/
			/
			/
Safety of the Home			
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable			
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		N/A	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	Common areas were clean: living room and kitchen
• Is free of insect or rodent infestation		Y	
• Is well-lit and well-ventilated		Y	Areas well lit – multiple windows and light fixtures
• Has hot and cold running water		Y	Tested the shower and sink, steamed the mirrors
• Has a working inside toilet		Y	Provider flushed the toilet

• Sharp or pointed items		Y	Sharp knives in knife holder on the back of the countertop
• Medications of any kind		Y	Stored on the top level of the bathroom shelf above the toilet? Does it need a lock?
• Matches, lighters and flammable products		Y	Does not own
• Alcoholic beverages		Y	Does not own
• Guns		Y	Does not own
• Cleaning agents		Y	Moved all cleaning items to higher cabinet spaces where the child could not reach
• 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	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.		Y	Clean trash area outside, no diaper age child
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.		Y	
Diapering procedures are followed.		N/A	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:			
• Toileting.			
• Diapering.		Y	
• Before food preparation and eating.			
• After playing outdoors; and			
• At other times when necessary to prevent the spread of disease.			
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		Y	No type of 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.		Y	
• 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			

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|--------------------------|-----------------------|--------------------------------------|
| ✓ Flashlight | ✓ Bottled water | ✓ Folder or binder for EPP documents |
| ✓ Batteries | ✓ 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 | ✓ Scissors, tape & sealing plastic |
| ✓ 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

Disaster Supply Kit Comments/Notes:

- 1 Flashlight
- 3 Extra Batteries
- 1 First Aid 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)
- Small Suitcase (Carrying Case)
- EPP and ECMA Documents in Folder
- 2 Special Toys
- 1 Hardware Scissor

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: Small Suitcase in the living room near front door

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

Printed Name: Barbara Bennett		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 10/13/21	Phone: [REDACTED]	Date: 10/14/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/08/2022	Time In: 1:30PM	Time Out: 3:05PM	Result: Failed, Follow up needed
Follow up Scheduled: 11/09/2022	Time In: 10:00AM	Time Out: 10:26AM	Result: PASSED

Informal Care

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

First Name: Shaniqua	Last Name: Bentley	Provider ID: 501073
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		5/16/2022	5 Months / No With mom
[REDACTED]		3/13/2016	6 / School
[REDACTED]		2/10/2012	10 / School

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	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	
• Has first aid kit/supplies	Y	Bandages, tape, gauze, (Ointment needed)
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: By the front door	
Item Specification (if needed): 26 AA batteries, [REDACTED] 9 diapers, box of wipes, can mixed vegetables, 1 cans corn, 2 baked beans, 2 can tuna, 2 chicken noodle soup, 7 baby food packets [REDACTED], mixed 4 16oz water bottles, 2 Onesie, Onesie under wares, 2 shorts, 6 pants, 4 shirt, 7 under wares, 2 socks Alcohol wipes, tape, gauze, gloves, band aids, thermal blankets, 4 books, teething toy, rattle	
Items to review on 11/09/2022 if needed: Observed 11/09/2022 Cabinet under kitchen sink needs lock, First aid ointment, Hydrogen peroxide, Emergency papers in the bag	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name [REDACTED] Last Name [REDACTED]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter In Place Procedure: The provider will grab the ERTB, Strap the baby to her, gather the other two children and head to the extra room in the basement. The room has 4 small windows and two doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parent before, during and after sheltering.	
Evacuation Procedures: The provider will place the baby in the stroller, grab the emergency bag and put them under the stroller, the children will hold onto the stroller as they walk to the primary evacuation location [REDACTED]. If for some reason they [REDACTED] The provider will secure the baby in rear facing car seat, the 6 year old in toddler in booster seat and the older child in their seatbelts, before being driven to the primary evacuation location. Provider will call [REDACTED]. Once at the location, they will shelter in the basement which has no windows and one door. 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 [REDACTED]. The provider will put the baby in the stroller, put the emergency bag under the stroller, [REDACTED], [REDACTED] who will also be carrying the toddler seat, [REDACTED]. The provider will secure the baby in car seat, 6 year old in toddler seat and the older child in their seatbelts, before being driven to the location. The provider will [REDACTED] care location, to let her know they are on their way. They will shelter in the basement that has one windows and two doors. 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, [REDACTED] call again after they are secure in the alternate evacuation location.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <i>Shanique Bentley</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 11/09/2022	Phone: [REDACTED]	Date: 11/09/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 3/23/2023	Time In: 3:30PM	Time Out: 4:22PM	Result: Failed Needs Follow Up
Inspection Date: 3/27/2023	Time In: 3:00PM	Time Out: 3:13PM	Result: Passed

Informal Care

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

Provider Information

First Name: Esther	Last Name: Benyowitz	Provider ID: 441671
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		7/20/2019	3 / No, with parents
[REDACTED]		3/17/2021	2 / No, with parents
[REDACTED]		1/3/2023	2 Mos / No, with parents

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	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
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Upper Cabinets
• 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

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

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

Location of The Emergency Ready to go Pack: Front coat closet

Item Specification (if needed):

3 AAA batteries, 1 Onesie, 3 pants, 3 shirts, 7 diapers, pack of wipes, 2 blankets
3 16oz bottles of water, 2 can each of corn, peanut butter, 2 packs of rice cakes, 2 protein bars, chick peas, Formula,
Gloves, hand sanitizer, gauze, tweezers, tape, band aids, ointment, alcohol wipes

Items to review on 3/27/2023 if needed: Observed on 3/27/2023 at 3:00pm

Smoke detector alarm,

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 Esther

Last Name Benyowitz

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

Shelter In Place Procedure:

The provider will grab the ERTB from hallway closet, gather the children and head to hallway bathroom. The room has one door
And no window. 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 grab the emergency bag and carry it on her shoulder, carry the babies with the 3 year old walking and proceed to the
provider's vehicle where she will secure 2 month old in rear facing car seat, 2 year old and 3 year old in front facing car seat, before
driving to the primary evacuation location, which [REDACTED] Once at the location the provider will ask to be directed to a shelter
room. The provider will call the parents before leaving the [REDACTED] on if time allows, and then 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 7 mile market. The provider will
grab the emergency bag, Gather the children and proceed to the provider's vehicle where she will secure 2 month old in rear facing car
seat, 2 year old and 3 year old in front facing car seat, before driving to the alternate evacuation location,. Once at the location provider
will ask to be directed to a shelter room. The provider will call the parents before leaving the care location, if time allows, and then 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:	Esther Benyowitz	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	3/23/2023	Date:	3/23/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 10/19/2021	Time In: 3:28 pm	Time Out:	Result: Passed if returned by 12:00 pm 10/20/21
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Informal Care

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

Provider Information

First Name: Melanie	Last Name: Berryman	Provider ID: Not in CCATS
ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		6/24/20	1 year	/	Y
				/	
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Basic Health and Safety Training Completed?	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
• Has protective coverings on any electrical outlet that is accessible to children	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	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	The master bedroom kept clean.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Ties up in a shopping bag and thrown in the trash can located in the kitchen.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	Checked half an hour or less in order to toilet train.
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	Carries hand sanitizer gel in her purse.
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • 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 <u>Unit</u> .	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries☒ Portable First Aid Kit☒ Thermometer☒ Medications☒ Non-perishable food☒ Diapers☒ Change of clothes☒ Blanket(s)☒ Backpack(s) or carrying case(s)☒ 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

Location of Emergency Ready to go Pack: Kept in the providers bedroom.

Item Specification (if needed):

- Large yellow flashlight
- Blue long sleeve top and bottom. Cheetah print top and black tights.
- 6 diapers
- Packing tape, large scissors, 3 large trash bags
- Pink blanket
- First Aid Kit: Cold Compress, Bandages, q tips, tape, gauze, Neosporin and scar cream
- 3 16.9 oz waters
- 2 cans of ravioli
- 2 D Batteries
- Rattle toy

Emergency Documents

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

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedures:

The Provider will grab Noelle go to the provider's bedroom(1 door 1 large Window) and lock the door. The ERTG Pack is already located in this room. The provider will contact the parent after contacting emergency services 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

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:

Melanie Berryman Gordon

Printed Name:

Signature:

Signature:

Date: 10/19/21

Phone:

Date:10/19/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/13/2023	Time In: 3:30PM	Time Out: 4:45PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Cheryl	Last Name: Birdow	Provider ID: 357957
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(02/28/2018)	11yr. / Y
[REDACTED]		(02/28/2012)	11yr. / Y
[REDACTED]		(09/15/2016)	6yr. / Y

Safety of the Home

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ 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 living room corner

Item Specification (if needed):

- 1 flashlight, 3 extra D batteries, roll of trash bags, 3 duffle bags (carrying case), 3 blankets, 1 thermometer, balls/card games, 1 first aid kit, 3 outfits (top/bottom), 3 canned foods, 6 bottled waters, 1pk of wipes, folder w/ EPP and ECMA per child, no spec meds, 1 pair of scissors, and 2 rolls of duct tape

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

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Cheryl

Last Name

Birdow

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

Shelter In Place Procedure:

The provider will gather the children and the ERTG and call the parent and call 911 if needed go into [REDACTED] (1 door 1 window) interior closet (1 door 0 windows). If the need should arise the provider would use the sealing plastic and tape to secure the door. She would then call the parent again once the emergency has ended.

Evacuation Location(s) Procedures:

Primary: The provider will account for the children and ERTG call the parent, and head to the [REDACTED] provider and children will either walk there or drive. If they drive the provider will secure the youngest child in their booster seat and the older children in their car seat belts. Upon arrival, the provider will call [REDACTED] to inform her they are on the way. Provider and children will shelter in the living room (1 door 1 window) and stay there until it is safe to leave. Provider will call the parent once the emergency has ended.

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and walk to the alternate [REDACTED]. The provider will call the parent and inform them of the emergency, and then call [REDACTED] to gain access into the home. The provider and children will take shelter in the living room (1 door 1 window). The provider will call the parent and stay in the location until the emergency has ended.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	<i>Cheryl L Birdow</i>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	<i>4/18/23</i>	Date:	04/13/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/13/2022	Time In: 1:50PM	Time Out: 2:51PM	Result: PASSED if returned by 5:00PM on 04/13/2022
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Informal Care

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

Provider Information

First Name: Cheryl	Last Name: Birdow	Provider ID: 357957
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		02/28/2012	10 / Yes
[REDACTED]		02/28/2012	10 / Yes
[REDACTED]		09/15/2016	5 / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	Burners operational
• Has a working and safe heating system	Y	Observed
• Has a working refrigerator and stove	Y	Light turned on
• Has a working telephone	Y	Call observed
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered if not 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	Where children cannot reach
• Medications of any kind	Y	High cabinet in Kitchen
• Matches, lighters and flammable products	Y	Matched up high
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Moved to a high shelf in the linen closet.

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, duct tape/
packing tape & sealing plastic/trash
bags

☒ Medications 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: Living room by the front door

Item Specification (if needed):

2 D Batteries
Band-aids, Tape Gauze, wipes, wipes
6 Shirts, 3 pants, 4 pairs of pants, 3 blankets
4 water bottles, 6 cans Chef Boyardee
Card games, balls,

Items to review on xx/xx/xxxx if needed: N/A

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name [REDACTED]

Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will grab the children and emergency go bag and walk back to the large walk in closet in the master bedroom. Provider will call the parent when once secure.

Evacuation Procedures:

The provider will gather the children and grab the emergency to go bag and walk [REDACTED] house which is the primary emergency location and is a short walk. Provider will call parents right away to let parent know before and after the emergency. If they cannot go to primary evacuation location, they will walk over to [REDACTED] the alternate evacuation location, which is down the street from providers residence. Provider will call the parent before 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: Cheryl L Birdow

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 4/13/22

Phone: [REDACTED]

Date: 04/13/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 5/20/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Cheryl	Last Name: Birdow	Provider 357957 Email:
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Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if 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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
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	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name _____	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. _____ 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 nd 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: _____		Printed Name: _____	
Signature: _____		Signature: _____	
Date: _____	Phone: _____	Date: 5/20/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/16/2023	Time In: 1:38PM	Time Out: 2:48PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Leilani	Last Name: Biscoe	Provider ID: 502564
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(08/12/2010)	12yr. / N
[REDACTED]		(10/29/2018)	4yr. / N

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and 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	Y	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 holder
• Medications of any kind	Y	Stored in cabinet in laundry room
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	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
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Stored on the 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, 5pk 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
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
Leilani

Last Name
Biscoe

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 [REDACTED] of the 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 [REDACTED] since the provider only has a permit. The provider will [REDACTED] for them to [REDACTED] and they will go into the [REDACTED] (1 door 1 window).

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 [REDACTED] will also accompany them to the location. The provider will call [REDACTED] to gain access [REDACTED] The provider will perform a head count and she and the children will go into the [REDACTED] (1 door 2 windows).

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:	Leilani Biscoe	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	03/17/2023	Date:	03/16/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/10/2023 Follow-up Inspection Date: 10/11/2023	Time In: 10:30AM Time In: 3:00PM	Time Out: 11:47AM Time Out: 3:15PM	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Tyshere	Last Name: Bland	Provider ID: 528498
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(11/03/2021)	1yr. / N

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed via the kitchen faucet
• 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 – 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's 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
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to knife holder on back of counter
• Medications of any kind	Y	Stored in container on high shelf of the kitchen cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	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: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y				
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y				
Location of The Emergency Ready to go Pack: Stored in living room near exit Item Specification (if needed): - 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 toy book, folder w/ EPP and ECMA docs <u>Items to be reviewed on 10/11/2023: Corrected & Reviewed on 10/11/2023</u> - Lock for kitchen cabinet with cleaning products - ETRG Missing Items: Additional Batteries, Change of Clothes, Folder of ECMA docs, Backpack/Tote for all items in ERTG, toy or game				
Emergency Documents				
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care				
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name Tyshere</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name Bland</td> </tr> </table>			First Name Tyshere	Last Name Bland
First Name Tyshere	Last Name Bland			
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 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 [REDACTED] with child in arms. Upon arrival the provider will reach out to [REDACTED] who will escort the provider and child to [REDACTED] (2 doors 0 window). Once secured 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 [REDACTED]. The provider will ensure the child is secured in their forward-facing car seat. Upon arrival the provider will receive instruction from [REDACTED] out where to shelter specifically. Once secured the provider will call and text the parent with emergency updates.				
Care Hours: [REDACTED]				

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Tyshere Bland		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 10/11/23	Phone: [REDACTED]	Date: 10/11/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04.08/2022	Time In: 3:30 pm	Time Out: 4:43 pm	Result: Approved
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Informal Care

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

Provider Information

First Name: Regina	Last Name: Blount	Provider ID: 419825
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		9/29/12	9 y/o	/ Y
[REDACTED]		6/30/17	4 y/o	/ Y
[REDACTED]		12/14/19	2 y/o	/ Y
[REDACTED]		10/29/21	5 mos	/ Y
			/	
			/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Temp. tested with thermometer 105.7 degrees
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Temp turned up
• Has a working refrigerator and stove	Y	All burners and refrigerator operational
• Has a working telephone	Y	Outbound call made
• Has operational smoke detector(s)	Y	Test button pressed
• Has first aid kit/supplies	Y	Gauze, Bandages, Alcohol pads
• Has protective coverings on any electrical outlet that is accessible to children	Y	6 outlet 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	On the wall high up
• Medications of any kind	Y	In a cabinet on a high shelf
• 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	Under a locked cabinet in the bathroom

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☐ Medications **N/A**

☒ Blanket(s)

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

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

Location of Emergency Ready to go Pack: Near the front door next to a buffet table

Item Specification (if needed):

- 4 trash bags, large blue scissors and Duct tape
- Car steering wheel toys
- Green flash light 3 D Batteries
- First Aid Kit: Ice pack, bandages, gauze, alcohol pads
- Diapers: 3 each
- A pack of wipes
- 6 Bottles of 8 oz. water 3 16 oz.
- 3 Canned Ravioli
- Tops: ☐ White Top ☐ White & Orange Top ☐ Onsie ☐ White Top Bottoms: Black Bottoms, Orange Bottoms, Black Bottoms
- Blankets: Orange , Tan, White and Blue

To be observed for compliance on :

- **N/A**

Emergency Documents

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

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will Call mom first 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 to shelter. If the Provider she will call pick them up. The provider will gather the three children and exit the to 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.

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: <input type="text"/>		Printed Name: <input type="text"/>	
Signature: <input type="text"/>		Signature: <input type="text"/>	
Date: <input type="text"/>	Phone: <input type="text"/>	Date: 04/08/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/24/2022 Follow up 02/28/2022	Time In: 1:45Pm 11:00AM	Time Out: 3:15pm 12:00	Result: Failed
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Informal Care

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

First Name: Regina	Last Name: Blount	Provider ID: 419825
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		9/29/2012	9	/	N
[REDACTED]		6/30/2017	4	/	Y
[REDACTED]		12/14/2019	2	/	Y
[REDACTED]		10/29/2021	5 months	/	Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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
• Has protective coverings on any electrical outlet that is accessible to children	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
• Matches, lighters and flammable products	Y	None in the house
• Alcoholic beverages	Y	None in the house
• Guns	Y	None in the house
• Cleaning agents	Y	Locked under bathroom sink

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Medications N/A	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
<u>Location of The Emergency Ready to go Pack:</u> In a closet off the family room.		
<u>Item Specification (if needed):</u> Band-Aids, aspirin, ointment, alcohol wipes cold compress, gauze tweezers, safety pins, adhesive tape, tongue depressors, 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 Boyardee spaghetti Dice game, drawing pad, word games, crayons Emergency medication form she had <u>Items to review on Monday 02/28/2022 if needed:</u> Flash light did not turn on and there were no extra batteries		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name [REDACTED] Last Name [REDACTED]		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <u>Shelter In Place Procedure:</u> The provider will Call mom first 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.		
<u>Evacuation Procedures:</u> The provider will gather the children, grab the stroller and secure the 2 children in the stroller and go [REDACTED] [REDACTED] Call the parent before leaving the house.		
<u>Alternate Location:</u> The provider will call. The provider will [REDACTED] The provider will gather the three children and exit the house and [REDACTED] where the children will be secured in their car seats and seat belt before heading to [REDACTED]		

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

Date:	Phone:	Date:	Phone: 1-877-227-0125
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<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/06/2023	Time In: 10:30AM	Time Out: 11:39AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Kathy	Last Name: Bowen	Provider ID: 511502
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(07/19/2022)	8mos. / Y	

Safety of the Home

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on the back of kitchen counter
• Medications of any kind	Y	Stored in high cabinet in bathroom
• 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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

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

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

Location of The Emergency Ready to go Pack: 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

Kathy

Last Name

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 [REDACTED] (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 rear-facing 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 [REDACTED] 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 [REDACTED] 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.

Signatures & Date

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

PROVIDER

Printed Name:

Kathy Bowen

Signature:

[REDACTED]

Date:

4/8/2023

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 04/06/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/04/2023	Time In: 3:30PM	Time Out: 4:34PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: **Chrystal** Last Name: **Boykins** Provider ID: **510722**
 Provider ID #: [REDACTED] Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(05/18/2022)	10mos. / Y

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in 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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

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

Item Specification (if needed):

: 1 duffle bag (carrying case), 3 canned foods, 2 bottled waters, 3 flashlights, 1 flashlight, 1 pk of AA batteries, 1 first aid kit, no spec. meds, 3 diapers/1 pk of wipes, 1 large blanket, folder w/ EPP and ECMA, 1 toy, 1 roll of duct tape, 3 heavy duty trash bags, 1 outfit (top/bottom) and 1 pair of scissors

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

Chrystal

Last Name

Boykins

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, provider will ensure all doors and windows are locked in the home. The provider and child will head to [REDACTED] (1 door 3 windows), where the provider will use sealing plastic and tape to secure all areas if needed. Once secured the provider will call the parent and 911 if needed.

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 rear-facing car seat. Then drive to [REDACTED]. The provider has key access into the home, upon entry they would enter into the master bedroom (1 door 2 windows). The provider would call the parent before, during and after the emergency.

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. They would head to the [REDACTED] and would enter with provider's key access. Upon entry the provider and child would shelter in the living room (1 door 3 windows). The provider will call the parent at the beginning and end of 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	Chrystal Boykins	Printed Name:	[REDACTED]
Signature	[REDACTED]	Signature:	[REDACTED]
Date:	4/4/2023	Date:	04/04/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection		Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST		Return to: ocs.informalproviders@maryland.gov																																
Inspection Date: 05/04/2022		Time In: 1:45PM	Time Out: 2:35PM	Result: PASSED if returned by SPM on 05/04/2022																																
Informal Care																																				
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care																																				
Provider Information																																				
First Name: Charlene		Last Name: Briscoe		Provider ID: 463003																																
Provider ID: [REDACTED]		Email: [REDACTED]																																		
Care Location Inspected																																				
Street Address: [REDACTED]		City: [REDACTED]	County: [REDACTED]	State: [REDACTED] Zip Code: [REDACTED]																																
Address Verified? Yes																																				
<table border="1"> <thead> <tr> <th>Name of Children in Care (add pages if needed)</th> <th>Scholarship</th> <th>Date of Birth</th> <th>Age / Present (Y/N)</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td></td> <td>06/24/2016</td> <td>6yr / No, at school</td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>					Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	[REDACTED]		06/24/2016	6yr / No, at school																								
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[REDACTED]		06/24/2016	6yr / No, at school																																	
Safety of the Home																																				
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable																																				
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed																																	
Basic Health and Safety Training Completed?		N/A																																		
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed																																	
• Is in good repair		Y																																		
• Is free of insect or rodent infestation		Y	No sign of insects or rodents																																	
• 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	Gas stove operational																																	
• Has a working and safe heating system		Y																																		
• Has a working refrigerator and stove		Y	Observed light coming on when opened																																	
• Has a working telephone		Y	Called provider on cell phone																																	
• Has operational smoke detector(s)		Y																																		
• Has first aid kit/supplies		Y	Band Aids, ointment																																	
• Has protective coverings on any electrical outlet that is accessible to children		Y	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	Back of counter top																																	
• Medications of any kind		Y																																		
• Matches, lighters and flammable products		Y	None in the house																																	
• Alcoholic beverages		Y	None in the house																																	
• Guns		Y	None in the house																																	
• Cleaning agents		Y																																		

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Bottled water | <input type="checkbox"/> Folder or binder for EPP documents |
| <input type="checkbox"/> Batteries for Flashlight | <input type="checkbox"/> Non-perishable food | <input type="checkbox"/> Backpack(s) or carrying case(s) |
| <input type="checkbox"/> Portable First Aid Kit | <input type="checkbox"/> Diapers N/A | <input type="checkbox"/> 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: Hallway by basement stairs		
Item Specification (if needed): 3 AAA batteries, Band aids, antiseptic ointment, gauze, 1 pair pants, top, underwear, 2 blankets, 2 large cans of Chef Boyardee, 4 peach cups, 2 16oz. bottles of water		
Items to review on XXXX/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	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:		
Shelter In Place Procedure: Grab the emergency bag that is at the top of the stairs, get down to the basement bathroom that has no windows and one door. Provider will call the parent once they are secure in the shelter.		
Evacuation Procedures: and the emergency bag and either walk or drive If driving provider will get booster seat and secure her in the vehicle before driving to the emergency location. Provider will call parent once secure at the location. If they could not go to the school the Alternate location is Wayland Village Senior Center which is a 5 minute drive from the care location. The provider will get Ashlyn secured her booster seat before driving to the emergency location. Provider will notify parent once secure at the location.		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in person.		
PROVIDER		INSPECTOR
Printed Name: Charlene Briscoe		Printed Name:
Signature:		Signature:
Date: 5/4/22	Phone:	Date: 05/04/2022 Phone: 1-877-227-0125

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ 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

☒ 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 by front door near exit

Item Specification (if needed):

- : 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds (gen. cough medicine incl.), 6 bottled waters, 6
canned foods, 6 diapers and 1pk of wipes, 5 outfits (top/bottom), 2 blankets, 4 toys, 1 pair of scissors, 1 roll of duct tape, 1 pk of
sealing plastic, Folder w/ EPP and ECMA per child
- : Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents

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

Planning and Maintenance

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

First Name

Jacqueline

Last Name

Brooking

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

Shelter In Place Procedure:

The provider will gather the children and ERTG and go into the [REDACTED]. The provider will use the sealing sheeting and tape to seal the door, window and vents if needed. The provider will call and text the parent before, during and after the emergency.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG bag with the carry-on wagon, the provider will use the hand-holding wheels to secure all children together. They will walk down the steps to the provider's vehicle, the provider secure each child in their appropriate seating (oldest in car seat belt, 2nd oldest in booster seat, middle child in forward-facing car seat/booster seat, and 2 youngest children in rear-facing car seats). They will drive to the [REDACTED]. Upon arrival the provider has key access for entry. The provider and children will go into the bathroom (1 door 0 windows) for shelter. Once secured the provider will call and text the parent throughout the emergency.

Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and then use the hand-holding wheels to secure all children together. They will walk down the steps to the provider's vehicle, the provider secure each child in their appropriate seating (oldest in car seat belt, 2nd oldest in booster seat, middle child in forward-facing car seat/booster seat, and 2 youngest children in rear-facing car seats). They will drive to the [REDACTED]. Upon arrival the provider has key access for entry. The provider and children will go into the basement (1 door 0 windows) for shelter. Once secured the provider will call and text the parent throughout the emergency.

Care Hours:

M-F

7:00am-5:00pm

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:

Jacqueline V. Brooking

Printed Name

Signature:

Date:

7-6-23

Phone:

Date: 07/06/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/17/2023	Time In: 9:30AM	Time Out: 10:46AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Amperita	Last Name: Brookins	Provider ID: 485685
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
[REDACTED]		(08/23/2010)	12yr.	/ N
[REDACTED]		(02/04/2022)	1yr.	/ Y
[REDACTED]		(12/24/2018)	4yr.	/ N
[REDACTED]		(11/10/2010)	2yr.	/ N

Safety of the Home

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	Stored in high cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Stored in garage will move high
• Cleaning agents	Y	All stored in locked cabinets or closets
• Poisonous substances	Y	Outside in the shed

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<u>Location of The Emergency Ready to go Pack:</u> Closet near exit door	
<u>Item Specification (if needed):</u>	
- 1 large blanket, 1 first aid kit, sippy cup for baby, 1 roll of duct tape, 1 thermometer, 1 flashlight, 1 pk of AAA batteries, 3 diapers/1pk of wipes, 4 canned foods, 1 baby meal, 7 bottled waters, no spec. meds, 1 roll of trash bags, 4 outfits (top/bottom), 1 pair of scissors, folder w/ EPP and ECMA for ea. Child, 3 toys, and 1 book	
<u>Items to be reviewed on xx/xx/xxxx:</u>	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Amperita	Last Name Brookins
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<u>Shelter In Place Procedure:</u>	
The provider will gather the children and grab the ERTG and head to [REDACTED] (1 door 0 windows) and seal the door with the sealing plastic and tape if needed. The provider will contact each parent by call, text or email after everyone is secured in the location.	
<u>Evacuation Location(s) Procedures:</u>	
Primary: The provider will account for the children and ERTG and head to her vehicle with the children. She would secure the baby in the rear-facing car seat, two toddler children in their front-facing car seat, and the oldest child in their car seat belt. The provider will call the parents while they are in the car to the evacuation location, [REDACTED]. The provider has key access, upon entry the provider and children will shelter in the living room (1 door 2 windows). Once they are secured the provider will contact the parents by call, text or email.	
Alternate: If they could not access the primary location, the provider will gather the children and ERTG and go the providers vehicle. The provider will secure the baby in the rear-facing car seat, two toddler children in their front-facing car seat, and the oldest child in their car seat belt. She will call the parents once they are all secured in the vehicle. They will head to [REDACTED] the provider will call [REDACTED] for home access. Upon entry the children and provider will shelter in the living room (1 door 1 window). The provider call or text each parent until the emergency has ended.	
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: Amperita M. Brookins	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 4-17-23 Phone: [REDACTED]	Date: 04/17/2023 Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 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.
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Informal Care
 Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care
Provider Information

First Name: Amperita	Last Name: Brookins	Provider ID: 485685
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected
 Street Address: [REDACTED] City [REDACTED] County [REDACTED] State [REDACTED] Zip Code [REDACTED]
 Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(08/23/2010)	11yr.	/ N
[REDACTED]		(02/04/2022)	2 mos.	/ N
[REDACTED]		(12/24/2018)	3yr.	/ N
[REDACTED]		(11/10/2020)	1yr.	/ N
			/	
			/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
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
• Has a working inside toilet	Y	Observed provider flush toilet
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Observed and tested by provider
• Has a working refrigerator and stove	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	Y	Stored in storage bin on the lower level
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	In kitchen cabinet with lock
• Medications of any kind	Y	Stored in high level cabinet in the bathroom
• Matches, lighters, and flammable products	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	Y	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 wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and	Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Blanket(s)	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes.		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, hallway closet near exit.		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name	Last Name	

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

Item Specification (if needed):

1 first aid kit, 5 bottled water, 3 canned foods, 1 baby formula w/ bottle, diapers w/ wipes for 2mos & 1yr old, 1 thermometer, no medications for any of the children, 1 flashlight, 3 extra AA batteries, 1 outfit per child (4 total), 1 pair of heavy-duty scissors, duct tape and sealing plastic (trash bags), 3 toys and 1 book, binder with EPP & ECMA forms for all children.

Shelter-in-Place Procedure:

Provider will go into the lower-level bathroom after gathering the children and the grabbing emergency bag, (1 door 0 windows). Once they are sheltered in place, she would contact the parents by cellphone via call and text.

Evacuation Location Procedures

Primary: Provider will grab the emergency to-go bag and the children, once in the vehicle she will secure three small children in their car seats and the 11 yr. in her seatbelt, once they arrive [REDACTED], provider will use spare key to access, they will go into the living room (1 door 2 windows), after secured in location she will contact the parent by call or text.

Alternate: Provider will grab the emergency bag and all children, secure in car seats and seat belts, will proceed to the second location [REDACTED]. Upon arrival they will shelter in the living room (2 windows 1 door). Will contact the parent via call or text once they are settled into the location.

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop-up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Amperita Brooks		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 5-11-22	Phone: [REDACTED]	Date: 05/11/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/05/2022	Time In: 9:30AM	Time Out: 10:15AM	Result: Needs follow up
Follow up date: 10/06/2022	Time In: 9:00AM	Time Out: 9:05AM	Result: PASSED

Informal Care

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

First Name: Linda	Last Name: Brown	Provider ID: 309053
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		09/23/2011	11 / No – At school
			/

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	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	
• 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
• Has protective coverings on any electrical outlet that is accessible to children	Y	

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

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

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

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

Location of 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, gloves,
3 16oz water bottles, 1 can tomato, cream chicken, corn and fruit cocktail

Items to review on 10/06/2022 if needed: Observed 10/06/2022

Locks under sink
Cleaning supplies in laundry room moved off floor to high shelf

Emergency Documents

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

Planning and Maintenance

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

First Name [REDACTED] Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will call parent [REDACTED], the ERTB and head to the bathroom in the basement which has one door and one window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent again once they are secure.

Evacuation Procedures:

The provider will [REDACTED] grab the ERTG bag and proceed to the her vehicle where she will secure [REDACTED] seatbelt before driving to the primary evacuation location [REDACTED]. Once at the location, the provider will gain entry using a code and head to the bathroom that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents again 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 [REDACTED]. The provider will [REDACTED] grab the ERTG bag and proceed to the her vehicle where she will secure [REDACTED] seatbelt before driving to the alternate evacuation location. The provider will gain entry using a spare key. They will shelter in the bathroom in the basement that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call parents again 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:	Linda M Brown	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	10-6-22	Date:	10/06/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/14/2022	Time In: 3:30PM	Time Out: 4:18PM	Result: PASSED
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Informal Care

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

First Name: Shelemiah	Last Name: Brown	Provider ID: 494100
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/27/2018	3 / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	
• 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
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Up on top of cabinet
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications☒ 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: Hallway Closet**Item Specification (if needed):**

Onesie, Skirt, Shirt, Socks

2 extra AA batteries, Spring time friends Book, magic ink picture book

Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, gloves,

1 16oz water bottles, 2 cans of corn, green beans, pink salmon

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

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

Shelter In Place Procedure:

The provider will grab Giselle, the ERTB and head to the bathroom where there is one door and no 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 [redacted] and the ERTG [redacted]. The [redacted] has no windows and one door. The provider will call the parent on the way to the evacuation location and once they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [redacted] about [redacted] from the care location. The provider will call parent to let her know they are evacuating. The [redacted] has two sliding doors and no windows. The provider will call the parent once 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:	Shelemian Brown	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	9/14/22	Date:	09/14/2022
Phone:	[redacted]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/14/2023	Time In: 2:30PM	Time Out: 4:02PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Wanda	Last Name: Brown	Provider ID: 518806
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(09/19/2020)	2yr. / Y	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in bathroom cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored on back of kitchen counter
• Medications of any kind	Y	Stored in locked cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in higher level shelf in laundry room
• Poisonous substances	Y	Does not own
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-trained
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.	Y	
Diapering procedures are followed.	Y	All diapering supplies available near changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Stored in foyer near exit door

Item Specification (if needed):

- 1 backpack (carrying case), 2 bubbles and a few toys, folder w/ EPP and ECMA, 1 pk of diapers and wipes and ointment, 5 pks of dried foods, 1 blanket, 1 outfit (top/bottom), 3 bottled waters, 1 roll of sealing plastic, 2 rolls of duct tape, 1 thermometer, 1 flashlight, 1 pk of extra batteries, 1 pair of scissors, and 1 first aid kit

- 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
Wanda

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 [REDACTED]. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from [REDACTED] or staff of where to shelter. 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 [REDACTED] school. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from [REDACTED] of where to shelter. The provider will call, text or email the parent with emergency updates.

Care Hours:
[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	WANDA BROWN	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	8/8/23	Date:	07/14/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/21/2022 Follow Up 07/22/2022	Time In: 1:45PM Time In : 11:00AM	Time Out: 2:50PM Time Out: 11:07AM	Result: Follow-Up Needed PASSED if returned by 5 pm on 7/22/2022
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Informal Care

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

First Name: Towanda Provider ID #:	Last Name: Burrell	Provider ID: 490897 Email:
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Care Location Inspected

Street Address:	City:	County:	State:	Zip Code:
Address Verified? Yes				

Name of Children in Care (add pages if needed)	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 determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.
Y – Yes, N – No, D – Discussed, n/a – Not Applicable

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flushed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed up to 82
• 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, gauze, scissors, tape, wipes
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered or in use

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	

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

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

☒ 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: 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

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

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

First Name

Last Name

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

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 will [REDACTED] that is approximately a [REDACTED]
[REDACTED] Once there the school will direct them where to shelter. The provider will call the parent 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. [REDACTED] secured in car seat and
[REDACTED] 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.

PROVIDER**INSPECTOR**

Printed Name:

Towanda Burrell

Printed Name:

Signature:

Signature:

Date: 07/22/2022

Phone:

Date: 07/22/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/02/2022	Time In: 10:30AM	Time Out: 11:26AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Stephanie	Last Name: Burton	Provider ID: 445915
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		7/18/2020	2 / No, With Great Grandparent
[REDACTED]		2/19/2014	8 / No, At School
[REDACTED]		6/23/2010	12 / No, At School

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	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, Alcohol wipes, tourniquet, pain relief, burn relief
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Upper cabinet
• Medications of any kind	Y	Upper cabinet
• Matches, lighters and flammable products	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	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • 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	

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<u>Location of The Emergency Ready to go Pack:</u> At the bottom of stairs in the basement	
<u>Item Specification (if needed):</u>	
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, pain relief, tweezers, whistle 6 16oz water bottles, 2 Gatorades, 5 Tuna kits, 16 oz bag of beef jerky, 3 slim jims snacks, Peanut butter cracker, ritz, fruit snacks,	
<u>Items to review on xx/xx/xxxx if needed:</u> N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<u>Shelter In Place Procedure:</u>	
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 plastic and tape to seal the shelter. The provider will call the parent once they are situated and secure.	
<u>Evacuation Procedures:</u>	
The provider will grab the emergency bag, have the children line up at the front door, then proceed 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 [REDACTED]. Once at the location, they will shelter in the main meeting room which has five windows and two doors. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.	
If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will grab the emergency bag, have the children line up at the front door, then proceed to the provider's vehicle where she will secure the baby in car seat and the older children their seatbelts, before driving to the location. The provider will call before [REDACTED]. They will shelter in the family room that has two window 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 immediately 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: <u>Stephanie Burton</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>11/02/2022</u>	Phone: [REDACTED]	Date: 11/02/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 10/01/2021	Time In: 10:30 am	Time Out: 11:28 am	Result: Approved if returned by 5:00 pm on 10/01/2021
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Informal Care

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

Provider Information

First Name: Stephanie	Last Name: Burton	Provider ID: 445915
ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		6/23/2010	11 years/ Y
[REDACTED]		2/19/2014	7 years / Y
[REDACTED]		7/18/2020	1 year / Y
			/
			/
			/

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	SHOWER TURNED ON. BATHROOM STEAMED.
• Has a working inside toilet	Y	Observed 4 burners turn red
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	OBSEVED TEMP TURNED UP.
• Has a working refrigerator and stove	Y	REFRIGERATOR LIGHTS TURNED ON.
• Has a working telephone	Y	HEARD TELEPHONE RING.
• Has operational smoke detector(s)	Y	Test button pressed
• Has first aid kit/supplies	Y	Scissors, gloves, bandages, tourniquet, gauze, Neosporin.
• Has protective coverings on any electrical outlet that is accessible to children	Y	5 outlet 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	Kept in a cabinet
• Medications of any kind	Y	Kept in a shelf in the bedroom closet.
• Matches, lighters and flammable products	Y	1 lighter kept in a high drawer.
• Alcoholic beverages	Y	Not kept in the home
• Guns	Y	Not kept in the home

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Scissors, tape & sealing plastic
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)	

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

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

Emergency Ready To Go Pack Located in a tote in the closet near the front door.

- Forehead Thermometer
- Flash light
- Case of AA and AAA Batteries
- First Aid Kit: ACE bandage, Ointment, Ibuprofen, Gauze, Bandages, Compass, Whistle, Tweezers
- Children does not take medication.
- 4 bottles of 33 oz water & a life straw to filter undrinkable water.
- Canned Tuna, Peanut Butter, Fruit Cups.
- 11 Diapers and a pack of wipes.
- Tops, Underwear, and bottoms for all children
- 3 individual blankets.
- EPP and ECMA for each child in a blue folder.
- Rattle for baby and iPad for children.
- Duct Tape, Blue Scissors, Trash Bags and White waterproof Tarp.

Emergency Documents

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

Planning and Maintenance

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

First Name [REDACTED] Last Name [REDACTED]

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

Shelter In Place:

Provider will gather the children and the ERGB in the common area (1 door 0 Windows). Once safe in the common room the provider will contact the parent.

Evacuation:

Line the children up at the door, grab shoes and the ERGB and head to the car where [REDACTED] will be put in the car seat and the older children will be secured in a seat belt.. Provider will drive to the [REDACTED] 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

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:	Stephanie Burton	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	11-12-2021	Date:	10/01/2021
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/06/2023	Time In: 10:30AM Time In: 3:55PM	Time Out: 11:58AM Time Out: 4:03PM	Result: Follow-up Required Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Laura	Last Name: Bustamante	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/6/2013	9 / No, at school
[REDACTED]		7/11/2016	6 / No, at school

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	
• Has utilities for cooking, lighting and heating	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
• Has protective coverings on any electrical outlet that is accessible to children	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-pad 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 diaper 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 soiled 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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Locked in Master Bedroom

Item Specification (if needed):

- 2 flashlights, 1 pk of batteries, 1 first aid kit, [redacted] thermometer, 3 bottled waters, 4 canned food items, no diapers, 2 outfits and underwear 1 set per child, Folder with EPP and 1 set of ECMA documents per child, 1 carrying case duffie bag, 3 toys, 1 pair of scissors, 2 rolls of duct tape, 3 heavy duty trash bags, 1 large blanket in smaller bag

Items to review on 01/06/2023 if needed: Reviewed and corrected on 01/06/23 @ 3:55pm

- Child's prescribed medication in to-go bag

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
Laura

Last Name
Bustamante

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 both children and emergency bag and head into the bathroom (1 door 0 windows). Provider will lock and seal the door with the sealing plastic and duct tape. Provider will call the parent once they are settled in the emergency location and stay until the emergency is over.

Evacuation Procedures:

Primary Location:

- Provider will grab the emergency bag and the children and head to the car and 1 child will be placed in a booster seat and the other child in car seat. Both children will be secured in by seat belt. Upon arrival, provider and children will [redacted] Once inside the provider and children will go into the [redacted] Provider will call the parent on the way to evacuation location and once they are settled and safe in the location she will call the parent again.

Alternate Location:

- Provider will grab the emergency bag and children and place them in their booster and car seat with seatbelts strapped. Provider will drive to the children's home in which she has a spare key for access. Upon arrival they will go to the basement (1 door 1 window) for shelter. Provider will call the parent once she arrives there and is secured in the home with the children, as well as has a phone notification that alerts the parent when she arrives at the home.

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:	Laura Bustamante	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date: 1/7/23	Phon [redacted]	Date: 01/06/2023	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.gov

Inspection Date: 8/4/2023

Time In: 2:30PM

Time Out: 3:30PM

Result: PASSED

Informal Care

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

Provider Information

First Name: Maxine

Provider ID #: [REDACTED]

Last Name: Butler

Provider ID: 424122

Email: [REDACTED]

Care Location Inspected

Street Address: [REDACTED]

City: [REDACTED]

County: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Address Verified? Yes

Name of Children in Care (add pages if needed)

Scholarship

Date of Birth

Age

/

Present (Y/N)

[REDACTED]

1/19/2018

5 / Yes

[REDACTED]

2/13/2012

10/ Yes

[REDACTED]

10/26/2010

12/ With Parent

Safety of the Home

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

Health and Safety Training:

Standard Met
Y/N

Comments/Notes
Corrective Action /Timeframe if needed

Basic Health and Safety Training Completed?

Y

Certificate Received

Home is free of health and safety hazards:

Standard Met
Y/N

Comments/Notes
Corrective Action /Timeframe if needed

• Is in good repair

Y

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

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

• Has first aid kit/supplies

Y

Band aids, antiseptic wipes, gauze tape

• Has protective coverings on any electrical outlet that is accessible to children

Y

Covered, behind furniture or in use

Harmful items are stored appropriately and away from children:

Standard Met
Y/N

Comments/Notes
Corrective Action /Timeframe if needed

• Sharp or pointed items

Y

Moved to Higher Cabinet

• Medications of any kind

Y

Moved to Higher cabinet

• Matches, lighters and flammable products

Y

None

• Alcoholic beverages

Y

None

• Guns

Y

None

• Cleaning agents

Y

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Provider's Bedroom

Item Specification (if needed):

1 AA batteries, 4 AAA, 3C batteries, 3 Shorts, 3 shirts, 3 sox, 3 underwear's,
3 16oz bottles of water, 4 8oz water, 2 cans each chef Boyardee lasagna, 6 Oatmeal bars, 3 snack Cheetos bags, 3 Welch's fruit snacks
Band-Aids' Neosporin, tape, Benadryl cream, gauze,

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 Maxine

Last Name Butler

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

Shelter In Place Procedure:

The provider will grab the children, grab the ERTB from basement, and head to the lower level family room to shelter. The room has one door and four windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent as soon as she has to shelter in place.

Evacuation Procedures:

The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure [redacted] car seat. [redacted] in seat belts the in car, before driving to the primary evacuation location, [redacted] [redacted] Provider will [redacted] Once at the location, they will shelter in the [redacted] which has no window and one door. The provider will call the parents on the way to the evacuation location and immediately after they are secure in the evacuation location.

For the alternate evacuation location, The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure [redacted] car seat, [redacted] in seat belts the in car, before driving to the [redacted] Once at the location, the provider will inquire where they can shelter. The provider will call the parents on the way to the location and immediately 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:	MAXINE BUTLER	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date: 9/8/2023	Phone: [redacted]	Date: 8/4/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 08/11/2021	Time In: 3:30 PM	Time Out 4:12 PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Maxine	Last Name: Butler	Provider ID: 424122
		Email:

Care Location Inspected

Street Address: City: County: State: Zip Code:

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		10/26/2010	10	/	N
		02/13/2012	8	/	N
		01/19/2018	3	/	N
				/	
				/	
				/	

Safety of the Home

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

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

✓ Flashlight	✓ 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 clothes	✓ Scissors, tape & sealing plastic
✓ 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		
Disaster Supply Kit Comments/Notes: All items were displayed on the camera and packed well in the to-go bag.		
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: She will transport the bag in her car with the children.		

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: Maxine Butler		Printed Name:	
Signature:		Signature:	
Date: 8/11/2021	Phone:	Date: 08/11/2021	Phone: 1-877-227-0125