

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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.

□In-person Inspection

Maryland State Department of Education/Office of Child

Care Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.gov INSPECTION CHECKLIST Inspection Date: 10/16/2024 Time In: 4:30 PM Time Out: 5:28 PM Result: Passed Informal Care Type of Care (check one): □ Non-relative Informal Provider Care **Provider Information** ⊠Relative Informal Provider Care First Name: Maria Provider ID # Last Name: Caceres Provider ID: 556855 Care Location Inspected Email: Street Address: Zorgan Address Verified ?: Yes City: County: 1 State: Zip Code: 1 Name of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N) 3/30/2022 2 years old/ Y Safety of the Home Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y-Yes, N-No, D-Discussed, n/a-Not Applicable Health and Safety Training: Standard Met | Comments/Notes

A Committee of the comm	Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
 Is well-lit and well-ventilated 	Y	
 Has hot and cold running water 	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	
 Has operational smoke detector(s) 	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	-4.2 1.37 .11 /
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
 Matches, lighters and flammable products 	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	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.		

rash, garbage and wet and soiled diapers are disposed of in a		
ilaper, clothing or bedding	Υ	
Diapering procedures are followed	Y	
landwashing present	Υ	
 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	Comments/Notes
Physical injury Any sexual abuse Mental injury	Y/N Y	Corrective Action /Timeframe if needed
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 <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

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		
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	□ Consider special toys or games
⊠Thermometer	⊠ Change of clothes	
⊠Medications	⊠Blanket(s)	

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes Item Specification (if needed): To be observed for compliance on : **Emergency Documents** ⊠ Informal Provider Emergency Preparedness Plan (this completed form) Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will gather the ready to go bag and the child, parent before/during lockdown and call after. **Evacuation Procedures:** 1 doors, 0 window(s)). The provider will text the The Provider will gather the child and the ready to go bag, taking them to the car securing the child in a forward facing car seat. The belter in 1 doors. 0 window(s)). The provider will text the parent before/during lockdown and call after (1 doors, 0 window(s)). The provider will The Provider will gather the child and the ready to go beg holding nore/during lockdown and call after. child's hand. The provider will walk to the doors, 0 window(s)). The provider will text the parent CARE HOURS Signatures & Date

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

ited Name:		, the home in which care is provided is subject to random, unannounced INSPECTOR	
MARIA (GCEVES Signature:	Printed Name:		
	Signature: (CO) C(C)		
Date: 10 13 2024 Phone:	Date: 10/16/2024	Phone: 1-877-227-0125	

Virtual Inspection

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

Inspection Date: 10/07/2021	Time	in: 2:30 PM	Time Out: 3:27	PM Result: FAILED
Informal Care				
Type of Care (check one): Nor	relative Infor	mal Provider Car	e Relativ	e Informal Provider Care
Provider Information				
First Name: Michelle	Last	Name: Cantarer	ro	Provider ID: NOT IN CCATS
				Email:
Care Location Inspected				
Street Address:	City:		County: Stat	e: Zip Code:
Name of Children in Care (add pag	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			09/06/2006	15/N
			08/14/2018	3/Y
			11/18/2019	21Y
	200			1
				1
201 July 100				1
Safety of the Home			STATE OF THE PARTY OF	
Directions: Review and deter Additional pages may be used Applicable	mine compliand I for comments	ce with each stand	dard. Note any con Y – Yes, N – No,	nments 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 Tra	ining Complet	ed?	N	Non-Relative Informal Care Provider: Stated they were in process to complete.
Home is free of health and safety h	azards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair			Υ	Showed living room, kitchen and play area
 Is free of insect or rodent inf 	estalion		Υ	
Is well-lit and well-ventilated			Y	Windows in all common areas and ceiling lights as well
Has hot and cold running was	ter	- F. C. SW ()	Υ	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, light		ng .	Y	
Has a working and safe heal			Y	
Has a working refrigerator ar	nd stove		Y	Opened the fridge/freezer and tested the stove burners
Has a working telephone			Y	Working cellphone
Has operational smoke determined	ctor(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	

⊠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: 5/29/2024	Time In: 1:30pm	Time Out: 2:15 pm	Result: Passed
Informal Care			
Type of Care (check one):	ive Informal Provider C	Care ⊠Relative Info	rmal Provider Care
Provider Information			
First Name: Rosa	Last Name: Cercado		Provider ID: 552353
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified?: Yes	City:	County:	State: Zip Code:
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
			. / Yes

			. / Yes
Safety of the Home			
Directions: Review and determine compliance 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 Complete	ed?	Υ	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Υ	
Is free of insect or rodent infestation		Υ	
Is well-lit and well-ventilated		Υ	
 Has hot and cold running water 		Υ	
Has a working inside toilet		Υ	
Has utilities for cooking, lighting and heating	g	Υ	
Has a working and safe heating system		Υ	
Has a working refrigerator and stove		Υ	
Has a working telephone		Υ	
Has operational smoke detector(s)		Υ	
Has first aid kit/supplies		Υ	
 Has protective coverings on any electrical of accessible to children 	outlet that is	Υ	
Harmful items are stored appropriately and away children:	/ from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	
Medications of any kind		Υ	
Matches, lighters and flammable products		Υ	
Alcoholic beverages		Υ	
Guns		Υ	
Cleaning agents		Υ	
Poisonous substances		Υ	
GENERAL CLEANLINESS STANDARDS	-1-1-1	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ering area.	Υ	

Trash, garbage and wet and soiled diapers are disposed of in sanitary manner.	а ү	
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 hashed 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 disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDA	RDS 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	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 circumstate that indicate that the child's health or welfare is harm placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mentatinjury that is caused by the failure to give proper care attention to a child.	nces ned or 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 punishmen Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuneglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services I		
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and (including needed medications) and Emergency Document		nt of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
Directions: Review and determine that each item is adequate contains enough supplies for each child in care. Also that the		
⊠Flashlight ⊠Bottled	d water	⊠Folder or binder for EPP documents
⊠Batteries ⊠Non-pe	erishable food	⊠Backpack(s) or carrying case(s)
		Monadan annial taua conserva

☑ Consider special toys or games☑ Heavy Duty Scissors, Duct Tape/

Bags

Packing Tape & Sealing Plastic/ Trash

⊠Diapers

⊠Blanket(s)

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

□ Change of clothes

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

⊠Portable First Aid Kit

⊠Thermometer

☐ Medications N/A

Leasting of Emergency Boody to an Booky On a shely no	oor the ouit	
Location of Emergency Ready to go Pack: On a chair ne	ear the exit.	
Item Specification (if needed):		
Cocomelon JJ Doll		
Packing Tape, Sealing Plastic and Scissors		
Chef Boyardee		
To be observed for compliance on :		
•		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan	(this completed form)	
	(IIII)	
⊠ Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit an	nd the Emergency Documents regul	larly:
First Name Last Nam	me	
Description of how the Emergency Ready-to-Go Pack will I	be transported to an evacuation loc	cation:
Shelter In Place Procedures:		
	ALC: 100 (8) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
		door(s) 0 window(s)). The provider will
contact the parent and after securing herself and the ch		door(s) 0 window(s)). The provider will
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the	ild. bag to <u>the car</u> . The Provider will <u>servider will servider will</u> to gain en	secure the child in a rear facing car seat htry to the this location where she will shelter
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control the provider will gather the child and carry the emergency relocating to the . The Provider will shelter in the pr	bag to the car. The Provider will sometimes of the parent after securing herse to the car. The Provider will set the parent after Provider will set the parent after Securing herse to the car. The Provider will set the parent after Securing herse to the car. The Provider will set the car.	secure the child in a rear facing car seat ntry to the this location where she will shelter elf and the child.
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control the relocating to the in the child and carry the emergency relocating to the incomplete in the child and carry the emergency relocating to the incomplete in the after securing herself and the child.	bag to the car. The Provider will sometimes of the parent after securing herse to the car. The Provider will set the parent after Provider will set the parent after Securing herse to the car. The Provider will set the parent after Securing herse to the car. The Provider will set the car.	secure the child in a rear facing car seat and the child. The child in a rear facing car seat and the child in a rear facing car seat and
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control the relocating to the in the securing to the in the securing to the interpretation of the provider will gather the child and carry the emergency relocating to the securing herself and the child.	bag to the car. The Provider will sometimes of the parent after securing herse to the car. The Provider will set the parent after Provider will set the parent after Securing herse to the car. The Provider will set the parent after Securing herse to the car. The Provider will set the car.	secure the child in a rear facing car seat and the child. The child in a rear facing car seat and the child in a rear facing car seat and
	bag to the car. The Provider will sometimes of the parent after securing herse to the car. The Provider will set the parent after Provider will set the parent after Securing herse to the car. The Provider will set the parent after Securing herse to the car. The Provider will set the car.	secure the child in a rear facing car seat and the child. The child in a rear facing car seat and the child in a rear facing car seat and
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control or the provider will gather the child and carry the emergency relocating to the interpretation of the after securing herself and the child. CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties acknowledge	bag to the car. The Provider will sometimes of the parent after securing herse to bag to the car. The Provider will see to bag to the car. The Provider will see (2 entry ways (s) 0 wind that all standards have been reviewed.	secure the child in a rear facing car seat antry to the this location where she will shelter elf and the child. ecure the child in a rear facing car seat and dow(s)). The Provider will contact the parent
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control or the Provider will gather the child and carry the emergency relocating to the The Provider will gather the child and carry the emergency relocating to the The Provider will shelter in the after securing herself and the child. CARE HOURS: - Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if approve	bag to the car. The Provider will sometimes of the parent after securing herse to bag to the car. The Provider will see to bag to the car. The Provider will see (2 entry ways (s) 0 wind that all standards have been reviewed.	secure the child in a rear facing car seat antry to the this location where she will shelter elf and the child. ecure the child in a rear facing car seat and dow(s)). The Provider will contact the parent
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control or the Provider will gather the child and carry the emergency relocating to the The Provider will gather the child and carry the emergency relocating to the The Provider will shelter in the after securing herself and the child. CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if approve pop up visit which will be conducted virtually or in-person. PROVIDER	bag to the car. The Provider will sometimes of the parent after securing herse to bag to the car. The Provider will see to bag to the car. The Provider will see (2 entry ways (s) 0 wind that all standards have been reviewed.	ecure the child in a rear facing car seat and the child. ecure the child in a rear facing car seat and dow(s)). The Provider will contact the parent ed, and any corrections if needed have d is subject to random, unannounced
Evacuation Procedures: The Provider will gather the child and carry the emergency and relocating to the in the (2 door(s) 0 window(s)). The Provider will control to the interpretation of the interp	bag to the car. The Provider will stong to gain entact the parent after securing herse bag to the car. The Provider will securing herse (2 entry ways (s) 0 wind that all standards have been reviewed, the home in which care is provide	ecure the child in a rear facing car seat and the child. ecure the child in a rear facing car seat and dow(s)). The Provider will contact the parent ed, and any corrections if needed have d is subject to random, unannounced

	needed medications) and Em	ergency Documents.	accessing in the excit of 90 swell	gency. This contains a Disaster Supply Kit (Included
Disast	er Supply Kit		The second	
	Directions: Review and detention enough supplies for each child	mine that each item is adequately k f in care. Also, that the items are ci-	icluded in thie Disaster Supply Kit. ean, organized, and usable. Comm	Be certain that the Disaster Supply Kit contains ent and note below if needed.
1	Flashlight	✓ Bollied wal	The second secon	✓ Folder or binder for EPP documents
~	Batteries	✓ Non-porish	able food	 Backpack(s) or carrying case(s)
1	Portable First Aid Kit	✓ Diapara		✓ Consider special toys or games
,			. 4.00	 Scissors, tape & sealing plastic
Ť,	Thermometer	✓ Change of example of examp	clothes	
	Medications (N/A)	✓ Blanket(s)		
		clean, organized, and usable (Y/		
		railable and easily accessible in II		Y
Disas	ter Supply Kit Comments/Note shiight	s: Kit will be stored in closet by I	he exit.	
	k of Batteries			
	of Duct Tape			
	of Hardware Scissors			
	t Aid Kit			
	mometer			
No Me	edications			
Diape	rs/Baby Wipes			
4 Can	s of Food			
4 Bott	led Water			
1 Blan				
	k, tablet, and cell phone			
	Bag (Carrying Case)			
	document in folder			
2 Hea	vy Duty Trash Bags			
	ency Documents			
	iformal Provider Emergency f uthorization for emergency m	Preparedness Plan (this comple	eted form)	
	ng and Maintenance	iedical care		
		Disaster Supply Kit and the Em	anners Decuments as a lada	
First Na		Last Name	ergency Documents regularly:	
		Last Name		10 To
escrip	tion of how the Emergency R	eady-to-Go Pack will be transp	orted to an evacuation location	
helter	in-Place: Get the kids, grab	the to-go bag, Lock both the fro	ont and back door and go to the	upstairs bathroom, 1 entry/exit door no
indow	s and lock the door, in the pro	ocess she will contact the parer	it via text and call until safety.	
vacua	tion Location (Primary): Ga	ther the kids, head downstairs	and grab the to-go bag, grab th	e car seats for both small children, put the
neir car	seats with the help of	will buckle himself in,	contact the parent immediately	will go to and stay in the live
nd wai	t until the parent arrives. Livir	ng room has 2 windows and 1 d	oor.	and stay iff the liv
vaçual	tion Location (Alternate): G	et in the car with the to-go bag	and buckle the kids in car seat	s head to
ey wo	uld head to the basement (1	sliding door no windows) Conta	ct the parent and wait for her a	s, head to upon arrival
		<u> </u>	,	ii poesibie,
-	res & Date			
cknowle een dis	adgement: By signing below to cussed.	the parties acknowledge that al	standards have been reviewe	d, and any corrections if needed have
	PROVIDE	R	1	ISPECTOR
			the second secon	OLEO LOK

⊠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: 10/21/2024 Time In: 1:30pm Time Out: 2:43pm Result: Follow Up Inspection Date: 10/21/2024 Time In: 4:30pm Time Out: 4:35pm Result: Passed Informal Care Type of Care (check one): ☐ Non-relative Informal Provider Care ⊠Relative Informal Provider Care Provider Information First Name: Jocelyn Last Name: Chapman Provider ID: 565118 Provider ID #: Email: Care Location Inspected Street Address: City: County State: Zip Code: Address Verified?: Yes Name of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N) 2/24/2021 3yrs/N

Directions: Review and determine compliance with each star Additional pages may be used for comments.	ndard. Note any com 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?	Y		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
 Is free of insect or rodent infestation 	Y		
Is well-lit and well-ventilated	Y		
 Has hot and cold running water 	Y		
Has a working inside toilet	Y		
 Has utilities for cooking, lighting and heating 	Y		
 Has a working and safe heating system 	Y		
 Has a working refrigerator and stove 	Y		
Has a working telephone	Y		
 Has operational smoke detector(s) 	Y		
Has first aid kit/supplies	Y		
 Has protective coverings on any electrical outlet that is accessible to children 	Y		
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y		
 Medications of any kind 	Y		
 Matches, lighters and flammable products 	Y		
Alcoholic beverages	Y		
• Guns	Y		
Cleaning agents	Y		
Poisonous substances	Y		
ENERAL 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 diaper sanitary manner.	s are disposed of in a	Y	
Child is changed immediately when s/he h diaper, clothing or bedding.	as a soiled or wet	Υ	
Diapering procedures are followed.		Υ	L L Ad T L L
Handwashing procedures are followed. P washed thoroughly with soap and warm ru Toileting; Diapering; Before food preparation and eatin After playing outdoors; and At other times when necessary to disease.	inning water after:	Y	
CHILD ABUSE, NEGLECT AND MISTRE	ATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
child is not subject to any form of abo	use, including:		and the second s
Physical injuryAny sexual abuseMental injury		Y	
child in care is not subjected to any fo	orm of neglect,		
The failure to give proper care an including leaving a child unattend that indicate that the child's health placed at substantial risk of harm; Mental injury to a child, or a substinjury that is caused by the failure attention to a child.	d attention to a child ed under circumstances n or welfare is harmed or tantial risk of mental	Y	
 A child in care is not subjected to mistre Any deliberate act that hurts a chi emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical disci Not attending to a child's physical Shouting, Cursing, Shaming, Ridie Washing a child's mouth with soal Putting pepper or other spicy or dichild's mouth Requiring a child to stand on one Tying child to a cot or other equipring 	pline needs culing pistasteful items in a	Υ	
he provider immediately reports any su eglect or mistreatment by calling 911 a epartment of Social Services Child nit.	and your local	Υ	
mergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack mu (including needed medications) <u>and</u> Er	st be available and easily acc	essible in the event	of an emergency. This contains a Disaster Supply Kit
isaster Supply Kit			
Directions: Review and determine that contains enough supplies for each child	each item is adequately including care. Also that the items a	ded in the Disaster s	Supply Kit. Be certain that the Disaster Supply Kit and usable. Comment and note below if needed.
⊠Flashlight	⊠ Bottled water		
⊠Batteries	⊠Non-perishable	food	
⊠Portable First Aid Kit	⊠ Diapers N/A	.000	☐ Backpack(s) or carrying case(s)
⊠Thermometer		es	 ☑ Consider special toys or games ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags

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

⊠Medications N/A

⊠Blanket(s)

Bags

Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency (Y/N)? Y
Location of Emergency Ready to go Pack: Ma		
Item Specification (if needed):		
•		
To be observed for compliance on @ 10/21/20 • Emergency Care and Authorization Fo		
Emergency Documents		
☑Informal Provider Emergency Prepared	ness Plan (this completed form)	
⊠Authorization for emergency medical ca	are	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regu	larly:
First Name Jocelyn	Last Name Chapman	
The Provider will gather the children and the read The provider will travel to the evacuation	the children, take them to sheltering and after sheltering. dy to go bag, they will be traveling gaining (w(s)). The provider will contact parent before dy to go bag, they will be traveling	(#1 of doors, #2 of window(s)). Ing access e, during and aπer sneltering Ing access by
Signatures & Date		
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-pe	if approved, the home in which care is provided	d, and any corrections if needed have d is subject to random, unannounced
PROVIDER	ACCEPTANT CONTRACTOR	INSPECTOR
Printed Name: Tolel in Chapma	Printed Name:	
Signature:	Signature	
Date: 10 21 2024 Phone	Date: 10/21/2024	Phone: 1-877-227-0125

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	ship Program CARE	hild Care	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	Name: Charles		Provider ID: 510300 Email:		
Care Location Inspected Street Address:	City:	Count	v:	State	Zip Code:	
Address Verified? Yes.						
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			(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 Corrective Action /Timeframe if needed		
			1//	The state of the s	C	

pages m	ges 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 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	Υ	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	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 bedroor		
	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 MOT DEMP

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 are		
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, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ			
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ			
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.	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 the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight		
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear	, organized, and usable (Y/N)? Y	

	"It recessible in the event of an emergency (1	
mergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency (Y	
ocation of The Emergency Ready to go Pack tem Specification (if needed): 1 duffle bag (carrying case), 2 flashlights	; Near the doorway of child's room 1 pk of D batteries, no specific medications	s, general Tylenol, 3 bottled waters, 3 nket, 1 stuffed animal, 1 pair of scissors, 1
canned food, 1 onesie, 3 diapers & 1 san	dwich bag of wipes, 1 mst are many folder w/ EPP and ECMA and 1 thermometer	
roll of duct tape, 1 box of sealing plastic, tems to be reviewed on xx/xx/xxxx:N/A	Tolder W/ El F	
tems to be reviewed our xxxxxxxxxxx		
nergency Documents		
⊠Informal Provider Emergency Prepared	dness Plan (this completed form)	
	are	
arrian responsible for updating the Disaster S	upply Kit and the Emergency Documents regu	larly:
irst Name	Last Name	
asmine	Bishop	cation: carried by the provider.
escription of how the Emergency Ready-to-G	Bishop So Pack will be transported to an evacuation lo	
. D. D dune:		(1 door 1 window). The
helter In Place Procedure: The provider will account for the child in care a provider will use the sealing plastic and tape to the appropriate of	Seal the door and william	call and/or text the parents and inform them
The provider will account for the child in care a provider will use the sealing plastic and tape to five emergency and keep them updated unterprovider will account for the children.	il the emergency is over.	call and/or text the parents and inform them
The provider will account for the child in care a provider will use the sealing plastic and tape to if the emergency and keep them updated until the emergency. The provider will account for the child know they must evacuate. The provider will shelter in the emergency of the emergency and secure the provider will call the parents and secure the provider will call the parents and secure.	Id in care and then grab the emergency bag an ecure the child in their car seat and drive the provider will text and call both parents once the child in his car seat and place the emerge and will go into	and/or text the parents and inform them and will contact the parent and let the parents Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go
The provider will account for the child in care a provider will use the sealing plastic and tape to of the emergency and keep them updated unto the emergency and the e	Id in care and then grab the emergency bag at ecure the child in their car seat and drive the provider will text and call both parents once the child in his car seat and place the emerge and will go into 2 doors 0 wing are secured in this location.	and/or text the parents and inform them and will contact the parent and let the parents. Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go not bag in the back seat. She will drive to a dows). The provider will contact the parents.
The provider will account for the child in care a provider will use the sealing plastic and tape to if the emergency and keep them updated unto the emergency and the provider will shall be parents and secure again via call and text and let them know the emergency and the parties also acknowled.	Id in care and then grab the emergency bag an ecure the child in their car seat and drive the provider will text and call both parents once the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his location.	and/or text the parents and inform them and will contact the parent and let the parents. Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go not bag in the back seat. She will drive to a dows). The provider will contact the parents.
The provider will account for the child in care a provider will use the sealing plastic and tape to if the emergency and keep them updated until the emergency and keep them updated until the provider will account for the child know they must evacuate. The provider will shelter in the provider will account for the child know they must evacuate. The provider will shelter in the provider will account for the child know the grant the provider will call the parents and secure again via call and text and let them know the signatures & Date Acknowledgement: By signing below the part been discussed. The parties also acknowledgop up visit which will be conducted virtually	Id in care and then grab the emergency bag an ecure the child in their car seat and drive the provider will text and call both parents once the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the child in his location.	and/or text the parents and inform them and will contact the parent and let the parents. Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go not bag in the back seat. She will drive to a dows). The provider will contact the parents.
The provider will account for the child in care a provider will use the sealing plastic and tape to if the emergency and keep them updated unto the emergency and the provider will shall be parents and secure again via call and text and let them know the emergency and the parties also acknowled.	Id in care and then grab the emergency bag at ecure the child in their car seat and drive the provider will text and call both parents once the provider will text and call both parents once the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the provider will call and then gath the child in his car seat and place the emerge and will go into the provider will call and then gath the child in his car seat and place the emerge and will go into the provider will call and then gath the care is go that, if approved, the home in which care is go in in-person.	and/or text the parents and inform them and will contact the parent and let the parents. Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go ncy bag in the back seat. She will drive to a dows). The provider will contact the parents of the child and any corrections if needed have provided is subject to random, unannounced
The provider will account for the child in care a provider will use the sealing plastic and tape to of the emergency and keep them updated unto the emergency and the emergency and the emergency and the provider will shall be parents and secure again via call and text and let them know the emergency and the emergency and the parties also acknowled pop up visit which will be conducted virtually provider.	Id in care and then grab the emergency bag at ecure the child in their car seat and drive the provider will text and call both parents once the provider will text and call both parents once the child in his car seat and place the emerge and will go into the child in his car seat and place the emerge and will go into the provider will call and then gath the child in his car seat and place the emerge and will go into the provider will call and then gath the child in his car seat and place the emerge and will go into the provider will call and then gath the care is go that, if approved, the home in which care is go in in-person.	and/or text the parents and inform them and will contact the parent and let the parents. Upon entry the provider and child we they are settled in the evacuation location. The child and grab the emergency to-go ncy bag in the back seat. She will drive to a dows). The provider will contact the parents of the child and any corrections if needed have provided is 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 state of the s	ISPECTION OF	LUNLIOI	
Inspection Date: 05/05/2022 Tir		e in: 10:00AM	Time Out: 10:55Al	Result: PASSED if returned by 5PM on 05/05/2022
Informal Care				
Type of Care (check one):	☐ Non-relative Info	ormal Provider Ca	are ⊠Relative II	nformal Provider Care
Provider Information				
First Name: Collena	Last	Name: Chisholi	m	Provider ID: 365525
Provider ID #:		0.000		Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	Count	State I	MD Zip Code 21060
Name of Children in Care (a	dd 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 o 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
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	Dialed up to 72
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Landline tested
Has operational smoke detector(s)	Y	Alarm sounded
Has first aid kit/supplies	Υ	In bathroom
 Has protective coverings on any electrical outlet that is accessible to children 	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
Matches, lighters and flammable products	Y	None
Alcoholic beverages	Y	None
Guns	Υ	None
Cleaning agents	Y	Moved to higher cabinet

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

 ⊠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

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

Medications 1

⊠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

				-			
En	205	DOS	2011	Dog	of Hen	TOP	te

⊠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	93 &	Dar	6
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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	A HOST		Table 1	
Type of Care (check one):	□ Non-relative	e Informal Provider C	are ⊠Relative l	nformal Provider Care
Provider Information				
First Name: Collena		Last Name: Chisholn	n	Provider ID: 365525
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes.	City	County	State	Zip Code
Name of Children in Care (ad	d pages if neede	d) Scholarship	Date of Birth	Age / Present (Y/N)
			(09/09/2010)	11 yr. /
			(02/02/2015)	7yr. /
				1
				1
				1
				1

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or c Y - Yes, N - No, I	orrective actions needed. Additional O - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	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	Υ	
Has a working and safe heating system	Y	
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	Υ	High shelf in bathroom
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Υ	Does not own
Cleaning agents	Y	

		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer	⊠Change of clothes	packing tape & sealing plastic/trash bags
⊠Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are cle	an, organized, and usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is availa exit door.	able and easily accessible in the event of an emerg	gency (Y/N)? Yes, in providers bedroom near the
Emergency Documents		
⊠Informal Provider Emergency ⊠Authorization for emergency n	Preparedness Plan (this completed form) nedical care	
Planning and Maintenance		
THE PERSON NAMED IN COLUMN TO SELECT A PROPERTY OF THE PE	saster Supply Kit and the Emergency Documen	nts regularly:
First Name Collena	Last Name Chisholm	
Description of how the Emergency Rea	ady-to-Go Pack will be transported to an evacua	ation 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 ba	igs	
Shelter-in-Place: Provider will grab and 1 window), will contact the pare	the children and the to-go bag and go down ent via call and text before, during and after t	to the the the emergency.
Evac Loc. (primary): Provider will co	ollect the children and the to-go bag and will oped in the car seatbelt. She will drive them 1 window), will contact the parent upon arri	go into her car and out the 7yr in her booster to and once given entry they
Evac Loc. (alternate): Provider and	the children will go to	she will transport the children and to-

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop-up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signatu Signature: Date: 3-24-23 Phone: 1-877-227-0125

go 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.

□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: 02/03/2023	Time In: 10:30AM	Time Out: 11:384	AM Result: PASSED
Informal Care			
Type of Care (check one):	ive Informal Provider C	Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Eugenia	Last Name: Clemer	nte	Provider ID: 482991
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)
		11/23/2020	2 / Y
Safety of the Home			
Directions: Review and determine compliance pages may be used for comments.	with each standard. Not	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	?	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 and in great condition
 Is free of insect or rodent infestation 	1	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	d heating	Υ	All pots, pans, and utensils in locked cabinets or drawers
 Has a working and safe heating sys 	tem	Y	Thermostat settings tested and observed
 Has a working refrigerator and stove 	е	Y	Tested by provider and observed
 Has a working telephone 		Υ	Called provider's working phone
 Has operational smoke detector(s) 		Y	Observed and tested by provider
 Has first aid kit/supplies 		Y	Retrieved by provider and observed
 Has protective coverings on any ele accessible to children 	ectrical outlet that is	Y	All outlets were covered with coverings and/occupied
Harmful items are stored appropriately an children:	d away 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
Matches, lighters and flammable pri	oducts	Y	Stored in locked kitchen drawer
Alcoholic beverages		Y	Stored in basement bar cabinets, gated entry away to keep child out of area

• 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:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠Diapers

⊠Consider special toys or games

	100			MHoore Duty Sciences dust tone!
⊠Thermometer		⊠Change of clothes	3	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications		⊠Blanket(s)		
Items in the Disaster Supply	Kit are clean, organiz	zed, and usable (Y/N)?	Υ	
Emergency Ready-to-Go Page	ck is available and e	asily accessible in the ev	ent of an emergency (Y/N	0? Y
and 1 bottle of baby lotic	ed): ra AA batteries, 1 firs on, 1 3 shirts & pants	st aid kit, 1 thermometer,	3 bottled waters, 5 cannotet, 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 complete	ed form)	
⊠Authorization for em	ergency medical ca	re		
Planning and Maintenance				
Person responsible for updat	ing the Disaster Su	pply Kit and the Emerge	ency Documents regular	ly:
First Name		Last Name		
Eugenia Description of how the Emerg	anna Pondu to Co	Clemente	d to an execution local	ion: Corried 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 eithing the parents at the sensure she is home and rovider's vehicle. Upon	roll call as she grabs the fill drive the car to the extent, during, and after the then drive to the alternatival, the homeowner	e child and secure the child in her front- vacuation location at the
Signatures & Date				
	also acknowledge th	nat, if approved, the hor		wed, and any corrections if needed have ded is subject to random, unannounced
	ROVIDER			INSPECTOR
Printed Name: Eugeni	a Clemen	fe F	Printed Name:	
Signature:		s	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: 1:45P Time 9:00AM	M	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):	ative Informal Prov	vider Car	e ⊠Relative la	nformal Provider Care
Provider Information				
First Name: Eugenia	Last Name: Cl	emente		Provider ID: 482991
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? YES	City	County	State	Zip Code Laves
Name of Children in Care (add pages if nee	eded) Schola	rship	Date of Birth	Age / Present (Y/N)
			11/23/2020	1 / No, was out with other parent
		100		

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	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?	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	Y	Turned up from 75 to 76
Has a working refrigerator and stove	Υ	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,
 Has protective coverings on any electrical outlet that is accessible to children 	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 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 the items are clean, organized, and usable. Comment and note below if needed.

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

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

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

⊠Heavy Duty Scissors, duct tape/ 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.

01-	200		3250	-	-	a
Sig	na	tui	es	Č.	Dat	te.

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: Eugeni	a Clemente	Printed Name:		
Signature:		Signature:		
Date: 3/09/2022	Phone:	Date: 03/09/2022	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: 11/20/2024	Time	In: 10:30am	Time Out: 11:06a	m Result Passed
Informal Care	P. L.	MIS THE		
Type of Care (check one): Non-re	lative Info	ormal Provider C	are Relative	Informal Provider Care
Provider Information		- 17		
First Name: Mary	Last	Name: Collins		Provider ID:401177
Provider ID #				Email:
Care Location Inspected				
Street Address Address Verified?: Yes	City:		County	State Zip Code:
Name of Children in Care (add pages if no	reded)	Scholarship	Date of Birth	Age / Present (Y/N)
			8/29/2010	14yrs/ N
			3/14/2006	18yrs/ Y
			6/17/2015	9yrs/ N
			9/22/2016	8yrs/N
			2/26/2013	11yrs/N

	3/14/2006	18yrs/ Y
	6/17/2015	9yrsi N
	9/22/2016	8yrs/N
	2/26/2013	11yrs/N
Safety of the Home		
Directions: Review and determine compliance with each star 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	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
larmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Υ	
Cleaning agents	Y	
Poisonous substances	Υ	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
 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	

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.

⊠Bottled water	⊠Folder or binder for EPP documents
⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Diapers – N/A	□ Consider special toys or games
2	⊠Non-perishable food ⊠Diapers – N/A

Medications 1

⊠Blanket(s)

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

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

Location of Emergency Ready to go Pack: Closet

Item Specification (if needed):

To be observed for compliance on ;

.

Emergency Documents

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Mauthorization for emergency medical care

Planning and Maintenance

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

First Name Mary

Last Name Collins

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

Shelter In Place Procedures:

The Provider will gather the ready to go bag and the children, take them to sheltering location in the window(s)). The provider will contact parent before, during and after sheltering.

42 of doors, #1 of

Evacuation Procedures:

The Provider will gather the children and the ready to go bag, they will be traveling

The provider will travel to the evacuation location

aining access by a spare key to shelter in

#1 of doors, #2 of window(s)). The provider will contact parent

before, during and after sheltering

The Provider will gather the children and the ready to go bag, they will be traveling

The provider will travel to the evacuation location

gaining access by

lter in

1 of doors, #1 of window(s)). The provider will contact parent

before, during and after sheltering

CARE HOURS:

Monday- Friday7:30am-4pm

Signatures & Date

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

PROVIDER		INSPECTOR
Printed Name: Mary Collins	Printed Name:	
Signature:	Signature:	
Date: // /2 / /2074 Phone:	Date: 11/21/202	24 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: 6/17/2022	Time	In: 9:30AM	Time Out: 10:46	AM Result: Passed if returned by 5:00PM on 06/17/2022.
Informal Care				
Type of Care (check one): □ N	on-relative Info	ormal Provider Ca	re ⊠Relative	Informal Provider Care
Provider Information				
First Name: Mary	Last	Name: Collins		Provider ID: 401177
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	County	-	State Zip Code:
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			3/14/2006	16 / Yes
			8/29/2010	11 / Yes
1			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	Υ	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	
 Has operational smoke detector(s) 	Y	
Has first aid kit/supplies	Y	Gauze, tape, alcohol wiles, aspirin, ointments
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	In a safe
Matches, lighters and flammable products	Υ	
Alcoholic beverages	Y	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.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

⊠Medications N/A	⊠Blanket(s)		
Items in the Disaster Supply Kit are cle	an, organized, and usable (Y/N	I)? Y	
Emergency Ready-to-Go Pack is available	able and easily accessible in th	e event of an emergency (Y/N	n)? Y
Location of The Emergency Ready t	o go Pack: By the front doo	r	
Item Specification (if needed):			
5 Pants,5 shirt underwear socks 5 Canned beef stew, 1 baked beans 2 First aid kits that include Gauze, to pack AA batteries, wipes, Flash care	ape, alcohol wiles, aspirin, oi	ntments, gloves, ice pack, T	6 16oz bottles, ylenol, ibuprofen, 8 small flash lights, 16
Items to review on xx/xx/xxxx if nee	ded: N/A		
Emergency Documents			
⊠Informal Provider Emergency	Preparedness Plan (this corr	pleted form)	
⊠Authorization for emergency i			
Planning and Maintenance			
Person responsible for updating the D	isaster Supply Kit and the Em	ergency Documents regular	ly:
First Name	Last Name		
Description of how the Emergency Re	adv-to-Go Pack will be transr	orted to an evacuation locat	ion: Rolled
Shelter In Place Procedure: The provider will gather the children in	the sitting room, grab/roll the	emergency bag go down to	the basement where they will shelter. If
the need arises the provider will seal v	vindows with plastic and tape	. Once safe provider will call	911 and the parent.
Evacuation Procedures:			
The provider will gather the children a their car seats and seat belts before d room that has one door and one large emergency bag and head to the vehic they drive to the alternate evacuation shelter in the living room that has one	riving to the primary evacuation window. If they cannot be where the children will be a location	on location which the prosecured in their car seats an Provider will g	gain entry v
Signatures & Date			
Acknowledgement: By signing below to been discussed. The parties also acknown up visit which will be conducted vi	nowledge that, if approved, the	Il standards have been revie home in which care is provi	wed, and any corrections if needed have ded is subject to random, unannounced
PROVIDE			INSPECTOR
Printed Name: Mary Collins		Printed Name:	
Signature:		Signature:	
Date: 6/17/2022 Phone:		Date: 06/17/2022	Phone: 1-877-227-0125

Page 3 of 3

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

hild Care Scholarship Prograt 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 1:45PM	Result PASSED
Informal Care				
Type of Care (check one):	elative Infor	mal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information				
E-thi Margarette	Last Name Constanting		-47	Provider ID: 506128
First Name: Margarette Provider ID #:		Last Name: Constantine		Email:
Care Location Inspected				
Street Address: City: 1 Address Verified? Yes.		County:	State	Zip Code:
Name of Children in Care (add pages if needed)		Scholarship	Date of Birth	Age / Present (Y/N)
			(06/30/2020)	2 /Yes
			(08/31/2021)	1 / Yes
			(09/02/2009)	13 / No
				•

Safety of the Home			
Directions: Review and determine compliance with each standard. Nages may be used for comments.		corrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
 Is free of insect or rodent infestation 	Y	No sign of infestation	
Is well-lit and well-ventilated	Y	4	
Has hot and cold running water	Y	Steam Observed	
Has a working inside toilet	Y	Door to bathroom locked. Flush observed	
 Has utilities for cooking, lighting and heating 	Y		
Has a working and safe heating system	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 proper function	
 Has operational smoke detector(s) 	Y		
 Has first aid kit/supplies 	Y	Gauze, tape, Neosporin, bandaids, alcohol wipes	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covered, in use or behind furniture	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	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	

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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	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.	Υ	

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

Disaster Supply Kit

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

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

⊠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	N)? Y
Location of The Emergency Ready to go Pack	: Master Bedroom		
Item Specification (if needed): 3 AA batteries 7 pants, 3 shirts, 3 Sweater, 8 diag 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 - corre Duct tape - 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	wehicle where she will secure the 2 small cuation I The Once at the location, they will shelter in the plastic and tape to seal the shelter. The evacuation location. which is the The provider as he will secure the small children in their the family room that has two windows and a provider will call the parents before
Signatures & Date	asknowledge that all	clandarda baya basa say	
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or in the conducte	that, if approved, the	home in which care is pro	vided is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: NANGANETTE GONSTANT	Line	Printed Name: I	
		Signature:	
Date: 7-06-23 Phone:		Date: 02/06/2023	Phone: 1-877-227-0125

☑Virtual Inspection ☐In-person Inspection

Maryland State Department of Education/Office of Child

Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 3/05/2024	Time In: 9:39am	Time Out: 10:34an	Result Passed	
Informal Care				
Type of Care (check one): Non-relative	ve Informal Provider	Care Relative Ir	formal Provider Care	
Provider Information				
First Name: Aminatu	Last Name: Conteh		Provider ID: 541630	
Provider ID #.			Email:	
Care Location Inspected				
Address Verified?: Yes	City	County	State Zip C	Code
Name of Children in Care (add pages if needs	ed) Scholarship	Date of Birth	Age / Present (Y/N)	
		3/16/2023	11mos /Y	
		4/16/2017	6 N	

	011012020	
	4/16/2017	6 /N
Safety of the Home		
Directions: Review and determine compliance with Additional pages may be used for comments.	each standard. Note any comm Y - Yes, N - No,	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?	Υ	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
 Is well-lit and well-ventilated 	Y	
 Has hot and cold running water 	Y	
 Has a working inside toilet 	Y	
 Has utilities for cooking, lighting and heating 	Y	
 Has a working and safe heating system 	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet accessible to children 	that is Y	5 MAIN FLOOR 11 TOP FLOOR 2 BASEMENT
Harmful items are stored appropriately and away from children:	n Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	Medication locked in children's grandparents room No access to children at any time.
 Matches, lighters and flammable products 	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering	area. Y	
ASDE OCC Informal Care Inspection Checklist 2020-03-26	Page 1 of 3	

Treach anchors and out and aniled discount of		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors, and At other times when necessary to prevent the spread of disease.	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 <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

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

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

Location of Emergency Ready to go Pack: KEPT IN LINEN CLOSET

Item Specification (if needed):

- Suitcase used
- 2 large trash bags, large scissors and packing tape.
- 2 blankets
- Elmo and Barbie doll
- · 2 first aid kits
- 2 extra batteries
- Inhaler for 6 year old
- Canned sweet potatoes and canned fruit

To be observed for compliance on :

.

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 Aminatu Last Name Conteh

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

Shelter In Place Procedures:

The Provider will grab the emergency bag from the linen closet. She would pick up the baby and grab the 6 y/o's hand and escort both children to the being sure to away from and window or doors(1 window 1 door). As soon as there is a declared emergency the provider will call and text the parent.

Evacuation Procedures:

The Provider will grab the emergency bag from the linen closet. She would pick up the baby and grab the 6 y/o's hand and dress them both. The Provider will secure each child in their respective car seat/ booster seat and call the parent before heading to concept the provider will shelter on upon arrival.

2 doors 0 windows). The provider will text/call the parent upon arrival.

The Provider will grab the emergency bag from the linen closet. She would pick up the baby and grab the 6 y/o's hand and dress them both. The Provider will secure each child in their respective car seat/ booster seat and call the parent before heading to Once there they will be [1 door 2 windows]. The provider will text/call the parent upon arrival.

Care Hours

Signatures & Date

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

PROVIDER	INSPECTOR	
Printed Name: Aminatu Contch	Printed Name:	
Signature:	Signature	
Date: (8- (5-2624 Phone:	Date: 3/05/2024 Phone: 1-877-227-0125	

⊠Virtual In	spection
☐In-persor	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	ln: 1:45 PM	Time Out: 3:07 PM	ccs.inf	PASSED if returned to formalproviders@maryland. v 5pm on 03/03/2022.
Informal Care				*	
Type of Care (check one): ⊠ Non-re	elative Informal	Provider Care	☐Relative Informa	l Provider	Care
Provider Information					
First Name: Beatriz	Conti	Coute Co	Aller .	Provide	er ID: NOT IN CCATS
Provider ID #:	Lastin	ame: Conto Sar	ntana	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)
Section of the section			(01/29/2010)	12yr	/ N
			(03/15/2011)	10yr	/ N
			(05/16/2016)	5yr	/ N
				1,6	1
					1
					1

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments. Applicable	The state of the s	rrective actions needed. Additional - Discussed, n/a - Not
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-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	The home was 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	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
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	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	Υ	Stored in a metal cabinet on shelf
• Guns	Y	Does not own
Cleaning agents	Y	Cleaning agents moved above the refrigerator
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 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	
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 needed medications) and Emergency Documents.	easily accessible in the event of an emergency. This	s contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequenough supplies for each child in care. Also the items are		
⊠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)	
	⊠Blanket(s) (3)	
Items in the Disaster Supply Kit are clean, organized	, and usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is available and easil	y accessible in the event of an emergency (Y/N)?	Yes, in the providers room near exit door.
Emergency Documents		
⊠Informal Provider Emergency Preparednes⊠Authorization for emergency medical care	s Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply	y Kit and the Emergency Documents regularly:	:
First Name La	ast Name	
Description of how the Emergency Ready-to-Go Pa	ck will be transported to an evacuation location	n:
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 doors and 0 windows) in the enclosed area, and		
<u>Evacuation Location (Primary):</u> Gather the child to give them access, go into the basement area		-
Evacuation Location (Secondary): Going to driv sure the other children secure, and put the to-go access, going to the basement for safety (1 doo stay there until the emergency is over.	emergency bags in the car. Upon arrival the	

☐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 nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)
	CORRECT MARKET BENEFIT OF THE PARTY OF THE	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
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		Υ	
 Is free of insect or rodent infestation)	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		Υ	Flushed
 Has utilities for cooking, lighting and 	d heating	Υ	Electric burners turned red
Has a working and safe heating sys	tem	Y	
 Has a working refrigerator and stove 	е	Y	Light observed when door was opened
Has a working telephone		Y	Provider has been called on her cell phone
Has operational smoke detector(s)		у	Alarm sounded
Has first aid kit/supplies		Y	
 Has protective coverings on any ele accessible to children 	ectrical outlet that is	Y	
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Back of counter
Medications of any kind		Y	
Matches, lighters and flammable pro	oducts	Υ	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.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	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	
 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 <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and-emergency-needed-medications) <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	asily accessible in the event of an emerg	ency (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 the need should arise the provider will seal the warrent 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	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

	INS	PECTION CHE	CKLIST		
Inspection Date: 1/29/2025	Time	In: 3:30 pm	Time Out: 4:14 Pl	M Result: Passed	
Informal Care					
Type of Care (check one):	Non-relative Info	ormal Provider Ca	are ⊠Relative	Informal Provider Care	
Provider Information					
First Name: Olympia	Last	Name: Cooper		Provider ID: 5053	56
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified?: Yes	City	C	ounty:	State:	Zip Code:
Name of Children in Care (add pag	ges if needed)	Scholarship	Date of Birth	Age / Pres	sent (Y/N)
			9/8/2021	3 years old/ Y	
Safety of the Home					
Directions: Review and dete Additional pages may be use				ents or corrective actions O - Discussed, n/a - No	
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Tin	neframe if needed
Basic Health and Safety T	raining Complete	ed?	Y		
Home is free of health and safety	hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Tin	neframe if needed
Is in good repair			Y		
 Is free of insect or rodent i 	nfestation		Y		
 Is well-lit and well-ventilate 	ed		Y	La constitution of the con	
Has hot and cold running	water		Y		

Y	
Y	
Y	
Y	
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Υ	
Y	
Y	
Υ	
	Y Y Y Standard Met Y/N Y

(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 **⊠**Thermometer Packing Tape & Sealing Plastic/ Trash Bags □Medications ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

Emergency Ready-to-Go Pack is available and e	asily accessible in the event of	an emergency (Y/	N)? Yes
Location of Emergency Ready to go Pack:			
• <u>Sunroom</u>			
Emergency Documents			
⊠Informal Provider Emergency Prepared	lness Plan (this completed for	m)	
⊠Authorization for emergency medical call €	are		
Planning and Maintenance			
Person responsible for updating the Disaster Su	pply Kit and the Emergency D	ocuments regula	rly:
First Name	Last Name		
Olympia Description of how the Emergency Ready-to-Go	Pack will be transported to a	n evacuation loca	ation:
Shelter in Place Procedures:	r dek will be transported to a	ovacuation loca	
The Provider will gather the child and the ready text parent before, during and after sheltering. The Provider will gather the child and the ready before, during and after sheltering. CARE HOURS:		# of do	oors, # of window(s)). The provider will
Signatures & Date			
Acknowledgement: By signing below the parties as been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	it, if approved, the home in which		
PROVIDER			INSPECTOR
Printed Name: Olympia Cooper	Printed	Name:	
Signature:	Signate		

⊠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: 2/29/2024	Time In: 3:53pm	Time Out: 4:28pm	Result: Passed
Informal Care			
Type of Care (check one): ☐ No	n-relative Informal Provider	Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Olympia	Last Name: Cooper		Provider ID: 505356
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified?: Yes	City	County	State Zip Code
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		9/08/2021	2 /N

Safety of the Home	j	
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	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	8 OUTLET COVERS ON 1ST FLOOR
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	Locked in lower cabinet
Guns	Y	
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.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	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.	Υ	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack 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 Packing Tape & Sealing Plastic/ Trash Bags ☐MedicationsN/A ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes

Location of Emergency Ready to go Pack: On a tab	ole in the center room near the door.	
Item Specification (if needed):		
20 packs of bagged water		
MRE rations		
4 diapers		
 2 sets of clothing for the baby 		
To be observed for compliance on :		
e		
Emergency Documents		
⊠Informal Provider Emergency Preparedness I	Plan (this completed form)	
⊠Authorization for emergency medical care		
Planning and Maintenance	A.	
Person responsible for updating the Disaster Supply K	Kit and the Emergency Documents regul	arly
First Name Olympia Last	t Name Cooper	
Description of how the Emergency Ready-to-Go Pack	will be transported to an evacuation loc	eation:
Shelter in Place Procedures:		
The Provider will grab the child, the emergency bag from		(1 door 0 windows). The
provider will contact the parent once they are secured.	L	
Evacuation Procedures:		
The Provider will grab the child, the emergency bag from the land receive instruction from sta	rom the table and secure the child in his taff on where to shelter. The provider wil	
The Provider will grab the child, the emergency bag fro	rom the table and secure the child in his	car seat within her vehicle. The will go to
the The provider will grab the child, the emergency bag in		They will shelter
(1 door 3 windows). The provider will contact the pare		
Signatures & Date		d and an arm time through drawn
Acknowledgement: By signing below the parties acknowledgement acknowledge that, if appop up visit which will be conducted virtually or in-person	proved, the home in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
Acknowledgement: By signing below the parties acknowledge that, if applications also acknowledge that, if applications are supported to the parties also acknowledge that, if applications are supported to the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties also acknowledge that it is application and the parties acknowledge that acknowledge that it is application and the parties acknowledge that acknowledge that acknowledge the parties acknowledge that acknowledge the parties acknowledge that acknowledge that acknowledge the parties acknowledge that ac	proved, the home in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
Acknowledgement: By signing below the parties acknowledge that, if appop up visit which will be conducted virtually or in-person	proved, the home in which care is provide	d is subject to random, unannounced
Acknowledgement: By signing below the parties acknowle been discussed. The parties also acknowledge that, if appop up visit which will be conducted virtually or in-person PROVIDER	oproved, the home in which care is provide 1.	d is subject to random, unannounced

☐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 Out: 4:30PM Time Out: 8:56AM	Result: Did not pass. Follow-up required. Follow-up Result: PASSED.
Tollow-up hispection bate. valva/2023	Time III. 0.43AM	Time Out. 0.30Aiii	Tollow-up Nesdit. TAGED.
Informal Care			
Type of Care (check one): ☐ Non-rel	ative Informal Provider C	are ⊠Relative Info	ormal Provider Care
Provider Information			
First Name: Olympia	Last Name: Cooper		Provider ID: <u>505356</u>
Provider ID:			Email:
Care Location Inspected			
Street Address: City Address Verified: Yes.	County	State	Zip Code
Name of Children in Care (add pages if ne	eded) 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	
 Is free of insect or rodent infestation 	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
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Corrective Action: Added locks to knife/sharp 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	Υ	. 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	
 At other times when necessary to prevent the spread of disease. 		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse 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	

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

 Thorr		

□ Change of clothes

⊠Blanket(s)

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

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

Location of The Emergency Ready to go Pack: 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
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- □ 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

Cianaturas & Date

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.

Acknowledgement: By signing below the parties acknowled been discussed. The parties also acknowledge that, if appropop up visit which will be conducted virtually or in-person.	dge that all standards have been revi roved, the home in which care is prov	ewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Dumoia CODER	Printed Name:	
Signature:	Signature:	
Date: 2 Mar 2023 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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/23/2024	Time In: 3:00 PM	Time Out: 3:33 PM	Result: Passed	
Informal Care	4			
Type of Care (check one): ☐ Nor	n-relative Informal Provider C	are ⊠Relative I	nformal Provider Care	
Provider Information				
First Name: Iris Provider ID #:	Last Name: Cox		Provider ID: 461993 Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	County:	State: Zip Code:	
Name of Children in Care (add pages i	f needed) Scholarship	Date of Birth	Age / Present (Y/N)	
		9/13/2012	11 years old/ N	
		5/6/2017	9 years old/ Y	

	9/13/2012	11 years old/ N
	5/6/2017	9 years old/ Y
Safety of the Home		
Directions: Review and determine compliance with each stan 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	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Ÿ	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
 Matches, lighters and flammable products 	Υ	
Alcoholic beverages	Υ	-
Guns	Υ	
Cleaning agents	Υ	
Poisonous substances	Υ	
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 local Department of Social Services Child Protective Services Unit.	Y	

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Folder or binder for EPP documents ⊠ Bottled water **⊠Flashlight** ⊠Backpack(s) or carrying case(s) Non-perishable food □Diapers- N/A □ Change of clothes Packing Tape & Sealing Plastic/ Trash **⊠**Thermometer Bags ⊠Blanket(s) ☐Medications- N/A

Items in the Disaster Supply Kit are clean, organ	red and usable (Y/N)? Yes
	asily accessible in the event of an emergency (Y/N)? Yes
Location of Emergency Ready to go Pack:	
Emergency Documents	
⊠Informal Provider Emergency Prepare ⊠Authorization for emergency medical of the second	an in the contract of the cont
Planning and Maintenance	
Person responsible for updating the Disaster Si First Name Iris	pply Kit and the Emergency Documents regularly: Last Name Cox
Shelter In Place Procedures:	Pack will be transported to an evacuation location:
and 1 doors, 0 window	by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be provider will text parent before, during and after sheltering by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will (1 doors, 1 window(s)).
parent before, during and after sheltering. Evacuation Procedures: The Provider will gather the children and the re while the youngest will be in a booster seat, and 1 doors, 0 window The Provider will gather the children and the re while the youngest will be in a booster seat. The provider will text parent before, during and CARE HOURS: Signatures & Date	by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be provider will text parent before, during and after sheltering by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will 1 doors, 1 window(s)). Iter sheltering
Evacuation Procedures: The Provider will gather the children and the re while the youngest will be in a booster seat, and 1 doors, 0 window The Provider will gather the children and the re while the youngest will be in a booster seat. The provider will gather the children and the re while the youngest will be in a booster seat. The provider will text parent before, during and CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties a	by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be provider will text parent before, during and after sheltering by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will 1 doors, 1 window(s)). Iter sheltering the sheltering the provider will 1 doors, 1 window(s).
Evacuation Procedures: The Provider will gather the children and the re while the youngest will be in a booster seat, and 1 doors, 0 window The Provider will gather the children and the re while the youngest will be in a booster seat. The provider will gather the children and the re while the youngest will be in a booster seat. The provider will text parent before, during and CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the	by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be provider will text parent before, during and after sheltering by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will 1 doors, 1 window(s)). Iter sheltering the sheltering the provider will 1 doors, 1 window(s).
Evacuation Procedures: The Provider will gather the children and the rewhile the youngest will be in a booster seat and 1 doors, 0 window. The Provider will gather the children and the rewhile the youngest will be in a booster seat. The provider will gather the children and the rewhile the youngest will be in a booster seat. The provider will text parent before, during and CARE HOURS: 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-	by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be provider will text parent before, during and after sheltering by to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will be secured in a seatbelt to do not be secured in a seatbelt to do
Evacuation Procedures: The Provider will gather the children and the rewhile the youngest will be in a booster seat and 1 doors, 0 window The Provider will gather the children and the rewhile the youngest will be in a booster seat. The provider will gather the children and the rewhile the youngest will be in a booster seat. The provider will text parent before, during and CARE HOURS: 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-PROVIDER Printed Name:	ty to go bag, taking them to the car, the oldest child will be secured in a seatbelt the provider will (a). The provider will text parent before, during and after sheltering (b) to go bag, taking them to the car, the oldest child will be secured in a seatbelt (a) the provider will (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

☑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: 08/11/2022	Time	In: 1:45PM	Time Out: 2:45PM	M Result: Follow up needed	
Follow Up 08/11/2022	Time	e In: 3:30PM	Time Out: 3:35P	M PASSED	
Informal Care					
Type of Care (check one): ☐ No	on-relative Inf	ormal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information					
First Name: Iris	Last	Name: Cox		Provider ID: 461993	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes	Cit	cy: Co	ounty:	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	

0	C 41	A RESIDENCE
Safety	of the	Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.

Y — Yes, N — No, D — Discussed, n/a — Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
Is free of insect or rodent infestation	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	Υ	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	Y	Band-aids, peroxide,	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covered or in use	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	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.	Υ	
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 The provider immediately reports any suspected child abuse, 	Υ	
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

⊠Medications N/A	⊠Blanket(s)				
Items in the Disaster Supply Kit are clean, orga	nized, and usable (Y/N)?	Ý			
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 Page	k: By the master bedroo	m door			
Item Specification (if needed):					
4 shirts, 4 pants, 2 shorts, 2 pairs socks, 2 und 10 extra AAA batteries, coloring books and cray Band aids, ointment, gauze, tape, alcohol wipes 24 12oz water bottles, can opener, 2 cans each	rons s, Neosporin, cold compress				
Items to review on 08/11/2022 if needed:					
Emergency preparedness Plan Observed 08/1	1/2022				
Emergency Documents					
⊠Informal Provider Emergency Prepare ⊠Authorization for emergency medical of the second	St. Charles St. Anna Land Co. C. America	d form)			
Planning and Maintenance					
Person responsible for updating the Disaster S	upply Kit and the Emerge	ncy Documents regular	ly:		
First Name	Last Name				
Shelter In Place Procedure: The provider will grab the children, the ERTB windows. If the need should arise the provider secure. Evacuation Procedures: Then provider will grab the children and the ERTB windows are secure in the evacuation location. If they couldn't shelter at the primary location, toom. If the need should arise the provider will secure in the alternate evacuation location.	TG proceed to the provide to the primary evacuation of the where in the building they will go to the alternate.	er's vehicle where she location which is they will be sheltering evacuation location w	will secure the children, Once at the g The provider will which is		
Signatures & Date					
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the hom	dards have been review e in which care is provid	wed, and any corrections if needed have ded is subject to random, unannounced		
PROVIDER			INSPECTOR		
Printed Name: IRIS E. COX	Pr	inted Name:			
Signal	Signature:				
Date: 8/16/2002 Phone:	Da	ate: 08/11/2022	Phone: 1-877-227-0125		
/ /					

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

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):	tive 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? Yes.	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.	e any comments or c Y - Yes, N - No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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 provider 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
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: Outlets added to laundry room, kitchen and upstairs room/bathroo
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

Cteaning 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.	Υ	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: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Bitting, 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 state of the s
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:analyge="mailto:analyg

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, duct tape/ packing tape & sealing plastic/trash bags		
Medications (N/A)	⊠Blanket(s)			
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and ea		nergency (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 of trash bags, 1 roll of duct tape, 1 thermoment	extra AA batteries, 1 first aid kit, outfits (top/bottom), 1 large blank	no spec meds, 3 bottled waters, 2 canned foods, 1 pk et, 1 toy book, 1 small toy, 1 pair of scissors, 1 roll of		
: Items to be reviewed on 07/28/2023:Corre	cted & Reviewed on 07/28/2023	Pathroom		
Outlet coverings added to Kitchen and Ur Lock added to upstairs bathroom with cle	stairs Room, Laundry Room and aning products	Battroom		
Lock added to upstairs bathroom with cle Review of basement safety/outlet covers				
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 Sup	oply Kit and the Emergency Docu	ments regularly:		
First Name	Last Name			
Kristel Description of how the Emergency Ready-to-Go	Cunningham Pack will be transported to an evi	acuation location: carried by the provider.		
Shelter in Place Procedure:	t don't will be transported to all or			
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 doors ows and vents should the need a	2 windows). The provider will use the sealing plastic ise. The provider will call the parent once she and the		
Evacuation Procedures				
Primary: The provider will account for the childre child in their rear-facing car seats and drive to the	e Upon	hildren to her vehicle. The provider will secure each arrival the provider will receive instruction about where arent with emergency updates once secured in the		
Afternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and take the children to her vehicle. The provider will secure each child in their rear-facing car seats and drive Upon arrival the provider will receive instruction about where she and the children can shelter within the building. The provider would call the parent with emergency updates once secured in the location.				
Care Hours:				
Acknowledgement: By signing below the parties a	acknowledge that all standards ha	ve been reviewed, and any corrections if needed have		
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 is provided is subject to random, unannounced		
PROVIDER		INSPECTOR		
Printed Name: Kosky) Pungung	Printed Nar	ne:		
Signatur	Signature:			
Date 07 2023 Phone:	Date: 07/28	/2023 Phone: 1-877-227-0125		

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date 10/17/2024	Time In: 3:00 PM	Time Out: 3:43 P	M Result: Passed
Informal Care	W. T.		
Type of Care (check one): Non-relative	ive Informal Provider (Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Seanece Provider ID #	Last Name; Cunning	ham	Provider ID: 135967 Email:
Care Location Inspected			
Street Address Address Venified? Yes	Cou	nty	State I Zip Code
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)
		4/12/2024	6 months old/ N
Cafata of the Hama		Remarks and the	nonlines:
Safety of the Home		an Alexandra and a	
Directions: Review and determine con Additional pages may be used for com			ents 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 Co	ompleted?	Y	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Υ	
 Is free of insect or rodent infestation 		Y	
 Is well-lit and well-ventilated 		Υ	
 Has hot and cold running water 		Y	
Has a working inside toilet		Y	
 Has utilities for cooking, lighting and 	heating	Y	
 Has a working and safe heating sys 	tem	Y	
 Has a working refrigerator and stove 	•	Y	
Has a working telephone		Y	
 Has operational smoke detector(s) 		Y	
 Has first aid kit/supplies 		Y	
 Has protective coverings on any ele accessible to children 	ctrical outlet that is	Y	
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	
 Medications of any kind 		Y	
Matches, lighters and flammable products		Y	
Alcoholic beverages		Υ	
Guns		Y	
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	g diapering area.	Y	

sanitary manner			
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		Y	
Diapering procedures are followed.		Y	
Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate Toileting. Diapering: Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease	er after:	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, include Physical injury Any sexual abuse Mental injury		Y	
A child in care is not subjected to any form of neglect, including:		Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment		Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.		Υ	
Emergency Ready-to-Go Pack		Artestante lis	SHEEDINGS IN U.S.
The Emergency Ready-to-Go Pack must be available (including needed medications) and Emergency D	able and easily acces Documents.	ssible in the event	of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit			
Directions: Review and determine that each item contains enough supplies for each child in care. A			Supply Kit. Be certain that the Disaster Supply Kit I, and usable. Comment and note below if needed
∑Flashlight	⊠Bottled water		
⊠Batteries	⊠Non-perishable food		⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit ⊠Diapers			
⊠Thermometer ⊠Change of clothes		□ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags	

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

□Medications-N/A

Trash, garbage and wet and soiled diapers are disposed of in a

⊠Blanket(s)

Emergency Ready-to-Go Pack is available and	easily accessible in the	event of an emergency (Y	//N)? Yes			
Location of Emergency Ready to go Pack: A Item Specification (If needed):	t the bottom of the st	eps				
•						
To be observed for compliance on :						
Emergency Documents						
☑Informal Provider Emergency Prepared ☑Authorization for emergency medical of		pleted form)				
Planning and Maintenance						
Person responsible for updating the Disaster S	upply Kit and the Eme	ergency Documents regul	arly			
First Name Seanece	Last Name Cunningham					
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Shelter In Place Procedures: The Provider will gather the ready to go bag and the child, text/email the parent before, during and after sheltering. Evacuation Procedures: The Provider will gather the child and the ready to go bag taking them to the car securing the child in a rear-facing car seat. The provider will text/email the parent before, during and after sheltering. The Provider will gather the child and the ready to go bag taking them to the car securing the child in a rear-facing car seat. The provider will gather the child and the ready to go bag taking them to the car securing the child in a rear-facing car seat. The provider will gather the child and the ready to go bag taking them to the car securing the child in a rear-facing car seat. The provider will text/email the parent before, during and after sheltering. CARE HOURS CARE HOURS						
Signatures & Date						
Acknowledgement. By signing below the parties at been discussed. The parties also acknowledge that pop-up visit which will be conducted virtually or in-	at, if approved, the hon	ndards have been reviewe ne in which care is provided	d, and any corrections if needed have t is subject to random, unannounced			
PROVIDER		INSPECTOR				
Printed Name Seanece Cunning	ham	Printed Name:				
Signatu		Signature 600 040				
Date 10-17-2024 Phone:		Date: 10/17/2024	Phone: 1-877-227-0125			