

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections



D

First letter of the provider's last name.

Posted January 2024

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date <b>06/02/2022</b> Follow-up Inspection Date <b>06/07/2022</b>	Time In: <b>9:30AM</b> Time In: <b>11:00 AM</b>	Time Out: <b>11:02 AM</b> Time Out: <b>11:22 AM</b>	Result: <b>DID NOT PASS</b> Follow-up Result: <b>APPROVED</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Angela</b>	Last Name: <b>Davis</b>	Provider ID: <b>488083</b>
Provider ID # [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(02/05/2022)	4mos. / Y
			/
			/
			/
			/
			/

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• 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	Natural and artificial lightening
• Has hot and cold running water	Y	Observed and tested by provider
• Has a working inside toilet	Y	Observed and tested by provider
• Has utilities for cooking, lighting and heating	Y	Stored in kitchen cabinets
• Has a working and safe heating system	Y	Observed and tested by provider
• Has a working refrigerator and stove	Y	Observed fridge/freezer and tested stove
• Has a working telephone	Y	No home phone, only working cellphones
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All accessible outlets were covered

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to container on high kitchen counter
• Medications of any kind	Y	Stored on high shelf in closet
• Matches, lighters and flammable products	Y	Moved to a high-level cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own



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

☒ Batteries for Flashlight

☒ Portable First Aid Kit

☒ Bottled water

☒ Non-perishable food

☒ Diapers

☒ Folder or binder for EPP documents

☒ Backpack(s) or carrying case(s)

☒ Consider special toys or games

Thermometer	Change of clothes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b> , stored in the provider's bedroom closet.		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
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.		
<b>Item Specification (if needed):</b>		
<ul style="list-style-type: none"> <li>- Transmitter radio, 2 flashlights, 1 DD battery, 2 bottle of waters, 1 thermometer, folder of EPP/ECMA, 1 first aid kit, 2 outfits, No specific medication, baby food and 2 packaged food items, 1 blanket, diapers and wet wipes, 1 tape roll, 1 scissors, 3 trash bags, and 1 small book</li> </ul>		
<b>Shelter-in-Place Procedures:</b> Provider will close and lock all windows and exterior doors and blinds, turn off all fans and a/c, locate the emergency supply kit, and grab the child, go into the bathroom closet with no windows to seal (1 door 0 windows). Will contact the parent before, during and after via call or text.		
<b>Evacuation Locations:</b>		
<b>Primary</b> – Provider will transport the child and to-go bag via rideshare service vehicle or walking, provider if using a car will strap the child in their car seat. Upon arrival [REDACTED] in lobby area (2 doors 6 windows). [REDACTED] if shelter location should change. Will call or text the parents before, during or after.		
<b>Alternate</b> – Provider will safely transport herself and baby in a rideshare service vehicle, provider will have the child and secure the child in their car seat and emergency to-go bag. Upon arrival at [REDACTED], speaking with an associate and getting instructions of where to go to shelter. Provider will contact the parent before during or after via call, text, or email.		
<b>Items to be reviewed on 06/03/2022: All corrections completed as of 06/07/2022</b>		
<ul style="list-style-type: none"> <li>- Locks needed for 3 cabinets in kitchen</li> <li>- Flashlight/additional batteries</li> <li>- Emergency to-go bag packed</li> <li>- Health &amp; Safety Training Certificate</li> </ul>		

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <u>Angela Davis</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>06/08/2022</u>	Phone: [REDACTED]	Date: <u>06/07/2022</u>	Phone: <u>1-877-227-0125</u>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/14/2022</b>	Time In: <b>1:45 PM</b>	Time Out: <b>2:40 PM</b>	Result: <b>PASSED</b> if returned by end of day 04/15/2022
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**Informal Care**

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

**Provider Information**

First Name: <b>Mary</b>	Last Name: <b>Davis</b>	Provider ID: <b>276047</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]	11	6/11/2010	11yr	/	N
[REDACTED]	4	2/18/2018	4yr	/	N

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light came on
• Has a working telephone	Y	Called provider on her cell phone
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Tape, gauze, scissors, band aids
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets not in use covered.

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



☒ 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, organized, and usable (Y/N)? Yes.

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

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

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

First Name

Last Name

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

**Itemized Specification (if needed):**

1 AAA pack of batteries

Bactrim ointment, band aids, gauze, tape

3 bottled waters, 3 cans vegetable, beans, soup and 4 marshmallow pie snacks

2 Pull ups, 2 children's outfits

1 large blanket

1 roll of duct tape, scissors, heavy duty, trash bags

Playing phone and plastic toys, playing cards, books, construction paper and crayons

**Shelter in-Place:** Make sure doors and windows are locked. Gather the children, phone, and emergency to go bag and go into the laundry area, which has no windows and one door. Once secure call 911 and the parents.**Evac Location (Primary):** Transported by car, children placed in the car seat, with seat belt and emergency bag, go to children's home. Provider has key access into the home, will go into the parent's room (3 doors and 1 window). Enroll to the location and soon as they arrive the parent will be contacted as well as 911.**Evac Location (Secondary):** Grab the emergency bag and the children strap them into the car and car seat, and notified the parent of the evacuation location change, the provider has a key to the home, go into the furthest room (aunts' bedroom) (1 window and 2 doors). Then would stay there until the emergency has ended.**Signatures & Date**

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

**PROVIDER****INSPECTOR**

Printed Name: Mary Davis

Signature: *Mary G. Davis*

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]

Phone: [REDACTED]

Date: 04/15/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> ov
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Inspection Date: 03/01/2022 Follow-up Inspection Date: 03/02/2022	Time In: 1:45 PM Time In: 10:30 AM	Time Out: 3:07 PM Time Out: 10:55 AM	Result: <b>DID NOT PASS</b> Follow-up Result: <b>PASSED</b> if returned to <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> by 4pm on 03/02/2022.
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### Informal Care

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

### Provider Information

First Name: Mary	Last Name: Davis	Provider ID: 276047
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]	11	(6/11/2010)	11yr / N
[REDACTED]	4	(2/18/2018)	4yr / N
			/
			/
			/
			/

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	All areas were 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 the shower
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Pots and pans in cabinets
• Has a working and safe heating system	Y	Tested thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Working cellphone
• Has operational smoke detector(s)	Y	Tested by provider
• Has first aid kit/supplies	Y	Only had peroxide no other medical supplies Corrective Action: Must add bandages and medical ointment Correction: Medical Kit: Scissors, gloves, gauze, bacterial ointment, sanitary wipes, band-aids, medical tape, and peroxide
• Has protective coverings on any electrical outlet that is accessible to children	Y	All areas had outlet coverings

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



• Medications of any kind	Y	Stored in providers purse
• Matches, lighters and flammable products	Y	Lighter stored in purse
• Alcoholic beverages	Y	Stored in storage closet on high shelf
• Guns	Y	Does not own
• Cleaning agents	Y	Moved to high storage closet
• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	No diaper age, 4yr old wears pull ups
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	N/A	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit



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

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

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

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

### Emergency Documents

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

### Planning and Maintenance

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

First Name

Last Name

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

#### Itemized Specification (if needed):

- 1 flashlight
- 1 thermometer
- 1 AAA pack of batteries
- 1 small portable kit
- 3 bottled waters
- 4 cans/2 snack bars
- 2 Pull ups
- 1 outfit/child
- 1 large blanket
- 1 roll of duct tape, scissors, heavy duty, trash bags
- 1 Cellphone and plastic toys

**Shelter in-Place:** Gather children, phone, and emergency to go bag, go into the laundry area, shutting the windows and doors, call 911 and the parents, after the lockdown she will contact the parents about safety

**Evac Location (Primary):** Transported by car, children placed in the car seat, with seat belt and emergency bag, go to [REDACTED], has key access into the home, will go [REDACTED] Enroute to the location and soon as they arrive [REDACTED] contacted as well as 911.

**Evac Location (Secondary):** Grab the emergency bag and the children strap them into the car and car seat, and notified the parent of the evacuation location change, the provider [REDACTED] (1 window and 2 doors). Then would stay there until the emergency has ended.

Item Needed for Review on: 03/02/22 – CORRECTED on 03/02/2022

- Provider has bandages and medical ointment in addition to peroxide for medical supplies.

### 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 Davis

Printed Name: [REDACTED]



Signature:		Signature: 	
Date:	Phone:	Date: 03/02/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/24/2023</b>	Time In: <b>2:30PM</b>	Time Out: <b>4:11PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Charlene</b>	Last Name: <b>Deloatch</b>	Provider ID: <b>524410</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(01/06/2014)	9yr.	/	N

### Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed by sink water
• 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's 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 bathroom and provider's bedroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knives moved to high level kitchen cabinet
• Medications of any kind	Y	Provider moved the medicine box to top shelf of closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Moved to top shelf of laundry room
• Poisonous substances	Y	Does not own



GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	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) <b>and</b> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers (N/A)  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

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

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

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

**Item Specification (if needed):**

- 1 suitcase (carrying case), 3 flashlights, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, 1 bag of non-perishable items (10+), 1 outfit (top/bottom/underwear/socks), 1 large blanket, 3 books, 1 pair of scissors, 1 roll of duct tape, 2 large trash bags and folder w/ EPP and ECMA docs

- Items to be reviewed 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

Charlene

Last Name

DeLoatch

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

#### Shelter In Place Procedure:

The provider will account for the child and grab the ERTG and head into the walk-in closet of the master bedroom (1 door 0 window). The provider will use the sealing plastic and tape to seal the door and vent if the need arises. There are no windows to seal. The provider will call or text the parent with emergency updates.

#### Evacuation Procedures

**Primary:** The provider will account for the child, grab the ERTG. The provider and child will walk to the evacuation location which is the [REDACTED]. During the transport the provider and/or child would call the parent with initial emergency update. Upon the arrival, the provider will communicate with [REDACTED] to gain instruction of where she and the child can shelter. Once secured the provider will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, grab the ERTG. The provider and child will be transported by [REDACTED] to the evacuation location which is [REDACTED]. During the transport the provider and/or child would call the parent with initial emergency update. Upon the arrival, the provider will communicate with [REDACTED] to gain instruction of where she and the child can shelter. Once secured the provider will call or text the parent with emergency updates.

Care Hours:

[REDACTED]

#### Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name: Charlene DeLoatch		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: 9-29-23	Phone: [REDACTED]	Date: 08/24/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/01/2023 Follow-up Inspection Date: 05/02/2023	Time In: 1:30PM Time In: 11:30AM	Time Out: 2:17PM Time Out: 11:50AM	Result: Did not pass. Follow-up required Result: PASSED
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### Informal Care

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

### Provider Information

First Name: Eleni Last Name: Densmore Provider ID: 349600  
 Provider ID #: [REDACTED] Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(02/22/2013)	10yr. / N
[REDACTED]		(10/06/2021)	1yr. / N

### Safety of the Home

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in high kitchen cabinet with lock
• Medications of any kind	Y	Stored in provider's bedroom
• Matches, lighters and flammable products	Y	Stored in high kitchen cabinet with lock
• Alcoholic beverages	Y	Stored in high kitchen cabinet with lock
• Guns	Y	Does not own
• Cleaning agents	Y	Stored under kitchen sink with lock



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Medications	Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in storage room	
Item Specification (if needed):	
- 1 carry-on suitcase (carrying case), 1 flashlight, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 3 bottled waters, 2 canned and 6 dry snacks, 2 diapers w/ 1 pk of wipes, 2 outfits(top/bottom), 1 large blanket, 1 ok of flash cards, 1 ball, 1 pair of scissors, 1 roll of duct tape, 1 roll of trash bags, and folder w/ EPP and ECMA per child	
Items to be reviewed on 05/02/2023: Corrected & Reviewed on 05/02/2023	
- EPP documents (all 5 pages) and Description of all Evacuation Procedures by Provider	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Eleni	Last Name Densmore
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: rolled by the provider.	
<b>Shelter In Place Procedure:</b>	
The provider will call each child's name and gather the children and the ERTG and head into the basement (2 doors 1 window), the provider will use the sealing plastic and tape secure the areas if needed. The provider will call and text the before and after the emergency is over.	
<b>Evacuation Location(s) Procedures:</b>	
<b>Primary:</b> The provider will account for the children and ERTG and [redacted] The provider and children [redacted] in which she will [redacted]. Upon entry the provider and children will be going to [redacted] (2 doors 1 window). The provider will call or text the parent immediately when the emergency began and once she and the children are secured in the location.	
<b>Alternate:</b> If they could not access the primary location, the provider will gather the children and ERTG and secure each child in their safety seat. Younger child in rear-facing car seat and the older child in the car seat belt. They provider will drive to [redacted] and upon arrival ask an [redacted] or instructions of where to shelter. Once they are secured the provider will call and text the parent to inform them of their safety.	
<b>Signatures &amp; Date</b>	
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.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: Eleni Densmore	Printed Name: [redacted]
Signature: [redacted]	Signature: [redacted]
Date: 6/06/2023 Phone: [redacted]	Date: 05/02/2023 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: 05/10/2022

Time In: 1:45PM

Time Out: 2:47PM

Result: Follow up Scheduled  
 Follow Up: Approved

Follow Up Date: 05/11/2022

Time In: 11:00AM

Time Out: 11:14AM

**Informal Care**

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

**Provider Information**

First Name: Eleni

Last Name: Densmore

Provider ID: 349600

Provider ID #

Email:

**Care Location Inspected**

Street Address:

County:

State:

Zip Code:

Address Verified? Yes

**Name of Children in Care (add pages if needed)**

**Scholarship**

**Date of Birth**

**Age / Present (Y/N)**

2/22/2013

9 yrs / No, at school

10/6/2021

6 mos / No, with Parent

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Informal Relative 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	
• 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	Cabinet under sink locked with cleaning agents
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light observed when opened
• Has a working telephone	Y	Cell phone provider was called on
• Has operational smoke detector(s)	Y	Smoke detector in basement level observed
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	12 Outlets covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Relocated to the top of the refrigerator
• Medications of any kind	Y	Locked in cabinet
• Matches, lighters and flammable products	Y	High Shelf
• Alcoholic beverages	Y	High cabinet
• Guns	Y	None
• Cleaning agents	Y	Locked under sink
• Poisonous substances	Y	Other than medications and cleaning solutions



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

☒ Medications N/A

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Family room

Item Specification (If needed)

Band-Aids, gloves, gauze, tape, ointment, wipes, q-tips, hand sanitizer, hydrogen Peroxide,  
2 onesies for baby, 2 blankets, One shirt and one pair of pants for [REDACTED], diapers, wipes,  
316oz. bottles of water, pedia lite, 4 baby food cups, cookies, granola bars, peanuts, 2 chef Boyardee cans  
Books, toys, yarn to make crafts

Items to review on 05/11/2022 if needed: Observed on 05/11/2022

Electrical covers in kitchen, Sharp items and pointed items, smoke alarm in the house, Evacuation procedure Observed on 05/11/2022.

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will gather the children and emergency back down to the basement that has 2 doors and 1 window. If the need should arise the provider would seal the shelter with plastic and tape from the emergency to go back. Provider would call the parent once in the secured shelter.

Evacuation Procedures:

Gather the children and bag and [REDACTED] which is the primary location. The Provider and the children will shelter in the basement(0 doors and windows) If they could not shelter there the provider will gather the children and emergency to go bag and head to her vehicle where she will secure the baby in a car seat and [REDACTED] her booster seat before driving to the alternate evacuation location which is the library. The Provider will receive instruction on where to shelter upon arrival. The provider will be in touch with the parent and 911 immediately at the time of the emergency.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Eleni Densmore	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	5/11/2022	Date:	05/11/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: 6/1/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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**Informal Care**

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

**Provider Information**

First Name: Francois	Last Name: Diadhiou	Provider ID: 465091
		Email:

**Care Location Inspected**

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		05/12/2016	11	/	Y
				/	Y
				/	Y
				/	Y
				/	Y
				/	Y

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• 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	House phone & Mobile phones only
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	N/A	
• Cleaning agents	Y	

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Medications☒ Blanket(s)

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

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

Disaster Supply Kit Comments/Notes:

Stored in the hallway closet on the main level.

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

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

First Name

Last Name

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

The Provider will retrieve the Ready-to-Go Pack from the main level hallway closet, verbally yell the Code Word to the child in care. Then walk out the door to the backyard area. The evacuation location is the Neighbor's house at [REDACTED]

[REDACTED] The Provider will contact the parent and alert them of the relocation. The Provider and child will stay there until the parent comes or the emergency is lifted.

**Signatures & Date**

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.

**PROVIDER**

Printed Name:

FRANCOIS DIADHIOU

Signature:

Date: 06/04/2021

Phone:

**INSPECTOR**

Printed Name:

Signature:

Date: 8/1/2021

Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/14/2021	Time In: 3:30 PM	Time Out: 4:27	Result: Approved
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### Informal Care

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

### Provider Information

First Name: Maria	Last Name: Diaz	Provider ID: NOT IN CCATS
		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)
		06/13/2020	1 year / Y
			/
			/
			/
			/
			/

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	Baseboards and cabinets observed.
• Is well-lit and well-ventilated	Y	Natural and artificial lighting observed.
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Artificial lighting observed in the home
• Has a working and safe heating system	Y	Turned from 67 degrees to 70 degrees
• Has a working refrigerator and stove	Y	Frozen food and refrigerator light observed. 4 burners on stove top observed.
• Has a working telephone	Y	The Provider made an outbound call.
• Has operational smoke detector(s)	Y	1 smoke detector was observed.
• Has first aid kit/supplies	Y	Alcohol Wipes, Burn Gel, hand Sanitizer, Bandages, Gloves, Gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	Taped b/c the child can remove the plastic outlet covers.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	Kept in a high kitchen cabinet.
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Not kept in the home
• Guns	Y	Not kept in the home



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, Duct Tape/  
Packing Tape & Sealing Plastic/ Trash  
Bags

☒ Medications

☒ Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes. kept in a black and white polka dot duffel bag.

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: In a closet near the front door.

Item Specification (if needed):

- Yellow and Black Flashlight
- 6 AA Batteries
- Ointment, Gloves, Bandages, Alcohol Wipes, Gauze, Tape.
- Forehead Scanner
- Liquid Saline and Tylenol
- 2 16.9 Oz Bottled Water
- Rice Cracker and canned fruit
- 4 Diapers
- Black and Yellow long sleeve top, Grey Sweatpants
- Light blue blanket with stars
- EPP and ECMA [REDACTED]
- Navy Blue and
- 2-5 word and animal Books
- Grey Scissors, Packing at

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

Shelter in Place Procedures:

The Provider will call the parent to inform her of the emergency. She will then grab the child and the ERTGB and go to the master bedroom(2 doors 2 windows).

Evacuation Procedures:

The Provider will call the parent to inform her of the emergency. She will then grab the child and the ERTGB and walk [REDACTED] which she has the key in order to gain entrance. The provider and the child will shelter in Joyce's room(2 doors 2 doors). If the provider cannot shelter ant the primary location she will call the parent to inform her of the emergency. She will then grab the child and the ERTGB and secure the child in a car seat. She will then go to [REDACTED] by car. The provider has a key to the location and will shelter in her bedroom (1 window 2 doors).

**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: **Maria Diaz**

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: **12/16/21**

Phone: [REDACTED]

Date: 12/14/2021

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/01/2022 Follow-up Inspection Date: 07/05/2022	Time In: 3:32PM Time In: 8:00 AM	Time Out: 4:57 PM Time Out: 8:13 AM	Result: <b>APPROVED</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Corresha</b> Provider ID #: [REDACTED]	Last Name: <b>Dixon</b>	Provider ID: <b>443483</b> Email: [REDACTED]
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**Care Location Inspected**

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(04/28/2011)	11yr	/	N
[REDACTED]		(06/17/2016)	6yr	/	N
[REDACTED]		(03/13/2014)	8yr	/	N
				/	
				/	
				/	

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean and organized
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Well-lit and well-ventilated
• Has hot and cold running water	Y	Observed and tested hot water and cold
• Has a working inside toilet	Y	Observed and flushed by provider
• Has utilities for cooking, lighting and heating	Y	Organized in kitchen cabinets
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Everyone has cellphones
• Has operational smoke detector(s)	Y	Observed and tested
• Has first aid kit/supplies	Y	First aid kit and additional supplies
• Has protective coverings on any electrical outlet that is accessible to children	Y	Not required due to their ages

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	Does not own
• Matches, lighters, and flammable products	Y	Lighter stored in cabinet above the stove
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored on top of the fridge
	Y	Does not own

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



packing tape & sealing plastic/trash bags

☒ 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, near the front door exit.

### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

### Planning and Maintenance

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

First Name

Last Name

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

### Item Specification (if-needed):

- 2 thermometers, 4 canned foods, 4 bottled waters, no medications, no diapers, 5 extra AA batteries, 2 flashlights, 2 books and their cellphones, 2 blankets, 3 outfits/1 per child, 1 roll of duct tape, 4 trash bags, 1 first aid kit, 1 hardware scissors, folder w/ EPP and ECMA per child.

**Shelter-in-Place Procedures:** The provider will gather the children and do the counting method with the to-go bag and go into the basement area (3 windows 2 doors). she will tape sealing plastic along the windows. The provider will contact the guardian as soon as the emergency begins and will stay there until its safe to leave.

### Evacuation Location(s):

**Primary** - Provider will gather the children and do the counting method and grab the to-go bag. Kharon will be strapped into his seatbelt, [redacted] a car seat, and Lorie in a booster seat, they will drive to [redacted]. Provider will use her spare key to enter the home and then go into his basement area. The basement has (2 doors 3 windows). Provider will call, text, and email the guardian as soon as possible.

**Alternate** - Provider will gather the children with the counting method, with to-go bag. She will secure [redacted] seatbelt, [redacted] seat and [redacted] in a booster seat. They will drive to her [redacted] and either have key access or be let in by the homeowner. Upon entry they will go into the basement area (2 doors 3 windows). Provider will call, text, and email the guardian as soon as they are settled.

Items to be reviewed on 07/05/22: **Corrected & Reviewed on 07/05/2022**

- First aid kit for emergency, houseware/hardware scissors, needs EPP and ECMA per child printed

### Signatures & Date

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

#### PROVIDER

Printed Name:

Corresha Dixon

Signature:

[redacted]

Date: 7/1/22

Phone:

[redacted]

#### INSPECTOR

Printed Name:

[redacted]

Signature:

[redacted]

Date 07/05/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>02/08/2023</b> Follow-up Inspection Date: <b>02/08/2023</b>	Time In: <b>9:00AM</b> Time In: <b>11:00AM</b>	Time Out: <b>10:12AM</b> Time Out: <b>11:05AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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<b>Informal Care</b>			
Type of Care (check one): <input checked="" type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Chanel</b>	Last Name: <b>Dozier</b>	Provider ID: <b>504295</b>	
Provider ID #: [REDACTED]		Email: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? <b>Yes.</b>			
<b>Name of Children in Care</b> (add pages if needed)	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
[REDACTED]		(05/26/2022)	6 mos. / Y
[REDACTED]		(05/26/2022)	6 mos. / Y

<b>Safety of the Home</b>		
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		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Lots of artificial and access to natural lighting
• Has hot and cold running water	Y	Tested by provider and observed
• Has a working inside toilet Look under sink	Y	Tested by provider and observed in both bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Tested the digital thermostat and observed
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Made call to provider's cellphone and parent's home phone at care location
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, Alcohol wipes, baby medicine, gauze, medical tape, ointments
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets observed and either occupied or had the inner sheath covering
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Corrective Action: Provider and parent will add a safety lock
• Medications of any kind	Y	Stored on a high shelf in closet
• Matches, lighters and flammable products	Y	Moved by provider and parent to a high level cabinet



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

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

<input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
<b>Location of The Emergency Ready to go Pack:</b> In the front room near exit		
<b>Item Specification (if needed):</b> - No prescribed medications only general such as Tylenol and cold medicine, 2 flashlights, 1 extra battery, 1 roll of duct tape, 3 trash bags, 1 pair of scissors, 1 thermometer, First aid kit (Band-Aids, Gauze, Ointment, Alcohol wipes), baby cereal, 6 baby jars & ready-made formula, 2 can of tuna, backpack carrying case, 2 blankets, diapers & wipes, 2 small children's books, 1 outfit per child, binder with EPP and ECMA docs per child <b>Items to review on 02/08/2023 if needed: Corrected &amp; Reviewed on 02/08/2023</b> - <u>Lock added to knife drawer in kitchen - corrected</u>		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name Shifra	Last Name Natiga	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Carried by provider.</b>		
<b>Shelter In Place Procedure:</b> The provider will grab the ready to go bag and then pick up both babies by arm, and go downstairs to the closet room in the basement (1 door 1 small window), and if needed she will seal up any areas with large trash bags and duct tape. Once the babies are secured and all areas closed sealed as needed, she will call or text the mother about the emergency.		
<b>Evacuation Procedures:</b> <b>Primary:</b> The provider will grab the emergency bag and fasten both children in their [redacted] with individual seating (side by side) and secure [redacted]. They [redacted] and upon arrival she will ring the door bell and/or call th [redacted] will give them access. Provider and children will go into this room pantry (1 door 0 windows) and will contact the parents via call or text once they are secured in the location.		
<b>Alternate:</b> The provider will grab the emergency bag and fasten both [redacted] (side by side) and secure them in. They will walk over to the other neighbor's home and ring the bell and call the homeowner for entry access. Upon entry they will go into the pantry room (1 door 0 windows) for shelter and then she will call or text the parent once they are secured and when the emergency is over.		
<b>Signatures &amp; Date</b>		
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.		
<b>PROVIDER</b>		<b>INSPECTOR</b>
Printed Name: Chanel Dozier		Printed Name: [redacted]
Signature: [redacted]		Signature: [redacted]
Date: 2/8/2023	Phone: [redacted]	Date: 02/08/2023      Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>
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Inspection Date: 09/24/2021	Time In: 2:00 PM	Time Out 3:36 PM	Result:
<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: Betty License #:	Last Name: Dunnock	Provider ID: 416589	
		Email:	
<b>Care Location Inspected</b>			
Street Address: City: County: State: Zip Code:			
<b>Name of Children in Care</b> (add pages if needed)			
Scholarship	Date of Birth	Age	Present (Y/N)
	05/19/2008	13	/ N
	08/25/2013	8	/ N
	04/09/2010	11	/ N
			/
			/
			/
<b>Safety of the Home</b>			
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			
<b>Health and Safety Training:</b>		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		N/A	Relative Informal Care
<b>Home is free of health and safety hazards:</b>		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
● Is in good repair		Y	Surveyed all common areas: kitchen, living room and dining area
● Is free of insect or rodent infestation		Y	
● Is well-lit and well-ventilated		Y	All areas had bright light and windows for natural light access
● Has hot and cold running water		Y	Tested the water and used thermometer to test hot water side
● Has a working inside toilet		Y	
● Has utilities for cooking, lighting and heating		Y	
● Has a working and safe heating system		Y	Tested thermostat for heat and cool temps
● Has a working refrigerator and stove		Y	Tested the stove and opened the fridge/freezer
● Has a working telephone		Y	Family and provider all have cellphones
● Has operational smoke detector(s)		Y	Tested both smoked detectors in the living room and basement
● Has first aid kit/supplies		Y	Using same kit for emergency to-go bag
● Has protective coverings on any electrical outlet that is accessible to children		Y	All outlets were covered except kitchen outlet used for kitchen appliances, and parent stated she would get covers for when she is not using the area

<b>Harmful items are stored appropriately and away from children:</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
● Sharp or pointed items	Y	Knife in the drawers, but placed in a higher cabinet	
● Medications of any kind	D	Medicine cabinet above sink, no lock	
● Matches, lighters and flammable products	Y	Does not own	
● Alcoholic beverages	Y	Does not own	
● Guns	Y	Does not own	
● Cleaning agents	D	Under the kitchen sink	
● Poisonous substances	Y		
<b>GENERAL CLEANLINESS STANDARDS</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	Diapering does not apply to these children. No diaper age	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children.	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	The children change themselves.	
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	Soap at the kitchen and bathroom soap station	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<b>A child is not subject to any form of abuse, including:</b> ● Physical injury ● Any sexual abuse ● Mental injury	Y		
<b>A child in care is not subjected to any form of neglect, including:</b> ● 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		
<b>A child in care is not subjected to mistreatment, including:</b> ● 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		

<b>Emergency Ready-to-Go Pack</b>			
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.			
<b>Disaster Supply Kit</b>			
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, that the items are clean, organized, and usable. Comment and note below if needed.			
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Scissors, tape & sealing plastic	
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)		
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y			
Disaster Supply Kit Comments/Notes: 1 Flashlight Pack of Batteries Portable First Aid Kit Thermometer No prescribed medications/only common (i.e., Tylenol/Children's Motrin) 4 Bottles of Water 4 Pack of Tuna/Canned Sweet Potatoes Diapers (Does not apply) 3 outfits/ 1 per child 1 big blanket 1 tote bag as carrying case/separate bag for clothes & blanket Cellphones, drawing book and book as special toy Scissors, duct tape, heavy duty trash bags			
<b>Emergency Documents</b>			
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)			<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Authorization for emergency medical care			
<b>Planning and Maintenance</b>			
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:			
First Name		Last Name	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The to-go bag stored in the living room closet <b>Shelter-in Place:</b> Grab the kids, get to-go bag, go into the basement (1 door and 2 windows-no exit access), contact the parent by calling and informing her <b>Evacuation Location (Primary):</b> Grab the kids, grab the to-go bag, call [redacted] children will buckle themselves in the car, contact the parent as soon as she goes in the car, upon arrival enter her home and go into the basement (2 windows, 1 door) <b>Evacuation Location (Alternate):</b> Grab the kids, grab the bag, go out the door, [redacted] buckle herself in and kids buckle themselves, go to [redacted] and the provider and children will be able to access the home, go into the basement (1 windows and 1 door), contact the parent once they are settled in at the location.			

<b>Signatures &amp; Date</b>	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: Betty Dunnock	Printed Name: [redacted]
Signature: [redacted]	Signature: [redacted]
Date: 9/28/21	Date: 09/24/2021
Phone: [redacted]	Phone: 1-877-227-0125