

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections

F

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: 3/23/2022	Time In: 3:30PM	Time Out: 4:50PM	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: Huriyyah	Last Name: Fakrudeen	Provider ID: 483650
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]		3/24/2010	11	/	No
[REDACTED]		7/14/2015	6	/	No
[REDACTED]		7/8/2021	6 Months	/	No

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	No sign of rodents or insects
• Is free of insect or rodent infestation	Y	Well lit
• Is well-lit and well-ventilated	Y	Steam observed
• Has hot and cold running water	Y	Flush observed
• Has a working inside toilet Look under sink	Y	Electric. Stove burners observed
• Has utilities for cooking, lighting and heating	Y	Turned up 72 to 74
• Has a working and safe heating system	Y	Refrigerator light and frozen food observed
• Has a working refrigerator and stove	Y	Provider was on her cell. Called her after the inspection.
• Has a working telephone	Y	Test button pressed. The alarm sounded.
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Band aids, gauze, tape, Wipes, ointment
• Has protective coverings on any electrical outlet that is accessible to children	Y	All covered if not in use.

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	On top of the Fridge
• Medications of any kind	Y	Master bathroom which is locked
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Under kitchen sink and bathroom sink locked
• Poisonous substances	Y	None 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	
<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.

#### Disaster Supply Kit

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

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

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

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

**Location of The Emergency Ready to go Pack:** By the front door

**Item Specification (if needed):**

2 AA batteries, books

First aid – hand sanitizer, ointment, wipes, band aids alcohol wipes, ointment,

2 large cans of Campbell's chunky chicken noodles, baby food, dry formula for the baby, 3 bottles of water

3 blankets, 2 pants, 2 shirts, 2 under wares, onesies for the baby, 3 diapers, package of wipes

**Items to review on xx/xx/xxxx if needed:**

**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: It will be carried.

**Shelter In Place Procedure:**

The provider will do a head count, gather the children and the baby, the emergency to go bag proceed to the master bedroom where they will shelter. She will do a head count once in the shelter. The room has 2 windows and entry one door. Once there the provider will seal the windows if the need should arise. Provider will text parent once secure.

**Evacuation Procedures:**

The provider will do head count of the children, gather the children where she will carry the baby in and the emergency to go bag and go down the stairs with the two older children walking with her to the vehicle. The provider will secure the baby car seat, booster seats and seat belt back seat before driving to the evacuation location. Once at the location, the provider will use her spare key to gain entry. They will shelter in the basement of the home. Provider will contact Parent before leaving the care location and again after they are secured in the basement.

**Alternate Location:**

The provider will do a head count then gather the children where she will carry the baby and the emergency to go bag and the two older children will walk with her to the vehicle. The provider will secure the baby car seat, booster seats and seat belt back seat before driving to the alternate evacuation location. The provider will use her spare key to gain entry. Provider will contact Parent before leaving and for the evacuation location and call once they get to the evacuation location.

**Signatures & Date**

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

**PROVIDER**

**INSPECTOR**

Printed Name:

Huriyyah Fakrudeen

Printed Name:

Signature:

Signature:

Date: March 23, 2022

Phone:

Date: 03/23/2022

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>04/14/2023</b> Follow-up Inspection Date: <b>04/17/2023</b>	Time In: <b>10:30AM</b> Time In: <b>11:30AM</b>	Time Out: <b>11:58AM</b> Time Out: <b>11:45AM</b>	Result: <b>Did not pass. Follow-up required.</b> Follow-up Result: <b>PASSED</b>
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**Informal Care**

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

First Name: <b>Juliann</b> Provider ID #: [REDACTED]	Last Name: <b>Fallen</b>	Provider ID: <b>275618</b> Email: [REDACTED]
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**Care Location Inspected**

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified? <b>Yes.</b>				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(12/19/2013)	9yr.	N
[REDACTED]		(01/10/2011)	11yr.	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 in all 3 bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide moved to high shelf level in bathroom and First aid kit stored under locked bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All Outlets covered or occupied in common areas (dining room, kitchen, bathroom, living room)

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Corrective Action Completed: Knives moved to high kitchen cabinet
• Medications of any kind	Y	Stored in high cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	Corrective Action Completed: Lock added for cabinet in 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	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <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	" The Provider was contacted on 4/21/2023 via outbound call and received corporal punishment counseling. Provider agreed that she understood that no physical violence or corporal punishment is permitted to be used against any minor child."
<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> <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 was contacted on 4/21/2023 via outbound call and received corporal punishment counseling. Provider agreed that she understood that no physical violence or corporal punishment is permitted to be used against any minor child."
<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 (N/A)	<input checked="" type="checkbox"/> Consider special toys or games



☒ Thermometer

☒ Change of clothes

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

☒ Medications (N/A)

☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored in rack by the exit door

**Item Specification (if needed):**

- 3 outfits (top/bottom), 2 flashlights, 2 pk of AAA batteries, 2 pair of scissors, 2 trash bags, 5 bottled waters, 1 roll of duct tape, 3 books, 1 container of emergency food (5 meals), 2 large blankets, 1 first aid kit, no spec meds, 1 thermometer, folder w/ EPP and ECMA per child, and 2 duffle bags (carrying case)

**Items to be reviewed on 04/17/2023: Corrected & Reviewed on 04/17/2023**

- Outlet coverings needed in bathroom, dining room, kitchen, and living room
- Lock needed on cleaning agent cabinet in bathroom
- Lock needed on kitchen drawer with knives
- ERTG: 2 duffle bags to fit all the Emergency items

**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

Juliann

Kendra

Last Name

Fallen (Provider)

Harvey (Parent)

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

**Shelter In Place Procedure:**

The provider will gather the children and the ERTG and head [REDACTED] (1 door 2 windows). The provider will use sealing plastic and tape from the emergency bag to seal the door and windows as needed. The provider will call or text the parent before, during, and after the emergency.

**Evacuation Location(s) Procedures:**

**Primary:** The provider will account for the children and ERTG and call the parent and inform them of the emergency. The provider and children will walk to [REDACTED]. Upon arrival the provider will receive instructions to shelter from [REDACTED]. Once the provider and children are secured she will call the parent and/or text to give updates until the emergency has ended.

**Alternate:** If they could not access the primary location, the provider will gather the children and ERTG and walk over to [REDACTED]. The provider will call the parent before heading to the evacuation location. Upon arrival the provider and children will go into the building and speak to the [REDACTED] and know where to shelter. Once they are secure the provider will call the parent until the emergency has ended.

**Signatures & Date**

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

**PROVIDER**

Printed Name:

Juliann Fallen

Signature:

[REDACTED]

Date: 4/24/23

Phone:

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 04/17/2023

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: <b>09/29/2022</b>	Time In: <b>10:15AM</b>	Time Out: <b>11:20AM</b>	Result: Follow Up needed
Follow Up Scheduled: <b>09/30/2022</b>	Time In: <b>10:00AM</b>	Time Out: <b>10:12AM</b>	Result: <b>PASSED</b>

### Informal Care

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

<b>Provider Information</b>	
First Name: <b>Juliann</b>	Last Name: <b>Fallen</b>
Provider ID #: [REDACTED]	Provider ID: <b>275618</b>
	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]		12/19/2013	8	/	Yes
[REDACTED]		01/10/2011	12	/	Yes
[REDACTED]		11/30/2006	15	/	Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider Registered
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet    Look under sink	Y	Cleaning supplies moved to high shelf in closet
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Bandaids, ointment, alcohol wipes, gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <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> </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.

#### Disaster Supply Kit

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

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

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



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

**Location of The Emergency Ready to go Pack:** By the front door

**Item Specification (if needed):**

2 shirts, 2 pants, dress, Band aids, gauze, tape, alcohol wipes, Neosporin, gloves, q-tips, 6 books

4 AA extra AAA batteries, Emergency food supply box with 55 Servings meals including mac & cheese, pancakes, potato soup, creamy rice, 6 8oz water bottles,

**Items to review on 09/30/2022 if needed:** Observed 09/30/2022

- First aid supplies for the home
- Books for the Emergency bag
- Emergency Care and Medication Authorizations for each child in the Emergency bag

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the bathroom which has one door and one windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure, and let her know that they are sheltering in place.

**Evacuation Procedures:**

The provider will grab the children and the ERTG and walk to the primary evacuation location [REDACTED]. Once at the location the provider will ask to be directed to the shelter room. The provider will call the parents after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location [REDACTED]. The provider will call [REDACTED] let her know they are on their way. The provider will grab the children, the ERTG bag and head to her vehicle where she will secure the children with seat belts before heading to evacuation location. Once at the location, they will shelter in the bathroom which has one window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Julianne Faller	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/30/22	Date:	09/30/2022
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>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/17/2023</b> Follow-up Inspection Date: <b>08/18/2023</b>	Time In: <b>3:30PM</b> Time In: <b>10:30AM</b>	Time Out: <b>4:37PM</b> Time Out: <b>10:56AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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**Informal Care**

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

First Name: <b>Gail</b>	Last Name: <b>Farcht</b>	Provider ID: <b>518952</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified? <b>Yes.</b>				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]	[REDACTED]	(08/05/2017)	6yr.	/	Y
[REDACTED]	[REDACTED]	(04/24/2015)	8yr.	/	Y
[REDACTED]	[REDACTED]	(11/02/2012)	10yr.	/	Y
[REDACTED]	[REDACTED]	(07/10/2011)	12yr.	/	Y

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed in both bathrooms
• 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 stored on shelf in foyer
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: Outlet coverings in upstairs bedrooms and downstairs area

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 high kitchen cabinets
• Medications of any kind	Y	Does not own
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own

• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products moved to locked kitchen cabinet under sink
• 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 children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen or bathroom trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children
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:</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	
<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 (N/A)       | <input checked="" type="checkbox"/> Consider special toys or games     |

☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/  
packing tape & sealing plastic/trash  
bags☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored on rack by the front door**Item Specification (if needed):**

- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, individual head thermometers, ADHD medications for [REDACTED] 5 bottled waters, 10 + pks of dried food, 4 outfits (top/bottom/underwear/socks), 3 blankets, bag of toys, 1 pair of scissors, 1 roll of heavy duty trash bags, 1 roll of duct tape and folder w/ EPP and ECMA docs per child
- Items to be reviewed on 08/18/2023: Corrected & Reviewed on 08/18/2023
- Outlet coverings needed for upstairs bedrooms
- Basement area to be reviewed for safety and outlet coverings

**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

Aalisa

Last Name

Thoms

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

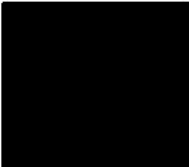
**Shelter In Place Procedure:**

The provider will gather the children and grab the ERTG and go into the master bedroom closet (1 door 0 windows/vent). If the need should arise the provider will use the sealing plastic and tape from the ERTG to seal the door. Once secured she will call or text the parent with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the children, grab the ERTG and drive the children to [REDACTED]. The provider will secure the 3 oldest children in their car seat belts and the youngest child in his booster seat. Upon arrival the provider will speak with [REDACTED] to receive instruction of where to shelter. Once secured she will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the children, grab the ERTG and drive the children to the [REDACTED]. The provider will secure the 3 oldest children in their car seat belts and the youngest child in his booster seat. Upon arrival the provider will call [REDACTED] and they will be [REDACTED]. The provider and children will go into [REDACTED] (1 door 0 windows/vents) Once secured she will call or text the parent with emergency updates.

**Care Hours:****Signatures & Date**

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

**PROVIDER**

Printed Name:

Gail Farcht

Signature:

Date: 08/18/2023

Phone:

**INSPECTOR**

Printed Name:

Signature:

Date: 08/18/2023

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: <b>06/02/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>3:09PM</b>	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>Wanda</b>	Last Name: <b>Ferguson</b>	Provider ID: <b>487018</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]		(04/30/2020)	2yr	/ Y
[REDACTED]		(04/19/2017)	5yr	/ Y
[REDACTED]		(03/14/2010)	12yr	/ 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	
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 the areas were very clean
• Is free of insect or rodent infestation	Y	Provider showed the ant repellent for first floor window area
• 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	Observed and tested by provider
• Has a working refrigerator and stove	Y	Observed and tested by provider
• Has a working telephone	Y	Only working cellphones (Provider, Parent & Granddaughter)
• 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 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	Back of the counter in a knife holder
• Medications of any kind	Y	Stored in high cabinet above fridge
• Matches, lighters, and flammable products	Y	Stored in the outside grilling area
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own



• Cleaning agents	Y	
• 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	Only 1 diaper age child.
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 <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/  
packing tape & sealing plastic/trash  
bags☒ Medications☒ Blanket(s)

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, Stored near dining room area

**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):**

- 1 flashlight, 1 pk of batteries, trash bags, scissors, 6 bottled waters, 6 canned foods, 1 thermometer, 1 first aid kit, 2 dolls, diapers w/wipes, pull-ups, 3 outfits, 3 blankets, and folder of EPP/ECMA forms

**Shelter-in-Place** Provider will gather the children and the emergency to-go bag, activate the security system, and go into the master bedroom closet, will lock all doors and windows in the home, provider will have no windows to seal (1 door 0 windows) Provider will call and text the parent before the lockdown, during and after.

**Evacuation Locations:**

**Primary** – Provider will call and notify the parent that she and the children are on their way, provider will gather the children and emergency to-go and go into the vehicle. She will strap the smaller children in car seat and booster and older child will strap themselves in, upon arrival she will call the parent, the parent will give direction of where they can shelter in-place (i.e., office area or lobby).

**Alternate** – Provider and children will go into the car seats and older child will strap herself in the car, she will grab the to-go bag and go to the location. Upon arrival she will go into the store and speak with the manager to be instructed of where to shelter. Once they are settled, she will contact the parent via call or text to inform her of the emergency status.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name	WANDA Ferguson	Printed Name	
Signature		Signature	
Date	6/8/2022	Date	06/08/2022
		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>	
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Inspection Date: 10/20/2021	Time In: 1:45 pm 4:30 pm	Time Out: 2:45 pm 4:32 pm	Result: Approved if returned by 5 pm on 10/28/2021.
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<b>Informal Care</b>
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Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
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First Name: Jacqueline ID #: [REDACTED]	Last Name: Fitzgerald	Provider ID: N/A Email: [REDACTED]
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<b>Care Location Inspected</b>
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Street Address: [REDACTED]	City [REDACTED]	County [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/10/2008	12	/	N
				/	
				/	
				/	
				/	
				/	

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	Natural and artificial lighting in the home
• Has hot and cold running water	Y	Steam from the kitchen sink was 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	Temp turned up from 76 degrees to 77 degrees.
• Has a working refrigerator and stove	Y	3 burners viewed. Refrigerator light and frozen food observed.
• Has a working telephone	Y	Provider made an outbound call on a cellphone.
• Has operational smoke detector(s)	Y	Test button was pressed and alarm was pressed.
• Has first aid kit/supplies	Y	Alcohol, Peroxide, Bandages, Cough , Syrup, Scissors.
• Has protective coverings on any electrical outlet that is accessible to children	Y	12 Outlet Covers observed.

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 kept on the counter in a knife block.
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Not kept in the home.
• Alcoholic beverages	Y	Not kept in the home.

• Guns	Y	Not kept in the home.
• Cleaning agents	Y	
• 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	
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 <u>local Department of Social Services Child Protective Services Unit</u> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

<b>Portable First Aid Kit</b> <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Medications	<b>Diapers</b> <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<b>Consider special toys or games</b> <input checked="" type="checkbox"/> Scissors, tape & sealing plastic
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?		
<b><u>Location of Emergency Ready to go Pack:</u></b>		
<b><u>Item Specification (if needed):</u></b> <ul style="list-style-type: none"> <li>12 16.9 bottles of water</li> <li>Flashlight</li> <li>14 AA Batteries</li> <li>First Aid Kit: Alcohol, Peroxide, Bandages, Cough, Syrup, Scissors.</li> <li>Large Tan Blanket</li> <li>28 oz can of beans, Canned corn.</li> <li>He uses his cellphone for fun.</li> <li>4 trash bags, Large trash bags, Packing tape.</li> <li>Grey Sweat pants and a grey top.</li> </ul>		
<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 <span style="background-color: black; color: black;">[REDACTED]</span> Last Name <span style="background-color: black; color: black;">[REDACTED]</span>		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b><u>Shelter In Place Procedures:</u></b>  The Provider will grab the ERTG bag from the upstairs closet and the child and head to the basement (2 doors 1 window). The provider will contact the parent via cellphone and email once secured in the basement.		
<b><u>Evacuation Procedures:</u></b>  The Provider will grab the ERTG bag and the child and leave out the front door to the car where the provider will be sure to secure the child in a seatbelt. The provider will transport the child and the ERTG bag to the <span style="background-color: black; color: black;">[REDACTED]</span> On the way to this location and once the provider arrives the provider will contact the parent. The provider will shelter in the kids room at the library(1 door Many windows around the room). If the provider cannot shelter at this location the provider will grab the child and the ERTG bag and secure both in her vehicle. She will then drive to her sister's home which she has the key to in order to gain entry. The provider will shelter in the basement of her sister's house(1 door 3 windows) The provider will contact the parent before leaving the first location and after secured in the alternate 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: <span style="background-color: black; color: black;">[REDACTED]</span>		Printed Name: <span style="background-color: black; color: black;">[REDACTED]</span>
Signature: <span style="background-color: black; color: black;">[REDACTED]</span>		Signature: <span style="background-color: black; color: black;">[REDACTED]</span>
Date: 10/27/21	Phone: <span style="background-color: black; color: black;">[REDACTED]</span>	Date: 10/28/2021      Phone: 1-877-227-0125

✓ Virtual 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: 09/14/2021	Time In: 2:00 PM	Time Out 3:13 PM	Result:
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<b>Informal Care</b>
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Type of Care (check one):	Non-relative Informal Provider Care	<input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
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First Name: Rhonda	Last Name: Fitzhugh-Randolph	Provider ID: NOT IN CCATS
		Email:

<b>Care Location Inspected</b>
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Street Address:	City:	County:	State:	Zip Code:
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
		10/05/2020	11 mos /	
			/	
			/	
			/	
			/	
			/	

<b>Safety of the Home</b>
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Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <b>Applicable</b>	Y – Yes, N – No, D – Discussed, n/a – Not
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Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Home was very clean and baby friendly, there was gates at every access point to stop child from dangerous areas
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	Turned kitchen, living room light/windows, hallway light
• Has hot and cold running water	Y	Tested the water and
• Has a working inside toilet	Y	Provider flushed the toilet
• Has utilities for cooking, lighting and heating	Y	Showed kitchen counters and appliances on high shelves away from child's reach
• Has a working and safe heating system	Y	Tested the temp moved it up and down
• Has a working refrigerator and stove	Y	Opened the fridge that was well-lit, freezer and tested the stove top/put the stove light on also
• Has a working telephone	Y	Has a house and cellphone, tested the house for proper operation
• Has operational smoke detector(s)	Y	Showed in camera, view of blinking light
• Has first aid kit/supplies	Y	Showed medical supplies in camera (alcohol, band-aids)

<ul style="list-style-type: none"> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Had all outlets covered that were accessible to the child, in all the home areas
<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>
<ul style="list-style-type: none"> <li>Sharp or pointed items</li> </ul>	Y	Items stored in kitchen draws and all had locks on
<ul style="list-style-type: none"> <li>Medications of any kind</li> </ul>	Y	Stored away in high cabinet on the wall
<ul style="list-style-type: none"> <li>Matches, lighters and flammable products</li> </ul>	Y	Does not own any, only has lighter for the grill out
<ul style="list-style-type: none"> <li>Alcoholic beverages</li> </ul>	Y	Only in the basement in stored away cabinet, and access is blocked by baby gate
<ul style="list-style-type: none"> <li>Guns</li> </ul>	Y	Does not own any guns
<ul style="list-style-type: none"> <li>Cleaning agents</li> </ul>	Y	Stored in closet near the kitchen with a lock on
<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	Y	Does not own any
<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	Yes, home was very clean
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Yes, there is a specific trash can for the baby's dia
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Has all the needed supplies to clean the child
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	Has baby soap, soap, sanitizer at the bathroom a kitchen sink station
<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, that the items are clean, organized, and usable. Comment and note below if needed.

- |                          |                       |                                      |
|--------------------------|-----------------------|--------------------------------------|
| ✓ Flashlight             | ✓ Bottled water       | ✓ Folder or binder for EPP documents |
| ✓ Batteries              | ✓ Non-perishable food | ✓ Backpack(s) or carrying case(s)    |
| ✓ Portable First Aid Kit | ✓ Diapers             | ✓ Consider special toys or games     |
| ✓ Thermometer            | ✓ Change of clothes   | ✓ Scissors, tape & sealing plastic   |
| ✓ Medications            | ✓ Blanket(s)          |                                      |

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

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

Disaster Supply Kit Comments/Notes: Kit will be placed in the living room cabinet with a lock. All supplies within the kit and had extra baby supplies

### 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: Transported by the providers vehicle.

### Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name: Rhonda Fitzhugh-Randolph		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 09/14/2021	Phone: [REDACTED]	Date: 09/14/2021	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: 1/17/2023	Time In: 10:30AM	Time Out: 11:33AM	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: Doris	Last Name: Fleet	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/20/2012	10 / No, At School
[REDACTED]		7/28/2016	6 / No, At School

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Heat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Called out on Landline
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Cold pack, band aids, ointment, gloves
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Highest shelf in Upper cabinet
• Medications of any kind	Y	Moved to high Shelf in closet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <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
<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 <a href="#">local Department of Social Services Child Protective Services Unit</a>.</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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers 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:** Bottom of the stairs going to basement

**Item Specification (if needed):**

2 D batteries, 2 pants, 2 shirts, 2 sox, 2 under wear, 2 blankets  
Gauze, gloves, ointment, cold pack, band aids, tape  
2 16oz bottles of water, 2 large cans of Beefaroni, large bag of pretzels

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name Doris

Last Name Fleet

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

**Shelter In Place Procedure:**

The provider will grab the children and go downstairs to the basement playroom. The ERTB bag is already in the basement. The room has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parent immediately after they are secure.

**Evacuation Procedures:**

The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure [redacted] in a booster seat and [redacted] in a seat belt in the back of the car seat before driving to the primary evacuation location, which is the parent's home. The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the living room which has two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which [redacted]. The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure [redacted] in a booster and [redacted] in a seat belt, before driving to the location. The provider will call letting [redacted] know they are on their way. They will shelter in the family room that has two window and no door (open floor design). If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parents before leaving the care location and immediately after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Doris Fleet	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	1/17/2023	Date:	1/17/2023
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>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>1/17/2023</b>	Time In: <b>10:30AM</b>	Time Out: <b>11:33AM</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>Doris</b>	Last Name: <b>Fleet</b>	Provider ID: <b>462736</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]		9/20/2012	10 / No, At School
[REDACTED]		7/28/2016	6 / No, At School

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
<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	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Heat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Called out on Landline
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Cold pack, band aids, ointment, gloves
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture.

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Highest shelf in Upper cabinet
• Medications of any kind	Y	Moved to high Shelf in closet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <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
<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 <a href="#">local Department of Social Services Child Protective Services Unit</a>.</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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers 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:** Bottom of the stairs going to basement

**Item Specification (if needed):**

2 D batteries, 2 pants, 2 shirts, 2 sox, 2 under wear, 2 blankets  
Gauze, gloves, ointment, cold pack, band aids, tape  
2 16oz bottles of water, 2 large cans of Beefaroni, large bag of pretzels

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name Doris

Last Name Fleet

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

**Shelter In Place Procedure:**

The provider will grab the children and [REDACTED] The ERTB bag is already [REDACTED] The room has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parent immediately after they are secure.

**Evacuation Procedures:**

The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where [REDACTED] in a booster seat and [REDACTED] in the back of the car seat before driving to the primary evacuation location, which is the [REDACTED]. The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the [REDACTED] which has two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parents before leaving the care location and immediately after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will [REDACTED] and [REDACTED] in a seat belt, before driving to the location. The provider will call letting [REDACTED] they are on their way. They will shelter in the [REDACTED] room that has two window and no door (open floor design). If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parents before leaving the care location and immediately after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Doris Fleet	Printed Name:	[REDACTED]
S	[REDACTED]	Signature:	[REDACTED]
Date:	1/17/2023	Date:	1/17/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125





<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>
<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:</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	
<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 that the items are clean, organized, and usable. Comment and note below if needed.

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: The Ready- to- Go pack will be stored in the Basement near the playroom. The pack is filled with all mandatory items and is easy accessible to the provider in case of an emergency.	
<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 [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Ready-to-Go Pack will be retrieved and carried by the Provider. Provider will collect the children from the playroom and walk out the patio door to the drive way to evacuate from the care location. The Provider will secure the children in a booster seat and seat belt before driving to [REDACTED]. The evacuation location is [REDACTED] and the Provider [REDACTED]. The Provider will frequently call/text the parent before, during and after the emergency. The 2 <sup>nd</sup> evacuation location is [REDACTED]. They Provider will reunite the children with the parent at this location once the state of emergency has been lifted.	
<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:	Printed Name: [REDACTED]
Signature:	Signature:
Date:	Date: 5/12/2021
Phone:	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>	
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Inspection Date: 4/27/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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<b>Informal Care</b>
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<input checked="" type="checkbox"/> Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
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First Name: Martha	Last Name: Flores	Provider ID:462002 Email: <span style="background-color: black; color: black;">[REDACTED]</span>
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<b>Care Location Inspected</b>
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Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
<span style="background-color: black; color: black;">[REDACTED]</span>		1/5/2012	9/	Y	
<span style="background-color: black; color: black;">[REDACTED]</span>		11/2/2013	7/	Y	
				/	Y
				/	Y
				/	Y
				/	Y

<b>Safety of the Home</b>
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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		
• Is free of insect or rodent infestation		
• Is well-lit and well-ventilated		
• Has hot and cold running water		
• Has a working inside toilet		
• Has utilities for cooking, lighting and heating		
• Has a working and safe heating system		
• Has a working refrigerator and stove		
• Has a working telephone	Y	Mobile phones only
• Has operational smoke detector(s)		
• Has first aid kit/supplies		
• Has protective coverings on any electrical outlet that is accessible to children		
<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		
• Medications of any kind		
• Matches, lighters and flammable products		
• Alcoholic beverages		
• Guns		
• Cleaning agents		

<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.		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		
Diapering procedures are followed.		
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>		
<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>		
<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>		
<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:</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>		
<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>	<b>Y</b>	<b>Verbally agreed to comply</b>

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: Huge Backpack which is stored in the laundry room of the basement.	
<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 Martha	Last Name Flores
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Provider will retrieve the backpack from the basement and prepare the children to exit outside. Provider will walk and load the children in the 5 passenger vehicle. Each booster seat will already be secured in the vehicle on a daily basis. First evacuation location is [REDACTED], which is a 5 minute drive to the next neighborhood. The second evacuation plan will include calling [REDACTED] and relocating to [REDACTED] which is approximately five minutes down the street.	

<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:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 4/27/2021	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: 03/01/2022	Time In: 1:45PM	Time Out: 2:40Pm	Result: Passes if returned by 12:00pm on 03/03/2022
Follow up 03/02/2022	11:00AM	11:08AM	

### Informal Care

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

### Provider Information

First Name: Frederick	Last Name: Ford	Provider ID: 467308
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		7/14/2009	12 / No, in school
[REDACTED]		1/17/2011	11 / No, in school

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	Natural and artificial lighting.
• 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	Only one burner working on the stove. New stove being delivered on March 6, 2022. (Observed Receipt)
• Has a working and safe heating system	Y	Turned up from 64 to 68
• Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
• Has a working telephone	Y	House phone. Outbound call observed.
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Band aids, gauze, aspirin and ointment cream
• Has protective coverings on any electrical outlet that is accessible to children	Y	Outlets that were not in use 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	On the counter towards the back
• Medications of any kind	Y	Upstairs Bedroom on top of chest of drawer out of reach of children
• Matches, lighters and flammable products	Y	Lighter kept out of reach of children
• Alcoholic beverages	Y	None in the house



• Guns	Y	None in the house
• Cleaning agents	Y	In the basement where children don't go
• Poisonous substances	Y	Other than medications and cleaning solutions
<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, 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 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 <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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input type="checkbox"/> Diapers N/A	<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

☒ Thermometer

☒ Change of clothes

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

☒ Medications [REDACTED]

☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Kept by the front door

**Item Specification (if needed):**

8 AA batteries

Gloves, thermostat, gauze and tape, band aids, hand sanitizer, Neosporin, Advil, Tylenol a&d cream paper towel, ice pack

4 16 oz. water bottles

Peanut butter and jelly, peanut butter crackers, potato chips, fruit cups, apple sauce, 2 cans ravioli, beans and weenies, Hungry man canned stew, sardines, apple juice.

2 pants, tops, 2 socks, 2 under wares.

2 blankets

Monopoly, Uno, Spot it game,

**Items to review on 03/02/2022 if needed:**

Emergency medication and authorization copy forms for both children be in the emergency bag. Verified that it was.

**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 Procedure:**

The provider will take children to the living room and flip the couch and hide under it if there was a necessity. Emergency bag is in the same room. The room has 3 windows and the provider will seal the windows with tape and plastic if the need should arise.

**Evacuation Procedures:**

The provider will grab the emergency bag, gather the children and [REDACTED]

**Alternate Location:**

The provider will grab the emergency to go bag, gather the children and [REDACTED] where they will be directed to the room where they will shelter.

**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:

Frederick Ford Sr

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 3/3/22

Phone: [REDACTED]

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>09/16/2022</b>	Time In: <b>9:30AM</b>	Time Out: <b>10:16AM</b>	Result: <b>PASSED</b>
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**Informal Care**

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

First Name: <b>Linda</b>	Last Name: <b>Forsyth</b>	Provider ID: <b>474530</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]		3/2/2015	7 /No
[REDACTED]		8/2/2011	11 /No

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet    Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Electric stove was lighted
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, peroxide,
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	High Shelf
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Top of Fridge
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

**GENERAL CLEANLINESS STANDARDS**

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes
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	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <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> <u>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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers 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:** By the front door

**Item Specification (if needed):**

2 shirts, 2, shorts, pairs socks, Inhaler, 2 books, 2 extra AA batteries,  
Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, gloves, Children's Motrin  
4 16oz water bottles, 2 large cans of ravioli, Campbell's Chunky chicken and sausage gumbo

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the bathroom one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent and 911 once they are secure.

**Evacuation Procedures:**

Then provider will grab the children, ERTG and proceed to the provider's vehicle where she will secure the children their seatbelts before driving to the primary evacuation location which [REDACTED]. Once at the location, they will shelter in the living room that has 4 windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location [REDACTED]. The provider will gain entry to the home with spare key that she has. They will shelter in the living room that has 2 window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents and after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name: Linda Forsyth		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 09/16/2022	Pho [REDACTED]	Date: 09/16/2022	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>
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Inspection Date: 09/22/2021	Time In: 3:30 pm	Time Out: 4:34 pm	Result: Approved if returned by 12pm 09/23/21
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### Informal Care

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

### Provider Information

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

### Care Location Inspected

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

Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		8/2/2011	10	/	Y
[REDACTED]		3/2/2015	6	/	Y
				/	
				/	
				/	
				/	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Observed the flush
• Has utilities for cooking, lighting and heating	Y	Artificial and natural lighting in the home
• Has a working and safe heating system	Y	Heard heating system turn on.
• Has a working refrigerator and stove	Y	Lights in the refrigerator
• Has a working telephone	Y	Inbound Call made by parent to providers phone. Phone rang.
• Has operational smoke detector(s)	Y	Fire alarm and carbon monoxide sounded wen test button pressed
• Has first aid kit/supplies	Y	Bandages, cleaning wipes, Neosporin.
• Has protective coverings on any electrical outlet that is accessible to children	Y	3 exposed 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	Kept on counter in bucket and in the back of the drawer
• Medications of any kind	Y	On the counter top
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Kept on top of refrigerator
• Guns	Y	Not kept in the home.



• Cleaning agents	Y	On top of upper cabinets
• Poisonous substances	Y	On top of upper cabinets
<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	Taken to the garbage can outdoors
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	Bedding stripped and fresh bedding is put on the bed. Child is bathed and changed.
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:</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	Punishment includes alone time in the room.
<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 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     |

Thermometer	Change of clothes	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 In the living room near the front door		
Black Backpack 3 C3 Batteries Cleansing wipes, bandages, antibiotic cream, pain reliever cream. Forehead scanner thermometer Scissors, Plastic Drop cloth, packing tape [REDACTED] Medication and Motrin 2 Canned Ravioli 2 16.9 oz bottles [REDACTED] shorts and tee shirts. 1 large blanket for both children [REDACTED] ECMA Fidget toy		

#### Emergency Documents

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

#### Planning and Maintenance

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

First Name [REDACTED] Last Name [REDACTED]

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

#### Shelter In Place:

Provider will take the children in the bathroom and go into the bath tub(1 door 0 windows) with the children and throw a blanket over them. Provider will call the parent once secured in the bathroom.

#### Evacuation:

Provider will grab the children and the ERB. Go out the front door and put [REDACTED] in his booster and [REDACTED] in the seat belt. Call the parents on the drive to Glen Burnie High School. If the provider and children cannot shelter at the high school the provider will grab both children by the hand. The provider will then secure [REDACTED] in his booster seat and [REDACTED] in the seatbelt and call the parent on the way to the nursery school. Once there they will shelter in gymnasium or cafeteria.

#### Signatures & Date

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

PROVIDER	INSPECTOR
Printed Name: <u>Linda Forsyth</u>	Printed Name: [REDACTED]
[REDACTED]	Signature: [REDACTED]



Date: <u>Sept 22, 2021</u>	Phon: [REDACTED]	Date: 09/22/21	Phone: 1-877-227-0125
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<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>04/25/2023</b> Follow-up Inspection Date: <b>04/26/2023</b>	Time In: <b>1:30PM</b> Time In: <b>3:30PM</b>	Time Out: <b>2:54PM</b> Time Out: <b>3:40PM</b>	Result: <b>Did not pass. Follow-up Required.</b> Result: <b>PASSED</b>
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**Informal Care**

Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Josette</b> Provider ID #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Last Name: <b>Foster</b> Provider ID: <b>509745</b> Email: <span style="background-color: black; color: black;">XXXXXXXXXX@XXXXXX.XX</span>		
<b>Care Location Inspected</b>			
Street Address: <span style="background-color: black; color: black;">XXXXXXXXXX</span> City: <span style="background-color: black; color: black;">XXXXXX</span> County: <span style="background-color: black; color: black;">XXXXXX</span> State <span style="background-color: black; color: black;">XX</span> Zip Code: <span style="background-color: black; color: black;">XXXXXX</span> 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>
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>(09/19/2022)</b>	<b>7mos. / Y</b>

**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 high bathroom cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: Outlet coverings added to all outlets 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	Corrective Action Completed: Sharp items moved to tool box stored outside of the home
• Medications of any kind	Y	Stored in provider's top draw with medicine bag
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: All cleaning agents moved to high cabinet in kitchen



• 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 living room changing area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed daily in small bathroom trash
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 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:** At front door near exit**Item Specification (if needed):**

- 1 backpack(carrying case), 2 onesies, 2 blankets, 1pk of wipes, 1 thermometer, no spec meds, 1 stuffed animal, 3 diapers, 3 pouches of baby food, 1 first aid kit, 2 bottled waters, 1 roll of duct tape, 1 canned food, 1 flashlight, 1 pk of AA batteries, folder w/ EPP and ECMA docs, 1 pair of scissors and roll of heavy duty trash bags

**Items to be reviewed on 04/26/2023: Corrected & Reviewed on 04/26/2023**

- Locks added to both cabinets with cleaning products
- Outlet coverings added to outlets in kitchen and island area
- Sharp scissors, screw drivers etc, moved higher or lock added to drawer

**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

**Josette**

Last Name

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

The provider will gather the child and the ERTG and head into the basement area (1 door 2 windows). The provider will close the door, ensure windows are closed and sealed with sealing plastic and tape if needed. She will call the parent to inform her of the emergency and secure the child in their baby seat. She will continue to contact the parent via call or text until the emergency has ended. Provider has an additional Emergency kit that is stored in basement at all times.

**Evacuation Location(s) Procedures:**

**Primary:** The provider will account for the child and ERTG and secure the child in her stroller. The provider and child will begin to [REDACTED] Along the [REDACTED] she will call the parent regarding the evacuation. Upon arrival the provider will speak to a [REDACTED] of where is a safe place to shelter within the building. Once they are settled the provider will call the parent to give her emergency updates.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTG and secure the child in her stroller. The provider and child will begin to [REDACTED] Along the [REDACTED] she will call the parent regarding the evacuation change. Upon arrival the provider will speak to [REDACTED] of where is a safe place to shelter within the building. Once they are settled the provider will call the parent again to give her emergency updates.

**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:

*Josette Foster*

Printed Name: [REDACTED]

Signature:

Signature: [REDACTED]

Date:

*8/28/2023*

Phone:

[REDACTED]

Date: 04/26/2023

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: 1/20/2023	Time In: 1:30PM	Time Out: 2:32PM	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: Amelia	Last Name: Francis	Provider ID: 500913
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]		12/28/2011	10 / No, At School
[REDACTED]		2/28/2013	9 / No, At School
[REDACTED]		4/19/2017	5 / No, At School
[REDACTED]		12/11/2019	2 / Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Digital Thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-aids, antiseptic, Neosporin
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	High up in Upper cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Moved to higher cabinet
• Guns	Y	Yes, in lock box kept on high closet shelf
• Cleaning agents	Y	Locked under kitchen 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
<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> <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 <a href="#">local Department of Social Services Child Protective Services Unit</a>.</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
<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	
<b>Location of The Emergency Ready to go Pack:</b> By the Front door	
<b>Item Specification (if needed):</b> 2 D batteries, 4 pants, 4 shirts, 4 sox, 3 pairs of underwear, 5 diapers and wipes, 5 Mylar rescue blankets, books Ointments, Band-aids, ice pack, bandages, gloves, alcohol swabs, 4 16oz bottles of water, 2 can each of 10 total of Granola bars & protein bars, 1 pound bag of nuts and dried fruits, 3 large cans of spaghetti's	
<b>Items to review on xx/xx/xxxx if needed:</b> N/A	
<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 Amelia	Last Name Francis
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
<b>Shelter In Place Procedure:</b> The provider will grab the children, grab the ERTB, and shelter to in the first floor half bathroom that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are safe and secure and not in immediate danger.	
<b>Evacuation Procedures:</b> The provider will grab the emergency bag, carry [REDACTED] gather the older children, then proceed to the provider's vehicle where she will secure [REDACTED] car seat, [REDACTED] and the older children in their seatbelts, before driving to the primary evacuation location, which is [REDACTED]. Once at the location, The provider will inquire as to where they can shelter. The provider will call the parents on the way to (Hands free calling) and immediately after they are secure in the evacuation location.  The alternate evacuation location is [REDACTED]. The provider will grab the emergency bag, carry [REDACTED] gather the older children, then proceed to the provider's vehicle where she will secure [REDACTED] car seat [REDACTED] and the older children in their seatbelts, before driving to location. Once at the location, The provider will inquire as to where they can shelter. The provider will call the parents on the way to (Hands free calling) and immediately after they are secure in the evacuation location.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <u>Amelia Francis</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>1/20/23</u>	Phone: [REDACTED]	Date: 01/20/2023	Phone: 1-877-227-0125