

### Child Care Scholarship Program

## **Informal Child Care Monitoring Inspections**



First letter of the provider's last name.

Posted January 2024

**DISCLAIMER:** The information in this document is provided as a public service by the MSDE Office of Child Care. Although the information contained herein is believed to be accurate and reliable, it is presented without guarantees and does not constitute an endorsement, either expressed or implied, of any child care provider or program. The Office of Child Care disclaims liability for any errors in, or omissions from monitoring record information.

Virtual Inspection

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

Inspection Date: 10/07/2021	Time	in: 2:30 PM	Time Out: 3:27	PM Result: FAILED
Informal Care				
Type of Care (check one): Non	relative Infor	mal Provider Car	e Relativ	e Informal Provider Care
Provider Information				
First Name: Michelle	Last	Name: Cantarer	ю	Provider ID: NOT IN CCATS
				Email:
Care Location Inspected	011		C	
Street Address:	City:		County: Stat	e: Zip Code:
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			09/06/2006	15/N
			08/14/2018	3/Y
			11/18/2019	2/Y
				1
				1
				1
Additional pages may be used Applicable	for comments	e with each sland	Y – Yes, N – No,	mments or corrective actions needed. D - Discussed, n/a - Not
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Trai	ning Complet	ed?	N	Non-Relative Informal Care Provider: Stated they were in process to complete.
Home is free of health and safety ha	azards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair			Υ	Showed living room, kitchen and play area
<ul> <li>Is free of insect or rodent infe</li> </ul>	stalion		Y	
Is well-lit and well-ventilated			Υ	Windows in all common areas and ceiling lights as well
Has hot and cold running wat	er		Y	Ran the hot and cold water, Steam was visible when running hot water
Has a working inside toilet			Y	Flushed the tollet
Has utilities for cooking, lighti		ig .	Y	
Has a working and safe heali			Y	
Has a working refrigerator and	d stove		Y	Opened the fridge/freezer and tested the stove burners
Has a working telephone			Y	Working cellphone
Has operational smoke detection	lor(s)		Υ .	Tested all 3 smoke detectors and they worked perfectly
Has first aid kit/supplies			Y	Has a kit but the supplies were sparse for 3 children

Has protective coverings on any electrical outlet that is accessible to children	Y	Had electrical coverings on all outlets/ or occupied
larmful items are stored appropriately and away from shildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Knife holder pushed to the back of the kitchen coun
Medications of any kind	Y	Stored in high cabinet above the stove
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	N	Stored under the kitchen sink but had no locks, bathroom cabinet had cleaning products but no loc
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 was neat and organized
Trash, garbage and wet and solled diapers are disposed of in a sanitary manner.	Y	Two trash bins (recycling/trash)
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	Change the diaper, throws away and washes han
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Tolleting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.  • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

	The Emergency Ready-to-Go Princeded medications) and Emergency	ack must be availab	to and easily accessible (	n the event of an emerge	ncy. This contains a Disaster Supply Kit (Includ
Disast	er Supply Kit			7913	
	Directions: Review and determine enough supplies for each child in	ne that each item is a care. Also, that the	adequately included in the Rema are clean, organiz	ve Disester Supply Kit. Be ed, and usable. Commen	e certain that the Disaster Supply Kit contains it and note below if needed.
1	Flashlight	7	Bollied water		
1	Batteries	<b>*</b>	Non-parishable food	-	Backpack(s) or carrying case(s)
1	Portable First Aid Kit	,	Discor	/	Consider special toys or games
		*	Diapers	-	Scissors, tape & sealing plastic
	Thermometer	✓	Change of clothes		
	Medications (N/A)	✓	Blanket(s)		
	in the Disaster Supply Kil are cl				
	gency Ready-to-Go Pack is avai			an emergency (Y/N)? Y	
	ter Supply Kit Comments/Notes:	Kit will be stored	in closet by the exit.		
	shlight k of Batteries				
	of Duct Tape				
	of Hardware Scissors				
	t Aid Kit				
	mometer				
	edications				
Diape	rs/Baby Wipes				
_	s of Food				
4 Bott	led Water				
1 Blar	nket				
1 boo	k, tablet, and cell phone				
	Bag (Carrying Case)				
EPP (	document in folder				
2 Hea	ıvy Duty Trash Bags				
_					2
Emerg	ency Documents		78 = 1-41		
✓ Ir	nformal Provider Emergency Pr	eparedness Plan	(this completed form)	-	
<b>✓</b> A	uthorization for emergency me	dical care			
Planni	ng and Maintenance	10.44			120
Person	responsible for updating the D	isaster Supply Kil	and the Emergency D	ocuments regularly:	
First Na	ame	Last I	Vame		
Descrip	tion of how the Emergency Re-	ady-to-Go Pack v	vill be transported to as	evacuation location:	
Shelter	in-Place: Get the kids, grab th	ne to-go bag. Loc	k both the front and ba	ck door and on to the i	upstairs bathroom, 1 entry/exit door no
	s and lock the door, in the proc				The second secon
Evacua	ition Location (Primary): Gath	er the kids, head	downstairs and grab	he to-go bag, grab the	car seats for both small children, put the
their ca	r seats with the help of	will buckle	himself in, contact the	parent immediately, v	vill go to and stay in the livi
	it until the parent arrives. Living				dire day if the inter-
Evacua	tion Location (Alternate): Ge	t in the car with th	ie to-oo han and hucki	e the kids in car seate	head to
they wo	uld head to the basement (1 sl	idina door no win	dows) Contact the pan	ent and wait for her am	head to upon arrival
				The state of the bill	Total possible,
Signatu	res & Date				
Acknowl	adgement: By signing below th	e parties acknow	ledge that all standard	s have been reviewed.	, and any corrections if needed have
been di	scussed.				
	PROVIDER	1		INS	BPECTOR

Printed Name: Michelle Cantarero	Printed Name:
Signature:	Signature:
Date: 10 - 07 - 21 Phone:	Date: 10/07/2021 Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection		partment of Edi d Care Scholars INFORMAL SPECTION CI	Return to: ccs.informalproviders@maryland.g ov			
Inspection Date: 03/28/2023	Time	In: 3:30PM	Time Out: 4:38PM	// Result	PASSED	
Informal Care						
Type of Care (check one):	□ Non-relative Info	ormal Provider C	are ⊠Relative	Informal Pro	vider Care	
Provider Information						
First Name: Alfreda Provider ID #:	Last	Last Name: Charles			Provider ID: 510300 Email:	
Care Location Inspected Street Address:	City:	Count	y:	State	Zip Code:	
Address Verified? Yes.	dd 'fdad\	Scholarship	Date of Birth	Age	/ Present (Y/N)	
Name of Children in Care (a	idd pages ii needed)	Scholarship	(09/07/2021)	1yr. / Y	,	
Safety of the Home						
Directions: Review and determ pages may be used for comme	nine compliance with ea	ch standard. Note	any comments or co	rrective actio	ns needed. Additional d, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N	Comments	/Notes Action /Timeframe if needed	
			1.7			

pages m	nay 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 H	lealth and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home i	s free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Is in good repair	Y	All areas were clean
	Is free of insect or rodent infestation	Y	No evidence of infestation
	Is well-lit and well-ventilated	Y	All lights were turned on and 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	Thermostat 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	Tested by provider and observed
	Has first aid kit/supplies	Y	First aid kit stored on high shelf in bathroom
•	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied
Harmfu	ıl items are stored appropriately and away from n:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Sharp or pointed items	Y	Stored in upper level kitchen cabinet in knife holde
	Medications of any kind	Y	Stored in upper level shelf in the parent's bedroom
	Matches, lighters and flammable products	Y	Stored in kitchen drawer with lock
	Alcoholic beverages	Y	Does not own
	Guns	Y	Does not own
	Cleaning agents	Y	All cleaning agents moved on top of the washing machine
	Poisonous substances	Y	Does not own
	RAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

#### DO NOT DEND

All areas of the home are kept clean, including diapering area.	Y	Diapers and wipes stored in shelf of child's room	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diaper genie in child's bedroom	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Υ	Diapering materials in changing area	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including:     Physical injury     Any sexual abuse     Mental injury	Y	col territoria. Submitted are that proceedings	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y Control of the cont		
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	content of conditions produced by the condition of the co	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> lepartment of Social Services Child Protective Services Unit.	Y	540.58	

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

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

	it receptible in the event of an emergency		
mergency Ready-to-Go Pack is available and	easily accessible in the over-		
ocation of The Emergency Ready to go Pac tem Specification (if needed): 1 duffle bag (carrying case), 2 flashlight	k: Near the doorway of child's room s, 1 pk of D batteries, , no specific medicati	ons, general planket, 1 stu	Tylenol, 3 bottled waters, 3 uffed animal, 1 pair of scissors, 1
canned food, 1 onesie, 3 diapers & 1 sal	ndwich bag of wipes, 1 lifs are the second of thermome, folder w/ EPP and ECMA and 1 thermome	ter.	
tems to be reviewed on xx/xx/xxxx:N/A			
nergency Documents	Lated form)		
⊠Informal Provider Emergency Prepare	edness Plan (this completed form)		
⊠Authorization for emergency medical	care		
lanning and Maintenance		and orbe	
erson responsible for updating the Disaster	Supply Kit and the Emergency Documents r	gulariy.	
irst Name	Last Name		
asmine Description of how the Emergency Ready-to-	Co Back will be transported to an evacuation	location: ca	arried by the provider.
escription of how the Emergency Ready-to-	30 Pack will be transported		
	77.5		(1 door 1 window). The
Shelter In Place Procedure: The provider will account for the child in care provider will use the sealing plastic and tape	lo seal the door and will are	will call and/o	or text the parents and inform then
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated un execution Procedures:  Primary: The provider will account for the child in care provider will account for the child in the child	til the emergency is over.	and will con	or text the parents and inform then the the parents and let the parents and let the parents appropriately the provider and child we
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated unservacuation Procedures:  Primary: The provider will account for the child know they must evacuate. The provider will shelter in (1 door 1 window). The provider will consider the constant of the child window. The provider will call the parents and security the provider will call the parents and security.	till the emergency is over.  sild in care and then grab the emergency basecure the child in their car seat and drive. The provider will text and call both parents of the child in his car seat and place the emergency base the child in his car seat and place the emergency will go into	and will con U  nce they are s ather the chil	tact the parents and inform then tact the parent and let the parents pon entry the provider and child we settled in the evacuation location.
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated un Evacuation Procedures:  Primary: The provider will account for the child know they must evacuate. The provider will shelter in (1 door 1 window). The provider will shelter in (2 door 1 window). The provider will call the parents and secure She has key access to again via call and text and let them know the provider will call the parents.	till the emergency is over.  secure the child in their car seat and drive the provider will text and call both parents of the provider will text and call both parents of the child in his car seat and place the emergency based on the child in his car seat and place the emergency based on the child in his car seat and place the emergency based on the child in his car seat and place the emergency based on the child in his car seat and place the emergency based on the child in his car seat and place the emergency based on the child in the child in his car seat and place the emergency based on the child in their car seat and call both parents of the child in the ch	g and will con Unce they are s ather the chile rgency bag in windows). Th	or text the parents and inform then attact the parent and let the parents pon entry the provider and child we settled in the evacuation location.  If and grab the emergency to-go in the back seat. She will drive to a see provider will contact the parents
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated under the emergency and keep them updated under the content of the	till the emergency is over.  silld in care and then grab the emergency barsecure the child in their car seat and drive. The provider will text and call both parents of the child in his car seat and place the emergency barsecured in this location.  The provider will text and call both parents of the child in his car seat and place the emergency and will go into the care and the ca	g and will con U nce they are s ather the chil rgency bag in windows). Th	attact the parents and inform then attact the parent and let the parents pon entry the provider and child we settled in the evacuation location.  If and grab the emergency to-go in the back seat. She will drive to a le provider will contact the parents are any corrections if needed have
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated under the emergency and the	till the emergency is over.  silld in care and then grab the emergency barsecure the child in their car seat and drive. The provider will text and call both parents of the child in his car seat and place the emergency barsecured in this location.  The provider will text and call both parents of the child in his car seat and place the emergency and will go into the care and the ca	g and will con Up nce they are s ather the chil rgency bag in windows). Th	attact the parents and inform then attact the parent and let the parents pon entry the provider and child we settled in the evacuation location.  If and grab the emergency to-go in the back seat. She will drive to a le provider will contact the parents are any corrections if needed have
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated under the provider will account for the character in the emergency account for the character in the emergency account for the character in the provider will acco	till din care and then grab the emergency basecure the child in their car seat and drive the provider will text and call both parents of the provider will text and call both parents of the child in his car seat and place the emergency will call and then go the child in his car seat and place the emergency will go into the care and will go that, if approved, the home in which care are or in-person.	g and will con Up nce they are s ather the chil rgency bag in windows). Th	and any corrections if needed have subject to random, unannounced
The provider will account for the child in care provider will use the sealing plastic and tape of the emergency and keep them updated under the provider will account for the characteristic form. The provider will account for the characteristic form the provider will call the parents and secure again via call and text and let them know the emergency account for the characteristic form. The provider will call the parents and secure again via call and text and let them know the emergency account for the characteristic form. The provider will secure the provider will account for the characteristic form. The provider will account for the characteristic for the characteristic for the characteristic for the characteristic fo	till din care and then grab the emergency basecure the child in their car seat and drive the provider will text and call both parents of the provider will text and call both parents of the child in his car seat and place the emergency will call and then go the child in his car seat and place the emergency will go into the care and will go that, if approved, the home in which care are or in-person.	g and will con Up nce they are s ather the chil rgency bag in windows). Th	and any corrections if needed have subject to random, unannounced

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

	-		The second source	NOT THE REPORT OF THE PARTY OF
Inspection Date: 05/05/2022	Time	In: 10:00AM	Time Out: 10:55/	Result: PASSED if returned by 5PM on 05/05/2022
Informal Care				
Type of Care (check one): ☐ Non	-relative Info	nmal Provider Ca	are   Relative	Informal Provider Care
Provider Information				
First Name: Collena	Last	Name: Chishol	m	Provider ID: 365525
Provider ID #:				Email:
Care Location Inspected				
Street Address: City: Address Verified? Yes		Count	State	MD Zip Code 21060
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			9/9/2010	11 / Yes, was sick today
			2/2/2015	7 / No, at school
	-			

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c YYes, N - No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	No sign of infestation
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Observed steam
Has a working inside toilet	Y	Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Υ	Dialed up to 72
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
Has a working telephone	Y	Landline tested
Has operational smoke detector(s)	Y	Alarm sounded
Has first aid kit/supplies	Y	In bathroom
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Υ	
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 the counter
Medications of any kind	Y	High shelf
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	None
Alcoholic beverages	Y	None
Guns	Υ	None
Cleaning agents	Y	Moved to higher cabinet

<ul> <li>Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Ý	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:         Physical injury         Any sexual abuse         Mental injury	Ŷ	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit	Y	

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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

M17	her	MARK	mol	or
TXI I	136-47	155.75	1300	121

☑ Change of clothes

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

_			200		
rea.	λA	ad	ing	tir	ans
100	IVI		100	w	2112

⊠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):

4 16oz Chef Boyardee, Cheetos, Chips, cookies, 12 8oz water bottles

Checkers game, trouble, dolls

6 tops, 6 pants, night clothes, 2 blankets

Pediatric Cold medicine

4 D batteries

Band-Alds, gauze, alcohol pads, ointment, cold compress, cotton swabs, tape, gloves

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

			J-35		
Emer	TIPE	CV	Doc	Imen	ts

⊠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: Will be carried

#### Shelter In Place Procedure:

Gather the children and emergency go back and go downstairs to the basement back room. There are 3 doors and 1 window that the provider will cover with plastic if the need should arise. Provider will call parents once secure in the basement.

#### Evacuation Procedures:

The provider will gather the children and the ready to go bag and head to her vehicle. Provider will secure booster seat and secured with a seat belt before they drive to primary evacuation location which is the provider's sister's house. Once at the house, they would be let in by her sister and will shelter in the living room that one window and two doors. Once secure, provider will call parents to inform them of what is going on. If they could not go to the primary evacuation location, they would go to the alternate evacuation location which is \_\_\_\_\_\_\_. They will gain entry with spare key the provider has and the shelter in the living room of the house which has two bay windows and two doors. Once secure, provider will call parents to let them know where they are.

Signatur	res	&	Dat	le
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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: Collena Chisholm	Printed Name:		
Signature	Signature:		
Date: 0 5-05-22 Phone:	Date: 05/05/2022 Phone: 1-877-227-0125		

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 03/24/2022	Time In: 10:30 AM	Time Out:	Result: PASSED
Informal Care			
Type of Care (check one): ☐ Non-re	lative Informal Provider C	are ⊠Relative l	nformal Provider Care
Provider Information			
First Name: Collena	Last Name: Chisholn	n	Provider ID: 365525
Provider ID #: C-245-122-792-162			Email: collena.chisholm@yahoo.com
Care Location Inspected			
Street Address: 10 Glen Circle City Gle Address Verified? Yes.	en Burnie County Anne	Arundel State	MD Zip Code 21060
Name of Children in Care (add pages if no	eeded) Scholarship	Date of Birth	Age / Present (Y/N)
Ni'elle Kelley		(09/09/2010)	11 yr. /
Jazmine Eggleston		(02/02/2015)	7yr. /
			1
			1
			1
			1

Safety of the Home		LANGE DES USE UN PUBLICATION
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or co Y - Yes, N - No, D	orrective actions needed. Additional  O - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Provider
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
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Observed steam on the mirror
Has a working inside toilet	Y	Observed provider flushed the toilet
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Υ	
Has a working refrigerator and stove	Υ	Refrigerator clean and stove tested
Has a working telephone	Υ	Working house phones and cellphones
Has operational smoke detector(s)	Y	Tested by provider
Has first aid kit/supplies	Y	High shelf in bathroom
Has protective coverings on any electrical outlet that is	Y	

accessible to children	<u>'</u>		
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	Does not own	
Alcoholic beverages	Y	Does not own	
Guns	Y	Does not own	
Cleaning agents	Y		

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.
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children.
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Υ	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	Fully stocked soap areas for both kitchen and bathroom.
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	Yes, she will call if necessary.

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

#### **Disaster Supply Kit**

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

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

⊠Thermometer

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

⊠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, in providers bedroom near the exit door.

#### **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

Collena

Chisholm

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

#### Item Specification (if needed):

2 blankets

6 can foods/ multiple packaged snack items

3 (+) bottled waters

No diaper age children, but underwear provided

2 outfits/1 per child

1 thermometer

No medications prescribed

1 first aid kit

2 flashlights

1 pack of AAA batteries

2 (+) game sets

1 scissors, 1 roll of tape and 3 trash bags

<u>Shelter-in-Place:</u> Provider will grab the children and the to-go bag and go down to the basement go into her bedroom (1 door and 1 window), will contact the parent via call and text before, during and after the emergency.

<u>Evac Loc. (primary):</u> Provider will collect the children and the to-go bag and will go into her car and put the 7yr in her booster seat and the 11yr old would be strapped in the car seatbelt. She will drive them to her sister's home, and once given entry they will go into the living room (2 doors 1 window), will contact the parent upon arrival and after the emergency. They will stay there until it is safe to return to the provider's home.

<u>Evac Loc. (alternate)</u>: Provider and the children will go to their great grandmothers home, she will transport the children and togo bag in her car, 7yr old strapped into her booster seat and 11yr old strapped in car seat belt, upon arrival the provider has key access and they will go into the living room area(2 windows 1 door), she will contact the parent while there and afterward when 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 popular visit which will be conducted virtually or in-person.

PROVIDER		INSPECTOR	
Printed Name: Olleno	Chisholm	Printed Name: Randa Bropleh	
Signature Callena C		Signature: Randa Bropleh	
Date: 3-24-22	Phone: 443 - 403 - 9442	Date: 03/24/2022	Phone: 1-877-227-0125

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

1/24	II.	ISPECTION C	ILUNLIOI	
Inspection Date: 02/03/2023	tion Date: 02/03/2023 Time In: 10:30AM		Time Out: 11:38A	M Result: PASSED
Informal Care				
Type of Care (check one):	relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Eugenia Provider ID	Last	Name: Clemen	te	Provider ID: 482991 Email:
Care Location Inspected				
	City:	County:	State	Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
	•		11/23/2020	2 /Y
Safety of the Home  Directions: Review and determine complia	ance with ea	ch standard. Note	e any comments or co	orrective actions needed. Additional
pages may be used for comments.				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 Comp	eted?		Y.	Relative Informal Care - Certificate Submitted
Home is free of health and safety haz	ards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	All areas were clean and in great condition	
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 lightening	
Has hot and cold running water		Y	Tested by provider and steam observed on camera	
Has a working inside toilet			Y	Flushed by provider and observed
Has utilities for cooking, lighting	and heating	ng	Υ	All pots, pans, and utensils in locked cabinets or drawers
<ul> <li>Has a working and safe heating</li> </ul>	system		Y	Thermostat settings tested and observed
<ul> <li>Has a working refrigerator and</li> </ul>	stove		Y	Tested by provider and observed
Has a working telephone			Y	Called provider's working phone
<ul> <li>Has operational smoke detector</li> </ul>	r(s)		Y	Observed and tested by provider
Has first aid kit/supplies		Y	Retrieved by provider and observed	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>		Y	All outlets were covered with coverings and/occupied	
Harmful items are stored appropriate children:	ly and awa	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items			Y	Stored in locked kitchen drawer or on the back of kitchen counter out of child's reach
Medications of any kind			Y	Stored in upper kitchen cabinet
<ul> <li>Matches, lighters and flammab</li> </ul>	le products		Y	Stored in locked kitchen drawer
Alcoholic beverages			Y	Stored in basement bar cabinets, gated entry away

• Guns	Y	Does not own
Cleaning agents	Y	Lower kitchen and bathroom cabinets as well as hallway closet all have locks on them
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	All diapers disposed of in kitchen trash bin and disposable diaper in mother's office
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering area has all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠Portable First Aid Kit

⊠Diapers

⊠Consider special toys or games

	100			MHomes Duty Spingers dust tone!
⊠Thermometer		⊠Change of clothe	s	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications		⊠Blanket(s)		
Items in the Disaster Supply	Kit are clean, organia	zed, and usable (Y/N)?	Υ	
Emergency Ready-to-Go Page	ck is available and e	asily accessible in the ev	vent of an emergency (Y/N	ŋ? Y
	ed): ra AA batteries, 1 firs on, 1 3 shirts & pants	st aid kit, 1 thermometer, s, 1 pair of socks, 1 blant	, 3 bottled waters, 5 canno ket, 1 toy tablet and game	ed foods, 2 juices, 5 diapers, 1 pk of wipes, s, 1 pair of scissors, 1 roll of duct tape, 3
Emergency Documents				
⊠Informal Provider En	nergency Prepared	ness Plan (this comple	ted form)	
⊠Authorization for em	ergency medical ca	ire		
Planning and Maintenance				
Person responsible for updat	ing the Disaster Su	pply Kit and the Emerg	ency Documents regular	rly:
First Name		Last Name		
Eugenia Description of how the Emerg	anna Pondu to Co	Clemente	dto on everyation local	lian: Carried by provider
the upper level bathroom. The will call and text both parents  Evacuation Procedures:  Primary: The provider will endaring car seat in the provide She will door 3 windows). Provider will bag and secure the child in her	e bathroom has (1 of to inform them of the same to grab the entr's vehicle. Once extended the call and the entry and the entry and the entry and the entry seat within p	door 0 windows), and whe emergency and give mergency bag and do a veryone is secure she was access, and eiting the parents at the ensure she is home and rovider's vehicle. Upon	would use tape and trash a continuous updates und roll call as she grabs the will drive the car to the exither go where the associatart, during, and after the different than the drive to the alternational arrival, the homeowner	e child and secure the child in her front- vacuation location at the instructs or go into the gym area (1
Signatures & Date				
	also acknowledge th	nat, if approved, the ho		ewed, and any corrections if needed have ided is subject to random, unannounced
	ROVIDER			INSPECTOR
Printed Name: Eugeni	a Clemen	fe	Printed Name:	
Signature:			Signature:	
Date: 02 /03 /2023	Phone:		Date: 02/03/2023	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 03/08/2022 Follow up 03/09/2022	Time In: 1:45PM Time 9:00AM	Time Out: 2:46PM 9:10AM	Result: Follow up required. Result: Passed if returned by 5:00PM on 3/10/2022
Informal Care			
Type of Care (check one): ☐ Non-re	ative Informal Provider	Care ⊠Relative In	formal Provider Care
Provider Information			
First Name: Eugenia	Last Name: Clemen	te	Provider ID: 482991
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified? YES	City	nty State State	Zip Code Lavas
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		11/23/2020	1 / No, was out with other parent

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	Home in very good condition and well maintained
Is free of insect or rodent infestation	Y	No sign of rodents or insects
Is well-lit and well-ventilated	Y	Bright and well lit.
Has hot and cold running water	Υ	Steam observed
Has a working inside toilet	Y	Flush observed
Has utilities for cooking, lighting and heating	Y	Electric stove turned orange when turned on
Has a working and safe heating system	Υ	Turned up from 75 to 76
Has a working refrigerator and stove	Y	Light observed for refrigerator and freezer.
Has a working telephone	Y	Provider was on her phone for the inspection. Ca made to provider after the inspection and verified
Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
Has first aid kit/supplies	Y	Ointment, gauze, tape, gloves band aids, tongue depressors, gauze, ice pack, Alcohol wipes,
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Outlets not in use all covered or behind heavy 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	Knives on counter
Medications of any kind	Y	Kitchen upper cabinets
Matches, lighters and flammable products	Y	Lighter back of drawer
Alcoholic beverages	Y	Wine in Upper cabinet
Guns	Y	None in the house
Cleaning agents	Y	Under sink locked / locked hallway closet.

Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### Disaster Supply Kit

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		Estackpack(s) of carrying case(s)				
APORAble First Ald Kit	⊠Diapers					

⊠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: Closet by front door.

#### Item Specification (if needed):

6 AAA

First aid- Tweezers, scissors, gauze, safety pins, tape Q-tips, ointment, alcohol wipes, band aids

Baby Tylenol, saline, Advil, oral gum medication, cough meds, gas relief drops.

One package of wipes, 5 diapers, Play phone, rattles, teethers, 2 books

2 sets each of Onesie, socks, pants, shirts, long sleeves, One blanket, burping cloth

2 bottle of water 16oz 2 Baby soups, canned lasagna, Vienna sausages

#### Items to review on 03/09/2022 if needed:

First aid kit for the house including Gauze, Ointment, tape, alcohol wipes, band aids, ice pack,

One more set of clothing- added one pair each of pants, shirt, socks, ,long sleeve shirt.

#### **Emergency Documents**

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 make sure to lock doors and seal windows if the need should arise. Provider will get the child and the emergency to go bag and go to hallway bathroom. The bathroom has one door and no windows. The provider will be in communication with the parent before, during and after the shelter in place.

#### **Evacuation Procedures:**

The provider will first contact the community center and make sure it is open. Provider will then gather the child and the emergency to go back and head to her vehicle where she will secure the baby in the rear facing car seat. Other adults in the household will join if they are at home. (Adults are listed on the consent form). Provider will be communicating with parent before leaving the home, during and after the evacuation.

#### Alternate Location:

The provider will call let her know that she is on the way. Provider will gather the child and the emergency to go bag and head to her vehicle where she will secure the baby in rear facing car seat before driving to her sister's house. Other adults in the household will join them if they are at home. Provider will be communicating with the parent before leaving the house, once at sister's location and after the emergency is over.

Sic			

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: Eugenia	a Clemente	Printed Name;		
Signature:		Signature:		
Date: 3/09/2022	Phone:	Date: 03/09/2022	Phone: 1-877-227-0125	

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 6/17/2022	Time	e In: 9:30AM	Time Out: 10:46	AM Result: F on 06/17	assed if returned by 5:00PM (2022.
Informal Care					
Type of Care (check one):	on-relative Info	ormal Provider Ca	re ⊠Relative	Informal Provider	Care
Provider Information					
First Name: Mary	Last	Name: Collins		Provider	D: 401177
Provider ID #				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes	City:	County		State 2	Zip Code:
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
P-			3/14/2006	16 / Yes	
			8/29/2010	11 / Yes	
			2/26/2013	9 / Yes	
			6/17/2015	6 /Yes	
			9/22/2016	5 / Yes	

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c Y – Yes, N – No,	orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider registered, pending completion
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	У	
Has utilities for cooking, lighting and heating	Y	Electric stove operational
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	Light came on when opened
Has a working telephone	Y	
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	
Has first aid kit/supplies	Y	Gauze, tape, alcohol wiles, aspirin, ointments
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	
Medications of any kind	Y	In a safe
Matches, lighters and flammable products	Y	
Alcoholic beverages	Υ	None
Guns	Y	None
Cleaning agents	Υ	
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:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

	⊠ Blanket(s)		
Items in the Disaster Supply Kit are clean, or	rganized, and usable (Y/N	I)? Y	
Emergency Ready-to-Go Pack is available a	and easily accessible in the	e event of an emergency (Y/N)	)? Y
Location of The Emergency Ready to go	Pack: By the front door		
Item Specification (if needed):			
5 Pants,5 shirt underwear socks 5 Canned beef stew, 1 baked beans 5 Spa 2 First aid kits that include Gauze, tape, a pack AA batteries, wipes, Flash cards, bo	alcohol wiles, aspirin, oi ooks, two tablets kept in	ntments, gloves, ice pack, Ty	i 16oz bottles, ylenol, ibuprofen, 8 small flash lights, 16
Items to review on xx/xx/xxxx if needed:	. N/A		
Emergency Documents			
⊠Informal Provider Emergency Prep ⊠Authorization for emergency medic		pleted form)	
Planning and Maintenance			
Person responsible for updating the Disaster	er Supply Kit and the Em Last Name	ergency Documents regular	у:
Description of how the Emergency Ready-to	o Co Pack will be transc	orted to an evacuation locati	on: Rolled
Shelter In Place Procedure:  The provider will gather the children in the state need arises the provider will seal windows.	sitting room, grab/roll the	emergency bag go down to Once safe provider will call	the basement where they will shelter. If 911 and the parent.
Evacuation Procedures:			
The provider will gather the children and go their car seats and seat belts before driving room that has one door and one large wind emergency bag and head to the vehicle wh they drive to the alternate evacuation locati shelter in the living room that has one wind	to the primary evacuation of the primary evacuation of the children will be so or	on location which the pro ecured in their car seats and Provider will g	They will shelter in the living wilder will gather the children and seat belts in the providers car before ain entry v
Signatures & Date			
Acknowledgement: By signing below the pa been discussed. The parties also acknowled pop up visit which will be conducted virtually	dge that, if approved, the	Il standards have been reviev home in which care is provid	wed, and any corrections if needed have ded is subject to random, unannounced
PROVIDER	V		INSPECTOR
Printed Name: Mary Collins		Printed Name:	
Signature;		Signature:	
Date: 6/17/2022 Phone:		Date: 06/17/2022	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person
Inspection

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

Inspection Date: 09/21/2021	Time In: 2:00 PM	Time Out: 3:22 PM	Result:
Informal Care			
Type of Care (check one):   Non-relative	e Informal Provider C	are Relative Info	ormal Provider Care
Provider Information	104		
First Name: Mary	Last Name: Collins	λ.	Provider ID:
		S	Email:
Care Location Inspected			
Street Address: Verified?: Yes Home Number	City	County	State Zip Code
Name of Children in Care (add pages if neede	d) Scholarship	Date of Birth	Age / Present (Y/N)
		03/14/2006	15 /N
	- ALEX	9/18/2008	13 /N
		08/29/2010	10 /N
		8/27/2013	8 /N
		6/17/2015	6 /N
		9/22/2016	4 /Y

Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any come Y - Yes, N - No,	ments or corrective actions needed.  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	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	N	Large hole in bathroom door
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Υ	
Is well-lit and well-ventilated	Y	Natural light and artificial lighting throughout the home.
Has hot and cold running water	Υ	Steam observed on mirror
Has a working inside toilet	Y	Flushed toilet
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	Temp changed on thermostat
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	Both lights turned on in refrigerator and freezer.  Burners turned red.
Has a working telephone	Y	Provider used her cell phone to call the home phone.
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Smoke detector beeped
Has first aid kit/supplies	Υ	Tylenol, Cough drops, Bandages, cough syrup, 2 first aid kits.
Has protective coverings on any electrical outlet that is accessible to children	N	No outlet covers in the home
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	Drawer in the kitchen.
Medications of any kind	Y	Inside the safe.
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	Not kept in the home
	1	

Alcoholic beverages

Not kept in the home

Guns	Y	No guns in the home
Cleaning agents	Υ	Kept on a high shelf in the laundry room
Poisonous substances	Υ	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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Outside garbage can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	No children in diapers.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	γ	
A child in care is not subjected to any form of neglect, noluding:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:         <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Bitting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> <li>The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local</li> <li>Department of Social Services Child Protective Services Unit.</li> </ul> </li> </ul>	Y	

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

#### Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

□ 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, organi		
Emergency Ready-to-Go Pack is available and e door.	asily accessible in the event of an emer-	gency (Y/N)?Y. Kept in the hallway closet next to the
Disaster Supply Kit Comments/Notes: Extra flashlight with 4 AA Batteries. 10+ Pack of AA Batteries First Aid Kit Contains: Ice pack, Alcohol Wipes, S The children does not take any medication. 8 16 oz bottles. 5 Cans fruit and vegetables Tops and Bottoms for: 2 large blankets Site words card games, work books, and coloring Scissors, Window sealing tape, and a roll of trash	g books	ezers, Ointments.
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
Authorization for emergency medical ca		
Planning and Maintenance		
Person responsible for updating the Disaster Suj	pply Kit and the Emergency Documen	ts regularly:
First Name	Last Name	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacua	ition location:
Emergency Ready to Go Bag: Provider will have the children to meet in the one of the 2 doors to the neighbor's home. The provider will knock on the door and shelter in	services.  living room, will grab the base provider will call the parent on har the living room (2 doors 1 window children in the vehicle and stop pa	ss the parents job to update her on the current
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed.	cknowledge that all standards have be	een reviewed, and any corrections if needed have
PROVIDER		INSPECTOR
Printed Name: mary Calins	Printed Name:	
Signature:	Signature:	
Date: 9/27/2021 Phone:	Date:09/21/2021	Phone: 1-877-227-0125

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

#### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 02/02/2023	1000000	n: 10:30AM	Time Out: 11:40A	
Follow Up scheduled: 02/06/2023	Time	n: 1:30PM	Time Out 1:45PN	Result PASSED
Informal Care				
Type of Care (check one):	elative Infor	mal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information				
E-this Biographic	I and M		47	Provider ID: 506128
First Name: Margarette Provider ID #:	Last N	lame: Constar	nune	Email:
Provider ID W.				
Care Location Inspected				
Street Address: City: 1 Address Verified? Yes.		County:	State	Zip Code:
Name of Children in Care (add pages if r	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(06/30/2020)	2 / Yes
			(08/31/2021)	1 / Yes
			(09/02/2009)	13 / No
				W

Disastinas Davis and data-sis and in the state of the sta		
Directions: Review and determine compliance with each standard. No pages may be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	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	Door to bathroom locked. Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Digital thermostat dialed up
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Call was made to provider phone to confirm prope function
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	
Has first aid kit/supplies	Y	Gauze, tape, Neosporin, bandaids, alcohol wipes
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Corrective Action: Locks added to kitchen draw
Medications of any kind	Y	
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: Locks added to kitchen cabinet with cleaning agents

⊠Medications	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)	? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the	event of an emergency (Ya	W) S A
Location of The Emergency Ready to go Pack	: Master Bedroom		
Item Specification (if needed):  3 AA batteries 7 pants, 3 shirts, 3 Sweater, 8 diap 6 8oz bottles of water, 2 can each of ravioli, mac.  Items to review on 02/06/2023 if needed: Revie  - Kitchen Cabinet under sink must be locke  - Drawer with the knives needs lock - corrected	& cheese, apple sauce ewed & Corrected as d - corrected	e, fruit cocktail, 2 peanut b	porin, scissors, tweezers, 3 blankets, utter crackers, Juice boxes,, roll of duct tape
Emergency Documents			
⊠Informal Provider Emergency Prepared  ⊠Authorization for emergency medical ca		leted form)	
Planning and Maintenance			
Person responsible for updating the Disaster Su First Name Margarette	pply Kit and the Eme Last Name Const		arly:
Description of how the Emergency Ready-to-Go	Pack will be transpo	rted to an evacuation loc	ation: Carried
car seats and the older child in his seatbelt, befone door. If the need should arise the provider leaving the care location and immediately after	er the children, then per service and let service and let service and let service and after service and gradient service and after service and gradient service and service and the service an	proceed to the provider's driving to the primary evaluation by are on their way, arise the provider will use or they are secure in the ernate evacuation location a provider's vehicle where the to seal the shelter. The	vehicle where she will secure the 2 small cuation is the plastic and tape to seal the shelter. The evacuation location.  which is the shelter in the plastic and tape to seal the shelter. The evacuation location.  which is the shelter in the provider as he will secure the small children in their the family room that has two windows and the provider will call the parents before
Signatures & Date			
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or it.	that, if approved, the	standards nave been rev home in which care is pro	newed, and any corrections if needed have ovided is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: NANCANCETE GONSTANE	Line	Printed Name: I	
		Signature:	
Date: 7-06-22 Phone:		Date: 02/06/2023	Phone: 1-877-227-0125

<ul> <li>Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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	
	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
	⊠Diapers	
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Virtual Ins	pection
□In-person	Inspection

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

Return to: ccs.informalproviders@maryland.g ov

	Inspection Date: 03/02/2022	Time	in: 1:45 PM	Time Out: 3:07 PM	ccs.infor	ASSED if returned to malproviders@maryland. om on 03/03/2022.
	Informal Care					
T	ype of Care (check one):   Non-re	elative Informa	al Provider Care	☐Relative Informa	al Provider Ca	are
	Provider Information					
	First Name: Beatriz	Lact	lama: Conto Sar	ntana	Provider I	D: NOT IN CCATS
	Provider ID #:	Last	Last Name: Conto Santana		Email:	
	Care Location Inspected					
	Street Address: Address Verified? Yes.	City	Count	ty State	Zip Code	
	Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
A				(01/29/2010)	12yr / N	
				(03/15/2011)	10yr / N	
				(05/16/2016)	5yr / N	
					1	
					1	_
					1	

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 Non-Relative Informal Provider	
Basic Health and Safety Training Completed?	Y		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	The home was clean	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y		
Has hot and cold running water	Y	Tested hot and cold water	
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	Tested the stove and refrigerator/freeze clean	
Has a working telephone	Y	Working cell phone and house phone	
Has operational smoke detector(s)	Y	Tested the smoke detector	
Has first aid kit/supplies	Y	Stored in bathroom cabinet up high	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	
Medications of any kind	Y	Stored in upper kitchen cabinet
Matches, lighters and flammable products	Y	Stored in a high level cabinet
Alcoholic beverages	Y	Stored in a metal cabinet on shelf
Guns	Y	Does not own
Cleaning agents	Y	Cleaning agents moved above the refrigerator
Poisonous substances	Υ	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including the diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	N/A	No diaper age children
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;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:      Physical injury     Any sexual abuse     Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:         <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul> <li>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local</li> <li>Department of Social Services Child Protective Services</li>	Y	

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.				
Disaster Supply Kit				
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.				
⊠Flashlight	⊠ Bottled water (5)	⊠Folder or binder for EPP documents (incl. ECMA for each child)		
⊠ Batteries for Flashlight	⊠ Non-perishable food (Pack of food/5 cans)	⊠Backpack(s) or carrying case(s) (backpacks per child)		
⊠ Portable First Aid Kit	□Diapers (N/A)	⊠Consider special toys or games (3 books)		
⊠Thermometer	⊠ Change of clothes (3)	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
⊠ Medications (Allergy medicine for Isaac)	⊠ Blanket(s) (3)			
Items in the Disaster Supply Kit are clean, organized	d, and usable (Y/N)? Yes.			
Emergency Ready-to-Go Pack is available and easi	ly accessible in the event of an emergency (Y/N)	? Yes, in the providers room near exit door.		
Emergency Documents				
⊠Informal Provider Emergency Preparedne	ss Plan (this completed form)			
⊠Authorization for emergency medical care				
Planning and Maintenance				
Person responsible for updating the Disaster Supp	y Kit and the Emergency Documents regularly	<i>r</i> :		
First Name L	ast Name			
Description of how the Emergency Boady to Co Br	ack will be transported to an evacuation leastic	an:		
Description of how the Emergency Ready-to-Go Pa	ack will be transported to an evacuation location	и.		
Item Specification (if needed):				
2 Flashlights				
3 Batteries for Flashlight 1 Portable First Aid Kit				
1 Thermometer				
1 Allergy medicine for Isaac				
5 Bottled Waters				
3 Packs of food/5 cans				
3 outfits (1/child) 3 Blankets				
EPP and ECMA per child				
3 Books				
1 scissor, duct tape and 3 trash bags				
Shelter-in Place: Will gather the children and go into the basement where the to-go bag will be in her bedroom. There are (4 doors and 0 windows) in the enclosed area, and will call the parent via cellphone before, during and after the emergency.				
Evacuation Location (Primary): Gather the children and the to-go bag, walk over to the neighbor's home, neighbor will be home to give them access, go into the basement area (2 windows 1 door). Call first and then text parents if they don't answer.				
Evacuation Location (Secondary): Going to drive to put the seat belt on and make sure the other children secure, and put the to-go emergency bags in the car. Upon arrival the aunt will be home and give them access, going to the basement for safety (1 door and 1 window), will call and text the parent to inform of the emergency. Will stay there until the emergency is over.				

#### 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.

P	PROVIDER	IN	ISPECTOR
Printed Name: Beatriz Conto Santana		Printed Name:	
Signature:		Signature:	
Date: 03/02/2022	Phone:	Date: 03/02/2022	Phone: 1-877-227-0125

☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 06/21/2022	Time In: 1:45PM	Time Out: 2:47P	M Result: PASSED if form returned by 5PM on 06/22/2022	
Informal Care				
Type of Care (check one): ☐ Non-rela	tive Informal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Barbara	Last Name: Cooper		Provider ID: 175217	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: City: Address Verified? Yes	County:	State	Zip Code:	
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Present (Y/N)	
		9/4/2009	12 /Yes	
		6/29/2011	10 / Yes	
		0/23/2011	10 / 163	
Safety of the Home				
Directions: Review and determine compliance pages may be used for comments.	with each standard. Note		corrective actions needed. Additional  D - Discussed, n/a - Not Applicable	
		Standard Met	Comments/Notes	
Health and Safety Training:		Y/N	Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed	?	N	Provider Registered, pending completion	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair		Υ		
<ul> <li>Is free of insect or rodent infestation</li> </ul>	1	Υ	No sign of infestation	
Is well-lit and well-ventilated		Υ		
Has hot and cold running water		Y	Steam observed	
Has a working inside toilet		Y	Flushed	
<ul> <li>Has utilities for cooking, lighting and</li> </ul>	heating	Y	Electric burners turned red	
<ul> <li>Has a working and safe heating sys</li> </ul>	tem	Y		
<ul> <li>Has a working refrigerator and stove</li> </ul>	е	Y	Light observed when door was opened	
Has a working telephone		Υ	Provider has been called on her cell phone	
Has operational smoke detector(s)		у	Alarm sounded	
Has first aid kit/supplies		Y		
<ul> <li>Has protective coverings on any ele accessible to children</li> </ul>	ctrical outlet that is	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	Back of counter	
Medications of any kind		Y	1	
Matches, lighters and flammable products		Y	None	
Alcoholic beverages		Y	None	
Guns		Y	None	

Cleaning agents

Guns

Υ

Poisonous substances	Υ	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including: <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

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

⊠Thermometer	⊠Change of clothes	☑Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags				
⊠Medications N/A	⊠Blanket(s)	2.130				
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y					
Emergency Ready-to-Go Pack is available and ea	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	: One of the Children's bedroom					
Item Specification (if needed):						
2 shorts, 2 tops, 2 16oz bottles of water, Vienna sausages, chef Boyardi, canned mixed	vegetables and canned corn					
Items to review on xx/xx/xxxx if needed: N/A						
Emergency Documents						
☑Informal Provider Emergency Prepared	ness Plan (this completed form)					
	re					
Planning and Maintenance						
Person responsible for updating the Disaster Su		s regularly:				
First Name	Last Name					
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacua	ion location: Carried				
Shelter In Place Procedure:						
The provider will get the girls and emergency to get the need should arise the provider will seal the way parent once secure in the shelter.		The room has one window and one door. If the emergency bag. The provider will call and text				
Evacuation Procedures:						
belts before driving to the primary evacuation loc there is one window and one door. Once secure,	ation which is the provider's house. O provider will call and text parent. If the gather the girls and head to the vehicle ecation. Once there they will shelter in	ey could not shelter at the provider's house they where she will make sure they are secure in seat				
Signatures & Date						
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	at, if approved, the home in which care					
PROVIDER		INSPECTOR				
Printed Name Barbara Coope	Printed Name:					
Signatu	Signature:					
Date: 6/22/22 Phone:	Date: 06/21/202	2 Phone: 1-877-227-0125				

Ø	Virtual	Inspection
In-	person l	Inspection

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

Inspection Date:	T1-	T =		
Inspection Date: 5/25/2021	Time In: 1:00 PM	Time Out: 3:00 PM	10000	sult: PROVED
Informal Care				
☑ Type of Care (check one): Non-re	lative Informal Provide	r Care ☑ Relati	ve Informal F	rovider Care
Provider Information				
First Name:	Last Name:		Pro	vider ID:175217
Barbara		Em	ail:	
Care Location Inspected				
Street Address:	City	Cou	inty	State Zip Code
	Distriction of the Control of the Co	The state of the s		
Name of Children in Care (add pages if needs	ed) Scholarship	Date of Birth		/ Present (Y/N)
		09/04/2009	11/Y	
and the second s		06/29/2011	9/ Y	
			/Y	
			/Y	
			/Y	The state of the s
			/Y	11
Health and Safety Training:		Standard Me Y/N	The state of the s	nts/Notes ve Action /Timeframe if needed
Basic Health and Safety Training Cor	npleted?			
Home is free of health and safety hazards:		- 1		
none to new or neath, and among nazuracy		Standard Me Y/N	The second secon	nts/Notes ve Action /Timeframe if needed
Is in good repair		THE RESERVE OF THE PROPERTY OF THE PARTY OF	The second secon	
Is in good repair     Is free of insect or rodent infestation		Y/N Y	The second secon	
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated		Y/N Y Y	The second secon	
Is in good repair     Is free of insect or rodent infestation     Is well-lit and well-ventilated     Has hot and cold running water		Y/N Y Y Y Y	The second secon	
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet		Y/N Y Y Y Y Y Y	The second secon	
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and	TORSON AND SECURE	Y/N Y Y Y Y Y Y Y Y	The second secon	
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating systems	em	Y/N Y Y Y Y Y Y Y Y Y Y Y	The second secon	
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating system Has a working refrigerator and stove	em	Y/N Y Y Y Y Y Y Y Y Y Y Y Y	The second secon	ve Action /Timeframe if needed
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syste Has a working refrigerator and stove Has a working telephone	em	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y	The second secon	
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and let has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s)	em	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	The second secon	ve Action /Timeframe if needed
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syste Has a working refrigerator and stove Has a working telephone	em	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y	The second secon	ve Action /Timeframe if needed
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syste Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any elect	em trical outlet that is	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/N	Mobile phones only
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syste Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any elect accessible to children	em trical outlet that is	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/N	Mobile phones only
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syste Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any elect accessible to children  Irmful items are stored appropriately and availdren:	em trical outlet that is	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/N	Mobile phones only

Alcoholic beverages	Y	
Guns	N/A	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet fiaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply

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

#### Disaster Supply Kit

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

☑ Flashlight

D Bottled water

Folder or binder for EPP documents

☑ Ba	atteries	赵	Non-perishable food	(Z)	Backpack(s) or carrying case(s)
	ortable First Aid Kit	Ø	Diapers	<u>~</u>	
	nermometer	120	Change of clothes	<b>5</b>	
	edications	Z	Blanket(s)		classics, tape & seating plastic
		are clean, organized, ar		1000	
				an emergency (Y/N)? Y	
Disaster S	Supply Kit Comments/I				
Emergency	y Documents				
	mal Provider Emerge orization for emerger	ency Preparedness Pla	n (this completed form	)	
Planning a	and Maintenance				
Person resp	ponsible for updating	the Disaster Supply K	it and the Emergency	Documents regularly:	
First Name		Last	Name		
Description	of how the Emergen	ncy Ready-to-Go Pack	will be transported to a	n oversuction location:	
Provider w	rill gather the 2 child	dren and go in the ma	in level badroom to	adminus dina Danalu da .	an ham. There also will sull the
parent while belts. She sarrival, she inform her	ile walking with the will make sure the le will assist the chile about the new loca	children downstairs to belts are secure before dren out of the vehiculation.	to the vehicle. The Pr	ovider will instruct the	go bag. Then she will call the e children to put on their seat for safety. Upon ne, she will contact the parent to
parent whil belts. She arrival, she inform her	ile walking with the will make sure the le will assist the chill about the new location is way from the care lo	children downstairs to belts are secure before dren out of the vehicution.	to the vehicle. The Properties of the Properties	ovider will instruct the ence. Once in the hon	children to put on their seat
parent while belts. She warrival, she inform her  The 2 <sup>nd</sup> evaluation and the shadow and the shadow are shadow and the shadow and the shadow and the shadow and the shadow are shadow and the shadow and the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow are shadow as the shadow as the shadow are shadow as the sh	ile walking with the will make sure the le will assist the chill about the new location is way from the care lo	children downstairs to belts are secure before dren out of the vehicution.	to the vehicle. The Properties of the Properties	ovider will instruct the ence. Once in the hon	for safety. Upon their seat for safety. Upon the, she will contact the parent to which is 30
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parent while belts. She warrival, she inform her  The 2 <sup>nd</sup> evaluation and the shadow and the shadow are shadow and the shadow and the shadow and the shadow and the shadow are shadow and the shadow and the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow are shadow as the shadow as the shadow are shadow as the sh	ile walking with the will make sure the le will assist the chill about the new location is way from the care lo	children downstairs to belts are secure before dren out of the vehicution.	to the vehicle. The Properties of the Properties	ovider will instruct the ence. Once in the hon	for safety. Upon their seat for safety. Upon the, she will contact the parent to which is 30
parent while belts. She warrival, she inform her  The 2 <sup>nd</sup> evaluation and the shadow and the shadow are shadow and the shadow and the shadow and the shadow and the shadow are shadow and the shadow and the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow as the shadow are shadow as the shadow are shadow as the shadow as the shadow are shadow as the sh	ile walking with the will make sure the le will assist the chill about the new location is way from the care lo	children downstairs to belts are secure before dren out of the vehicution.	to the vehicle. The Properties of the Properties	ovider will instruct the ence. Once in the hon	for safety. Upon their seat for safety. Upon the, she will contact the parent to which is 30
parent while belts. She warrival, she inform her The 2 <sup>nd</sup> eva minutes avenergency	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.	children downstairs to belts are secure before dren out of the vehicution.	to the vehicle. The Properties of the Properties	ovider will instruct the ence. Once in the hon	for safety. Upon their seat for safety. Upon the, she will contact the parent to which is 30
parent while belts. She sarrival, she inform her The 2 <sup>nd</sup> eva minutes avenergency	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.	to the vehicle. The Present relocating to the relocating to the residual and enter the residual home maintain communication.	ence. Once in the hone at tion with the parent be	children to put on their seat for safety. Upon ne, she will contact the parent to which is 30 efore, during and after the
parent while belts. She sarrival, she inform her The 2 <sup>nd</sup> eva minutes avenergency	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.	to the vehicle. The Present relocating to the relocating to the residual and enter the residual home maintain communication.	ence. Once in the hone at tion with the parent be	for safety. Upon their seat for safety. Upon the, she will contact the parent to which is 30
parent while belts. She sarrival, she inform her The 2 <sup>nd</sup> eva minutes avenergency  Signatures  Acknowledg	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.  & Date gement: By signing be ssed.	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.	to the vehicle. The Present relocating to the relocating to the residual and enter the residual home maintain communication.	ence. Once in the hon at tion with the parent be	children to put on their seat for safety. Upon ne, she will contact the parent to which is 30 efore, during and after the
parent while belts. She sarrival, she inform her.  The 2 <sup>nd</sup> evaminutes avernergency  Signatures  Acknowledg been discuss  Printed Narrival.	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.  & Date gement: By signing be ssed.  PRO	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.  The control of the vehicution.  The control of the vehicution.	to the vehicle. The Present residence and enter the re	ence. Once in the hon at tion with the parent be	which is 30 afore, during and after the
parent while belts. She sarrival, she inform her The 2nd evaminutes avernergency  Signatures Acknowledg been discuss  Printed Nar Barbara Co	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.  & Date gement: By signing be ssed.  PRO	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.  The control of the vehicution.  The control of the vehicution.	home maintain communical printed	ence. Once in the hone at tion with the parent be to have been reviewed INS	which is 30 afore, during and after the
parent while belts. She sarrival, she inform her.  The 2 <sup>nd</sup> evaminutes avernergency  Signatures  Acknowledg been discuss  Printed Narrival.	ile walking with the will make sure the le will assist the chill about the new local acuation location is way from the care log.  & Date gement: By signing be ssed.  PRO	children downstairs to belts are secure before dren out of the vehicution.  the control of the vehicution.  The control of the vehicution.  The control of the vehicution.	to the vehicle. The Present residence and enter the re	ence. Once in the hone at tion with the parent be to have been reviewed INS	which is 30 afore, during and after the

☐In-person
Inspection

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

Inspection Date: 03/01/2023 Follow-up Inspection Date: 03/02/2023	Time In: 3:34PM Time In: 8:45AM	Time Out: 4:30PM Time Out: 8:56AM	Result: Did not pass. Follow-up required. Follow-up Result: PASSED.
Informal Care			
Type of Care (check one): ☐ Non	-relative Informal Provider	Care ⊠Relative In	nformal Provider Care
Provider Information	,		
First Name: <b>Olympia</b> Provider ID:	Last Name: Coope	r	Provider ID: 505356 Email:
Care Location Inspected			
Street Address: Address Verified: <b>Yes.</b>	City	State	Zip Code
Name of Children in Care (add pages i	f needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/08/2021)	17mos. / Y

Directions: Review and determine compliance with each standard Additional pages may be used for comments.		nents or corrective actions needed.  D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y	All areas well-lit and ventilated	
Has hot and cold running water	Y	Tested by provider and steam observed	
Has a working inside toilet	Y	Tested by provider and observed	
Has utilities for cooking, lighting and heating	Y		
Has a working and safe heating system	Y	Provider tested both settings of thermostat	
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Call made to provider's phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Home First Aid Kit kept in family room	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets covered or occupied	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Υ	Corrective Action: Added locks to knife/sharps drawer	
Medications of any kind	Υ	Kept in provider's bedroom with locked door	
Matches, lighters and flammable products	Y	Kept in provider's bedroom on dresser	
Alcoholic beverages	Υ	Corrective Action: Locks added to cabinet	
Guns	Y	. Does not own	
Cleaning agents	Y	Corrective Action: Locks added to cabinet	
Poisonous substances	Y	Stored in 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	Diapers and wipes kept in hallway closet	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Yes, diaper genie located near changing station
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and	Y	
<ul> <li>At other times when necessary to prevent the spread of disease.</li> </ul>		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	, Y	
A child in care is not subjected to any form of neglect, including:	Y	V-1
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	

# 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 for Flashlight □ Non-perishable food □ Backpack(s) or carrying case(s) □ Portable First Aid Kit □ Diapers □ Consider special toys or games

5	TH						
IX		M	rm	$\alpha$	m	Ωŧ	$\Delta r$

□ Change of clothes

**⊠**Medications

⊠Blanket(s)

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

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

#### Location of The Emergency Ready to go Pack: Emergency bag located in the sunroom close to the exit

#### Item Specifications (if needed):

1 flashlight light, 2 pk of add. batteries, 5 diapers and 1 pk of wipes, 1 thermometer, 1 first aid kit, no specific medications, 6pk emergency waters, 5pk of emergency food, 1 outfit (top/bottom), 1 small blanket, 1 small truck toy, 1 pair of scissors, 1 roll of duct tape, 1 roll of trash bags, and folder of EPP/ECMA docs

#### Items to be reviewed on 03/02/2023 if needed: Corrected & Reviewed on 03/02/2023

- Locks added to cabinets with cleaning agents and knifes/sharps/alcohol cabinet

Emergency	Documents
-----------	-----------

- 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

Olympia Cooper

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

#### Shelter-in-Place Procedures:

Provider will grab the emergency bag and account for the child in care and head (1 door 6 windows) or (0 windows 1 door) depending on emergency. She will ensure all windows and doors are locked. If the need should arise provider will use the trash bags and tape to secure any areas. The provider will text the parent before, during and after the emergency.

#### Evacuation Location(s) Procedures:

Primary: The provider will grab the child and ready-to-go bag and head to the provider's vehicle, the provider will secure the child in his rear-facing car seat. She will drive to the evacuation location, upon arrival she will walk into unless it was after hours she will contact an associate for assistance. Provider and child will shelter in the shelter room of the facility (1 door 0 windows). The provider will text the parent before, during and after the emergency.

Alternate: If they could not access the primary location, the provider along with the child and emergency bag will go to her vehicle and secure the child in his car seat. She will drive to the alternate location where she has key access to the home, upon entry they will go into the basement area (2 doors 3 windows). Provider will contact the parent before, during and after the emergency.

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, to pop up visit which will be conducted virtually or in-person.	t all standards have been revie the home in which care is provi	ewed, and any corrections if needed have ided is subject to random, unannounced	
PROVIDER INSPECTOR			
Printed Name: Dumin COOPER	Printed Name:		
Signature:	Signature:		
Date: 2 Mar 3023 Phone:	Date: 03/02/2023	Phone: 1-877-227-0125	

⊠Virtual Inspection
⊒in-person
Inspection

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

Inspection	IN.	SPECTION C		
Inspection Date: 09/15/2021	Time	in 1230 PM	Time Out 1307	PM Result Approved.  Aftest be submitted by \$15.21 or case will be benied.
Informal Care				
Type of Care (check one):	☐ Non-relative info	ormal Provider C	are SRelative	e Informal Provider Care
Provider Information				
First Name: Angelina	Last	Name, Corley	2	Provider ID #2709
				Email Email
Care Location Inspected	OF AMERICAN PROPERTY.	ACARS		
Street Address: Verified? Yes		City	Coun	State Zip Code
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age / Present (YIN)
			01/04/020	1 year 7 months /
				1
		18	01	1
Safety of the Home				
Directions: Review a	nd determine compliant be used for comments.	re with each stant	arg. Note any conx Y – Yes, N – No.	ments or corrective actions needed.  D = Discussed, n/a = Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action (Timeframe if needed
Basic Health and Sa	afety Training Complet	ed?	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	Showed the kitchen, den living and dining rooms which were all clean and organized.
Is free of insect or re			Y	No indications of infestation.
Is well-lit and well-v	entilated		Y	Well lit. Windows in all common areas.
Has hot and cold rui	25/01		Y	Tested the water with thermometer & displayed highlilow
<ul> <li>Has a working insid</li> </ul>	e toilet		Y	Flushed the toilet
Has utilities for cook	ing, lighting and heating	ng	Y	All cooking supplies are located in a locked drawer and cabinets

	Has hot and cold running water		Tested the water with thermometer & displayed high flow
	Has a working inside toilet	Y	Flushed the toilet
•	<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>		All cooking supplies are located in allocked drawer and cabinets
•	Has a working and safe heating system	Y	Moved temo up and down on thermostat
•	Has a working refingerator and stove		Opened refrigerator and freezer. Turned on all burners.
•	Has a working telephone	Y	Has a homephone and a cell phone.
•	Has operational smoke detector(s)	Y	Observed green blinking light on the smake detector. Detector was too high to reach.
	Has firstald kit/supplies	Y	Has home first aid kit with bandages and gaine etc.
: H:	Has protective coverings on any electrical outlet that is accessible to children	Y	Showed access ble outlets with the coverings in place (top bottom outlets)
Harmfr childre	ul items are stored appropriately and away from n:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	Sharp or pointed items	Y	Locks on cabinets
•	Medications of any kind	Y	Top cabinet on the highest shelf

<ul> <li>Make the highlight good home and a production</li> </ul>	1	Agregue (cost repet)
of the profile	40	thougholings
ala ah	1	Africal civil stage
इ. १- स्थानाम्यं कृष्णाम्य	Y	to the grangestate excless about agree mount in the expension of the base of t
2 Polymer na auto-factores	1	Inus deluzar
GUNERAL I-I HALL PHESS STANDARDS	Binnelgrei Mat	Commentallinias Competiva Action // Imatrama il magdag
All greate of the tozone me help closer no help diagoning man	γ	प्रेंचन, वर्गन fran shanging pada वार्त बाल्यकाहुरेग्य कर्न रूप fire कर्मन सरक
Topale តូចម៉ែក្រុម គឺថ្នាំ ២៧ អម្មើ ចេញហៅថាគឺប្រានេះនេះ ពីក្រោះនេះថា ក្រែក ក្នុងស្រួក ឬក្រុមស្រួ	γ	Parin in pinntla ting and aligneous lit this tensis
्रीतित्त जे प्रतिवाह वर्षामाच्यांचार्यः श्रीताम्बीक्र महरूच ह्यांवित्ताः श्रवाः भ्रीतिक जे प्रतिवाह वर्षामाच्यांचार्यः श्रीताम्बीक्र महरूच ह्यांवित्ताः श्रवः	Υ	Via the changing eletion
Litatracing provincial action in the both world	Υ	
ि व्हिंद्रोद्ध वर्ष तेता हुए स्वतार्थ के तथा विभिन्न के विभिन्न के तथा के तथा के तथा विभिन्न के तथा के तथा के तथा विभन्न के तथा	Y	Dioplayed kitalien mid bothmin soop etatlens Biol slev hidlided hand eardliser
GIIILD ARUSE, NEGI EGT AND MISTREATMENT STANDARDS	Standed Met V/YN	Gamments/Hotes Garrealive Action /Timefrems if needed
A shild so not codest to any farit of class; including  - Physical injury - Physical injury - Mailel Injury	¥	
A sight in same in and moderated to any form of maginal, brokeding.  • Her follow brighter prepared and alleadon to a claid the following bearing a child another follow communications that mole also that the claim of health in walles is her med or places of a claid that the following that mole also that the claim of health in a substantial interpretate and following that is cause and allow to give proper cause and allowing to be claid.	¥	
A didd in care is and solgected to mistissiment, including.  They delitered actiful buils a cliff physically in subdictedly installing. Shaking  Departing filling filling, shaking.  Any other invarished physical disciplins.  Not alsoriting to a chief's physical means.  Shoulding to a chief's physical means.  Washing a child's morth with starp.  Pulling papers of other spicy or distinsical densities obtain a child a could.  Parpoliting a child to a long on one for as punishment.  Tyling child to a retror other equipment.	Y	
The provider immediately reports any suspected child abuse, neighbor or intellectionality calling 911 and your joint. Leading 11 and your joint. Leading 11 and your joint light for the provided Light for the provided Light.	Y	*

How I minipuls of the the field constitution and analy accessible in the event of an emergency. This contains a Discentify Repoly Kit (tredshing) constacts and contains a place of the contains a place of the contains and contains a place of the contains and contains a place of the contains and contains a place of the contains a place of the

Disassar Supply Kit

Directions: Reviewand 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 Z Flashlight 2 Bottled water 2 Folder or binder for EPP documents Z Batteries ☑ Non-perishable food Z Backpack(s) or carrying ceae(s) Z Portable First Aid Kit 2 Diapers 23 Consider special toys or games 27 Thermometer ☑ Change of clothes Z Scissors, tape & sealing plastic Z Medications ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y Disaster Supply Kit Comments/Notes: **Emergency Documents** ZInformal Provider Emergency Preparedness Plan (this completed form) ZAuthorization for emergency medical care Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Angelina Last Name Corley Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: 5. Shelter-In Place Option (Explain in Detail) - Grab the child, grab to-go kit, go to the basement, make sure has her cell phone contact the parent call or text, or call her job as alt. Center of the basement away from windows. door that leads to the outside, and 3 high ceiling windows in the basement. 6. Ask about Evacuation Plan (ask them to explain in detail from the minute the emergency begins what will be done. Transportation etc.(What? Who? When? Where? How? Questions). Grab the child, keys, phone, to-go bag, put the child in the car seat, call sister and go to her house, go to her basement, one door in the basement and no windows. Alt: Put granddaughter in car, put her in the car seat, contact her son, arrive at her son's home, contact the parent, go into the room in the basement, and it has no windows, just one entry door.

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge to been discussed.	hat all standards have been rev	iewed, and any corrections if needed have
PROVIDER		INSPECTOR
Printed Name: 110 RelinaCor 1845peni	Printed Name	
Signatu	Signature:	
Date: 0-16-21 Phone:	Date: 09/15/2021	Phone: 1-877-227-0125

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/17/2023 Follow-up Inspection Date: 08/17/2023	Time In: 10:30AM Time In: 12:30PM	Time Out: 11:22A Time Out: 12:37P	
Informal Care			
Type of Care (check one): ☐ Non-re	lative Informal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information			
First Name: Iris	Last Name: Cox		Provider ID: <u>461993</u>
Provider ID #:  Care Location Inspected	World State		Email:
Street Address: Address Verified? Yes.	City: Coun	ty: State	e Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/13/2012)	10yr/N
		(05/06/2015)	8yr / N

	(09/13/2012)	10yr/N
	(05/06/2015)	8yr / N
Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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 observed the ice melt in the clear glass
<ul> <li>Has a working inside toilet</li> </ul>	Y	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Υ	Thermostat tested by provider for cooling & heating
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit/ Band-Aids stored on top shelf of hallway closet
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Stored in high cabinet above the sink
Medications of any kind	Υ	Stored on top
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Υ	Moved to top shelf of master bedroom closet
• Guns	Υ	Does not own

Cleaning agents	Y	All cleaning products stored on top shelf of hallway closet
<ul> <li>Poisonous substances</li> </ul>	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	Trash thrown away daily via kitchen or bathroom trash can
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:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

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

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	5595
Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an	emergency (Y/N)? Y
use, 1 roll of duct tape, 1 flashlight, 1 pk toys, 1 thermometer, and folder w/ EPP a  ltems to be reviewed 08/17/2023: Correct Folder w/ EPP and ECMA docs per child	bottoms), 1 pair of scissors, 1 fi of AA batteries, 1 blanket, 6pk c and ECMA docs per child	y the exit door rst aidkit, no specific meds, only Tylenol for general if waters, 4 heavy duty trash bags, 10 canned goods, 2
Emergency Documents		
⊠Informal Provider Emergency Prepared ⊠Authorization for emergency medical c		
Planning and Maintenance		
Person responsible for updating the Disaster Su First Name I <b>ris</b>	pply Kit and the Emergency Dod Last Name Cox	cuments regularly:
Description of how the Emergency Ready-to-Go	Pack will be transported to an e	vacuation location: carried by the provider.
Shelter In Place Procedure:		
children are secured.  Evacuation Procedures  Primary: The provider will account for the childrechild is secured in their seat belt and younger charrival the provider will contact the (1 door 1 window). The provider will contact the provider will ensure the corovider's vehicle. The provider will ensure the corovider will drive Upon arrival	ren, grab the ERTG and head to nild in their booster seat. The protections at call or text the parent once she allocation, the provider will account	and the children are secured.  In the children, grab the ERTG and head to the total
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	nat, if approved, the home in which	ave been reviewed, and any corrections if needed have ch care is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: IRIS (1) X	Printed Na	me:
Signatur	Signature:	
Date: 9/18/3/033 Phone:	Date: 08/1	7/2023 Phone: 1-877-227-0125

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

			OT AS SERVED A			
Inspection Date: 08/11/2022 Follow Up 08/11/2022			Time Out: 2:45Pl	ACT AND A STATE OF THE PARTY OF	Follow up needed	
Informal Care						
Type of Care (check one): ☐ No	on-relative Informal Provider Care   Relative Informal Provider Care			der Care		
Provider Information						
First Name: <b>Iris</b> Provider ID #:	Last Name: Cox		Provider ID: 461993 Email:			
Care Location Inspected						
Street Address: Address Verified? Yes	City	Co	unty:	State	Zip Code:	
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
			09/13/2012	9 / No		
			05/06/2015	7 /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  Comments/Notes Corrective Action /Timeframe if needed	
Home is free of health and safety hazards:	Standard Met Y/N		
Is in good repair	Y		
Is free of insect or rodent infestation	у	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	Toilet flushed. Cabinets under sink locked	
Has utilities for cooking, lighting and heating	Y		
Has a working and safe heating system	Y	Thermostat dialed down to 72	
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Provider cell phone called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Υ	Band-aids, peroxide,	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Υ	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	In high 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		

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	N/A	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y		
A child in care is not subjected to any form of neglect, noluding:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y		
<ul> <li>A child in care is not subjected to mistreatment, including:         <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> <li>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local</li> <li>Department of Social Services Child Protective Services Unit.</li> </ul>	Y		

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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 N/A	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organ	nized, 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 Pac	k: By the master bedroom door	
Item Specification (if needed):		
4 shirts, 4 pants, 2 shorts, 2 pairs socks, 2 under		
10 extra AAA batteries, coloring books and cray	rons s, Neosporin, cold compress, Benadryl, Children's Motrir	n Tylerol
	of luna, corn, green beans and one can each of carrots	
Items to review on 08/11/2022 if needed:		
Emergency preparedness Plan Observed 08/1	1/2022	
Emergency Documents		
⊠Informal Provider Emergency Prepare	dness Plan (this completed form)	
⊠ Authorization for emergency medical of	care	
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Documents regularly:	
First Name	Last Name	
Description of how the Emergency Ready-to-G	o Pack will be transported to an evacuation location:	By the master bedroom
	which is by the bedroom and head to the main bathroom will use plastic and tape to seal the shelter. The provi	
Evacuation Procedures:		
	RTG proceed to the provider's vehicle where she will s	secure the children.
seat and before driving t	to the primary evacuation location which is office where in the building they will be sheltering Th	Once at the
they are secure in the evacuation location.	chiec where in the banding they this be shokening th	o providor mir
	hey will go to the alternate evacuation location which use plastic and tape to seal the shelter. The provider	
Signatures & Date		
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	s acknowledge that all standards have been reviewed, that, if approved, the home in which care is provided in person.	and any corrections if needed have is subject to random, unannounced
PROVIDER	AND DESCRIPTION OF COLUMN ASSESSMENT OF THE PROPERTY OF THE PR	SPECTOR
Printed Name: IRIS F. Cox	Printed Name:	
Signar	Signature:	
Date: 8/16/2020 Phone:	Date: 08/11/2022	Phone: 1-877-227-0125
/ /		

#### ✓ Virtual Inspection

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

		TO 10	
Inspection Date: 08/11/2021	Time In: 1:30 PM Time In: 10:30 AM	Time Out: 2:40 Time Out: 10:3:	
Follow-up Date: 08/13/2021			
(Martial Care	37.3	<b>*</b> 300273	
	Informal Provider Car	e Relativ	e Informal Provider Care
Provider Information			The property of the state of th
First Name: Iris	Last Name: Cox		Provider ID: 461993
License #:	Last Name. Cox		Email:
Care Location Inspected	- 1.1 1-2 1 1.0 5.7 3		
Street Address:	Gity:	County:	State: Zip Code
	City.	Occurs.	zip Gode
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
	1200	09/13/2012	8 /Y
		05/06/2015	6 /Y
			1
	i		1
-			1
			1
Health and Safety Training:		Standard Met	Comments/Notes
Basic Health and Safety Training Co	mploted?	Y/N N/A	Corrective Action /Timeframe if needed
and the second s	PROPERTY OF SERVICE STATE OF SERVICE	Standard Met	Relative Informal Care Comments/Notes
Home is free of health and safety hazards:		Y/N	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	În a a li a a	Y	
<ul> <li>Has utilities for cooking, lighting and</li> <li>Has a working and safe heating syst</li> </ul>		Y	
Has a working and safe heating syst     Has a working refrigerator and stove	<del></del>	Y	
Has a working telephone		Y	
Has operational smoke detector(s)		Y	
Has first ald kit/supplies		Y	
Has protective coverings on any electric accessible to children	trical outlet that is	Υ	Yes, and she showed the protectors on camera
farmful Items are stored appropriately and a	way from	Standard Met	Comments/Notes Comective Aption /Timefreme if needed
Sharp or pointed items			TO A SERVICE THE PROPERTY OF T
Medications of any kind		Υ	
		Y	
<ul> <li>Matches, lighters and flammable product</li> </ul>	ots		Does not own, no candles, matches

Alcoholic beverages	Y	Does not drink
Guns	Υ	Owns no guns
Cleaning agents	Υ	Yes, and adding latches to all the cabinets for additional security
Poisonous substances	Υ	
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Theres no children in need of diapering.
rash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	N/A	No diaper age children
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; 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	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	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.	Υ	Absolutely

The Emergency Ready-to-Go Pack must be available and easily	accessible in the event of an emergence	y. 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(9) or carrying case(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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✓ Portable First Aid Kit	✓ Diapers	✓	Consider special toys or games
✓ Thermometer	<ul> <li>Change of clothes</li> </ul>	✓	Scissors, tape & sealing plastic
✓ Medications	✓ Blanket(s)		
Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N)?	Y	
Emergency Ready-to-Go Pack is available and e	easily accessible in the e	want of an emergency (Y/N)?	Y
Disaster Supply Kit Comments/Notes: Wipes, hand sanitizer, can opener, gloves, mask sealing plastic, tissue paper,	is, blanket, diapers (n/a)	, change of clothes	, Toys and tablets,
Reviewing (8/13): Duct Tape & Proper Scissors	- Provider had both item	s and showed It in the camera	ı.
Emergency Documents	2 5 5 2		
✓ Informat Provider Emergency Preparedne	ss Plan (this completed	f form)	
<ul> <li>Authorization for emergency medical care</li> </ul>	, ,	,	
Planning and Maintenance	Esta di	7	( e * 1 1 1 1 e e e
Person responsible for updating the Disaster Su	pply Kit and the Emerg	ency Documents regularly:	
First Name	Last Name		
Iris	Cox		
Description of how the Emergency Ready-to-Go front door, down the steps and go straight to the	) Pack will be transport ) car.	ed to an evacuation location	: Grab the backpack, go through the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Shelter in-place Bathroom/close the door, stay a	away from the windows	i,	
Signatures & Date			
Acknowledgement: By signing below the parties been discussed.	acknowledge that all s	tandards have been reviewe	ed, and any corrections if needed have
PROVIDER			SPECTOR
Printed Name: Irja Cox		Printed Name:	

Signature:

Date: 08/13/2021

8=19-2021 | Phone:

Signature:

Date:

Phone: 1-877-227-0125

#### ⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 07/28/2023 Follow-up Inspection Date: 07/28/2023	Time In: 10:30AM Time In: 4:30PM	Time Out: 11:47A Time Out: 4:45PN	
Informal Care		1	
Type of Care (check one):   Non-rela	itive Informal Provider C	are ⊠Relative I	nformal Provider Care
Provider information			
First Name: Kristel	Last Name: Cunnin	gham	Provider ID: <u>518824</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: Ci Address Verified? <b>Yes.</b>	ty: County	y: Sta	te Zip Code:
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(01/09/2022)	1yr. / Y
		(01/31/2023)	5mos./Y

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or c Y - Yes, N - No,	corrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
ts 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 by informal team to provide phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit and medical supplies stored in both upstairs bathrooms
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Corrective Action Completed: Outlets added to laundry room, kitchen and upstairs room/bathroom
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	Corrective Action Completed: Knives and Sharp moved to higher kitchen cabinet. Lock added to storage room in basement
Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Stored in back of fridge on highest shelf
Guns	Y	Does not own

Cleaning agents	Y	Corrective Action Completed: All cleaning products moved to higher shelf in hallways 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	Changing area in bedroom and family room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily or use of diaper genie in children's bedroom
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 station
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

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

⊠Thermometer	⊠Change of clothes	☑Heavy Duty Scissors, ductor packing tape & sealing plastic bags	•
⊠Medications (N/A)	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organiz	red, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and ea		n emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack  Item Specification (if needed):  - 1 backpack (carrying case), 1 flashlight, 2  of crackers, 2 diapers w/ 1 pk of wipes, 2  trash bags, 1 roll of duct tape, 1 thermome	extra AA batteries, 1 first aid butfits (top/bottom), 1 large bla	kit, no spec meds, 3 bottled waters, 2 canned fo anket, 1 toy book, 1 small toy, 1 pair of scissors	ods, 1 pk
: Items to be reviewed on 07/28/2023:Corre	cted & Reviewed on 07/28/202	2 and Bathroom	
Outlet coverings added to Kitchen and Up     Lock added to upstairs bathroom with cle	aning products	ing Battiroom	
Review of basement safety/outlet covers			
Emergency Documents			
⊠Informal Provider Emergency Prepared	ness Plan (this completed form	)	
⊠Authorization for emergency medical ca	re		
Planning and Maintenance			
Person responsible for updating the Disaster Su	oply Kit and the Emergency Do	ocuments regularly:	
First Name	Last Name Cunningham		
Kristel  Description of how the Emergency Ready-to-Go		evacuation location: carried by the provider.	
Shelter in Place Procedure:	r doit min bo transported to an		
The provider will gather the children and ERTG a and tape from the ERTG to seal any doors, wind children are secured in the location.	and go into the basement (2 do ows and vents should the need	ors 2 windows). The provider will use the sealing darise. The provider will call the parent once sho	g plastic e and the
Evacuation Procedures			
Primary: The provider will account for the children child in their rear-facing car seats and drive to the she and the children can shelter within the buildi location.	e Upo	on arrival the provider will receive instruction abo	out where
Atternate: If they could not access the primary to her vehicle. The provider will secure each chil provider will receive instruction about where she emergency updates once secured in the location	d in their rear-facing car seats and the children can shelter w	and drive Upon arrival	l the
Care Hours:			
Signatures & Date  Acknowledgement: By signing below the parties a	acknowledge that all standards	have been reviewed, and any corrections if need	ded have
been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	nat, if approved, the home in wh	nich care is provided is subject to random, unann	ounced
PROVIDER		INSPECTOR	
Printed Name: Kosky) Pungano	hom Printed t	Name	
Signatur	Signatur	е:	
Date: 08 07 2023 Phone:	Date: 07	/28/2023 Phone: 1-877-227-0125	