

## Child Care Scholarship Program

# **Informal Child Care Monitoring Inspections**



First letter of the provider's last name.

Posted June 2025

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

□In-person Inspection

Safety of the Home

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

Return to ccs informalproviders@maryland g ov

Inspection Date: 3/23/2022	Time In: 3:30PM	Time Out: 4.50PM	M Result: Passed.
Informal Care		1	
Type of Care (check one): ☐ Non-relati	ve Informal Provider C	are ⊠Relative I	Informal Provider Care
Provider Information			
First Name: Huriyyah	Last Name: Fakrudee	en	Provider ID: 483650
Provider ID #:		Email:	
Care Location Inspected			
Street Address: Address Verified? Yes	City	County	State Zip Code :
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
		3/24/2010	11 / No
		7/14/2015	6 / No
		7/8/2021	6 Months / No

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
<ul> <li>Is free of insect or rodent infestation</li> </ul>	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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All covered if not in use.
Harmful items are stored appropriately and away from	Standard Met	Comments/Notes

Poisonous substances

**GENERAL CLEANLINESS STANDARDS** 

Sharp or pointed items

Medications of any kind

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

children:

•

.

Y/N

Y

Υ

Y

Υ

Υ

Υ

Y

Standard Met

Corrective Action /Timeframe if needed

Under kitchen sink and bathroom sink locked

Corrective Action /Timeframe if needed

None other than medications and cleaning solutions

Master bathroom which is locked

On top of the Fridge

Comments/Notes

None

None

None

All areas of the home are kept clean, including diapering area.		
An areas of the flottle are kept dean, including diapering area.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	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		paragray. This contains a Dispeter Supply Kit (including

#### 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. ⊠Bottled water **⊠**Flashlight ⊠Batteries for Flashlight ⊠Backpack(s) or carrying case(s) ⊠Diapers ⊠Consider special toys or games □ Change of clothes packing tape & sealing plastic/trash **⊠**Thermometer bags ⊠Blanket(s) ☐ Medications N/A

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)?	7 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, oin  2 large cans of Cambell's chunky chicken noodles, baby food, dry form  3 blankets, 2 pants, 2 shirts, 2 under wares, onesies for the baby, 3 diap	ula for the baby, 3 bottles of w	vater
Items to review on xx/xx/xxxx if needed:		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this comp	eted form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emer	gency Documents regularly:	
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transport	ted to an evacuation location	n: It will be carried.
spare key to gain entry. They will shelter in the basement of the home again after they are secured in the basement.  Alternate Location:  The provider will do a head count then gather the children where she children will walk with her to the vehicle. The provider will secure the back seat before driving to the alternate evacuation location. The procontact Parent before leaving and for the evacuation location and call	om has 2 windows and entry nce secure.  There she will carry the baby incicle. The provider will secure vacuation location. Once at the provider will contact Pare will carry the baby and the staby car seat, wider will use her spare key	in and the emergency to go bag and go e the baby car seat, the location, the provider will use her ent before leaving the care location and emergency to go bag and the two older booster seats and seat belt to gain entry
Signatures & Date	standards have here	and and any corrections if a select to
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	nome in which care is provide	ed, and any corrections it needed have ed is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Huriyyah Fakrudeen	Printed Name:	
Signature:	Signature:	
Date: Mayor h 2-3, 2022 Phone:	Date: 03/23/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 04/14/2023 Follow-up Inspection Date: 04/17/2023	Time In: 10:30AM Time In: 11:30AM	Time Out: 11:58AM Time Out: 11:45AM	and the second control of the second control
Informal Care			
Type of Care (check one): ☐ Non-rel	ative Informal Provider C	are ⊠Relative In	nformal Provider Care
Provider Information			
First Name: <b>Juliann</b> Provider ID #:	Last Name: Fallen		Provider ID: <u>275618</u> Email:
Care Location Inspected			Lindi.
Street Address: Address Verified? Yes.	ty: County:	State	Zip Code:
Name of Children in Care (add pages if nee	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(12/19/2013)	9yr. / N
		(01/10/2011)	11yr. / N

Provider ID #:			Email:		
Care Location Inspected					
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:	:	
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
		(12/19/2013)	9yr. / N		
		(01/10/2011)	11yr. / N		
Safety of the Home			11975	TO PAR	
Directions: Review and determine compliance with ea pages may be used for comments.	ch standard. Note	any comments or c Y – Yes, N – No,	corrective action D - Discussed	ns nee	eded. Additional - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments Corrective		s n /Timeframe if needed
Basic Health and Safety Training Completed?		Y	Relative In	nforma	al Care – Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N	Comments Corrective		s n /Timeframe if needed
Is in good repair		Y		All	areas were clean
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y		No ev	vidence 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 I	by pro	vider and steam observed on camera
Has a working inside toilet		Υ	Flushed	d by p	rovider and observed in all 3 bathrooms
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	ng	Y			
Has a working and safe heating system		Υ	Thermos	stat te	sted by provider for cooling & heating
<ul> <li>Has a working refrigerator and stove</li> </ul>		Υ	Tes	sted b	y provider and observed
Has a working telephone		Υ	Outbox	und ca	all made to provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>		Υ	Tes	sted b	y provider and observed
Has first aid kit/supplies		Υ	Peroxide r	moved	es: Band-Aids, Gauze, Alcohol, I to high shelf level in bathroom ored under locked bathroom sin
<ul> <li>Has protective coverings on any electrical accessible to children</li> </ul>	outlet that is	Υ	or occup	pied in	Completed: All Outlets covered common areas (dining room, bathroom, living room)
Harmful items are stored appropriately and away children:	y from	Standard Met Y/N	Comments/N Corrective A		/Timeframe if needed
Sharp or pointed items		Y	Corrective Ac		Completed: Knives moved to high kitchen cabinet
<ul> <li>Medications of any kind</li> </ul>		Υ	Store	ed in h	nigh cabinet in bathroom
<ul> <li>Matches, lighters and flammable products</li> </ul>		Υ		16	Does not own
<ul> <li>Alcoholic beverages</li> </ul>		Y			Does not own
• Guns		Υ			Does not own

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

#### **Emergency Ready-to-Go Pack**

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

#### **Disaster Supply Kit**

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

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

⊠Thermometer
--------------

⊠Blanket(s)

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

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

#### 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

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	cumen

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

P	lar	nni	ng	and	Mai	n	te	n	ar	10	9
---	-----	-----	----	-----	-----	---	----	---	----	----	---

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

First Name
Juliann
Fallen (Provider)
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 (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 acco	unt for the children and ERTG and call the parent and inform them of the emergency. The provider and
children will walk to	Upon arrival the provider will receive instructions to shelter from
Once the provider and c	nildren 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 local The provider will call the paren	ation, the provider will gather the children and ERTG and walk over to t before heading to the evacuation location. Upon arrival the provider and children will
go into the building and speak to the until the emergency has ended.	and know where to shelter. Once they are secure the provider will call the parent

Sig	natu	ıres	&	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: Juliann Fallen	Printed Name:		
Signature:	Signature:		
Date: 4/24/23 Phone:	Date: 04/17/2023	Phone: 1-877-227-0125	

Safety of the Home

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

Return to: ccs.informalproviders@maryland.g ov

2.337.7	in: 10:15AM In: 10:00AM	Time Out: 11:20AM Time Out:10:12AM	Result: PA	low Up needed SSED
elative Info	rmal Provider Co	are ⊠Relative Inf	ormal Provider	Care
			1000	
Last	Name: Fallen		Provider ID	: 275618
	X-02 X 140		Email:	
	County:	State	Zip Co	ode:
needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
		12/19/2013	8 /Yes	
		01/10/2011	12 / Yes	
		11/30/2006	15 / Yes	
	elative Info	elative Informal Provider Ca Last Name: Fallen County:	Last Name: Fallen  County: State  needed) Scholarship Date of Birth 12/19/2013 01/10/2011	Last Name: Fallen  County:  State  Zip County:  12/19/2013  8 /Yes  01/10/2011  Provider ID  Email:  2

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Provider Registered Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	N		
Home is free of health and safety hazards:	Standard Met Y/N		
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	Υ	Steam observed	
Has a working inside toilet Look under sink	Y	Cleaning supplies moved to high shelf in close	
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	Bandaid, ointment, alcohol wipes, gauze	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y		
Medications of any kind	Y		
Matches, lighters and flammable products	Y	None	
Aicoholic 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	
Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	¥	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Ÿ	
A child in care is not subjected to any form of naglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of ham;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

#### **Emergency Ready-to-Go Pack**

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

#### Disaster Supply Kit

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

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

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) Mauthorization for emergency medical care **Planning and Maintenance** Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name First Name Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter in Place Procedure: The provider will 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 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 The provider will 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. INSPECTOR PROVIDER **Printed Name:** Printed Name: Signati Signature: Phone: 1-877-227-0125 Date: 09/30/2022 Phone: Date: 32

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/17/2023 Follow-up Inspection Date: 08/18/2023	Time In: 3:30PM Time In: 10:30AM	Time Out: 4:37Pl Time Out: 10:56/	
Informal Care			
Type of Care (check one): ☐ Non-rela	ative Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Gail	Last Name: Farcht		Provider ID: <u>518952</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if nee	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(08/05/2017)	6уг. / Ү
		(04/24/2015)	8yr. / Y
		(11/02/2012)	10yr. / Y
	1.	(07/10/2011)	12yr. / Y

Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional  D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Υ	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	Υ	All lights were turned on and natural window lighting	
Has hot and cold running water	Υ	Tested by provider and observed the ice melt in the clear glass	
Has a working inside toilet	Υ	Flushed by provider and observed in both bathrooms	
Has utilities for cooking, lighting and heating	Υ		
Has a working and safe heating system	Υ	Thermostat tested by provider for cooling & heating	
Has a working refrigerator and stove	Υ	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider' phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	First aid kit stored on shelf in foyer	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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
<ul> <li>Poisonous substances</li> </ul>	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
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:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

#### **Emergency Ready-to-Go Pack**

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

#### **Disaster Supply Kit**

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

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

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

 ⊠Portable First Aid Kit
 ⊠Diapers (N/A)
 ⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organized	zed, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)?	Υ
	Stored on rack by the front door  d kit, individual head thermometers, ADHD medic om/underwear/socks), 3 blankets, bag of toys, 1 p	
trash bags, 1 roll of duct tape and folder		air of scissors, I roll of fleavy duly
- Items to be reviewed on 08/18/2023: Corre	cted & Reviewed on 08/18/2023	
<ul> <li>Outlet coverings needed for upstairs bed</li> </ul>	rooms	
- Basement area to be reviewed for safety a	and outlet coverings	
Emergency Documents		
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)	
⊠Authorization for emergency medical ca	, , ,	
Planning and Maintenance		
	oply Kit and the Emergency Documents regularly:	
First Name	Last Name	
Aalisa	Thoms	
	Pack will be transported to an evacuation location	carried by the provider.
Shelter in Place Procedure:	EDTO 1 1 1 1 1 1 1	
	ERTG and go into the master bedroom closet (1 tic and tape from the ERTG to seal the door. Onc	
Evacuation Procedures		
Primary: The provider will account for the children	<del>-</del>	The provider will
	and the youngest child in his booster seat. Upon to shelter. Once secured she will call or text the p	
Alternate: If they could not access the primary le	ocation, the provider will account for the children, cure the 3 oldest children in their car seat belts and they will be and they will be a door 0 windows/vents) Once secured she will	grab the ERTG and drive the children d the youngest child in his booster e The provider
Care Hours:		

# 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: Signature: Signature: Date: 08/18/2023 Phone: 1-877-227-0125

# **INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: 6-3-2025/3:00pm/87 minutes
APPLICANT ID:
-
PROVIDER ID:
581301
APPLICATION DATE:
05/01/2025
COUNTY:
Owings Mills

	Initial Application
***************************************	Renewal Application
************	Complaint Investigation
	Monitoring
TOTAL TANABASE AND ASSESSMENT	Other

Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months	1	l		
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)				The second secon
5-12 (school age)		The second section of the section of th		
13-19 year olds			er til Front i Lytha Agus o til benning bladt i garryndigir familie fart 33 i kapaninassa.	
TOTAL		I		
Overnight				

FATALITY: N/A	SERIOUS INJURY:	COMPLAINT #:					
INFORMAL PROVIDER PHOTO ID VERIFIED:		ID TYPE: Driver's License	EXP. DATE: 12/16/2029				
CARE LOCATION: Child's Ho	ome Informal Child Care Provid	der's Home					
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care							
INFORMAL PROVIDER NAME: Donnell Ferguson							
PERSON(S) INTERVIEWED: Donnell Fer	rguson						

# All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

Part 1 – Safety of Home								
C 1	. н	ealth & Safety Training (Basic 3 hrs. & the Annual Update)	C C C C C C C C C C C C C C C C C C C	k)	Has first aid kit/supplies			
2	. Н	ome is free of health and safety hazards	C	I)	Has protective coverings on accessible electrical outlets			
E SERIE POR PRESIDENT CONTROL	a)	Is in good repair	3.	Ha ch	rmful items are stored appropriately and away from ildren			
Section of the Control of the Contro	b	ls free of insect or rodent infestation	C	a)	Sharp or pointed items			
C	c)	Is well-lit and well-ventilated	C	b)	Medications of any kind should be stored			
C	d)	Has hot and cold running water	C	c)	Matches lighters and flammable products			
C	e)	Has a working inside toilet	C	d)	Alcoholic beverages			
C	f)	Has utilities for cooking, lighting and heating	C	e)	Weapons and firearms			
C	g)	Has a working and safe heating system	C SALES CONTRACTOR AND ADDRESS OF THE SALES CONTRACTOR ADDRESS	f)	Cannabis edibles, smoking and vaping paraphernalia and by products			
С	h)	Has a working refrigerator and stove		g)	Cleaning agents			
C	i)	Has a working telephone	C	h)	Poisonous substances			
CCP Form IP109	j)	Has operational smoke and carbon-monoxide detector(s)	C	i)	Interior environmental hazards			

# All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

	Part 2 – General Cleanliness							
Consistence and consistence an	4.	All areas of the home are kept clean, including diapering area.	9.	Re	est Area and Furnishings			
C Separation of the separation	5.	Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.	C	a)				
C	6.	Children are changed immediately when they have a	Constantinental	b) c)	Infant/toddler rest furnishings  Crib safety			
С	7.	soiled or wet diaper, clothing or bedding.  Diapering procedures are followed.	C	d)	Individual rest place			
	8.	Handwashing procedures are followed.	В <i>иновиностанице поче</i> новального и в	e)	The provider shall provide furnishings for each child approved for care in the home.			
C		a) Toileting	Commentered	TAXABLE DE LA CALLANDA DE LA CALLAND	ei) Younger than 12 months old, a crib, portable crib,			
C Servician Annual universal		b) Diapering		Particular and a second	or playpen  eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag			
General de micro-autourantes	- Construction	c) Food preparation and eating	En con transmission en en servicion de la constitución de la constituc	ewil	old, a bed, cot, mat, or sleeping bag			
C SHIPPOPORTER HARMING SAND	Consentation	d) After playing outdoors						
C	OLEVITANA POUNT	e) Preventing the spread of disease						

## All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

## Part 3 - Child Abuse, Neglect and Mistreatment Standards

#### 10. A child is not subjected to any form of abuse 12. A child in care is not subjected to mistreatment C Child abuse/neglect: Physical injury C a) Spanking, Biting, Hitting, Shaking C b) Child abuse/neglect: Sexual abuse C Physical discipline or any other means of discipline C Child abuse/neglect: Mental injury C Not attending to a child's physical needs 11. A child in care is not subjected to any form of neglect C d) Shouting, Cursing, Shaming, Ridiculing Child supervision C Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect C child's mouth Recognition and reporting of child abuse and neglect C g) Requiring a child to stand on one foot as punishment C h) Tying child to a cot or other equipment 13. Immediate child abuse reporting C

# All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$  = In Compliance,  $\underline{\mathbf{D}}$  = Discussed,  $\underline{\mathbf{N}}$  = Not in Compliance,  $\underline{\mathbf{X}}$  = Not Inspected,  $\underline{\mathbf{NA}}$  = Not Applicable

	Part 4 – Vehicular Traffic and Transportation Safety	
14 Vohiolo asfety every		•

C 14. Vehicle safety awareness

- C 15. Individual child vehicle safety
- С
- 16. Child seat safety compliance

# Part 5 - Outdoor Activity Area

- C 17. Safe outdoor play area
- C 18. Enclosed
  - 18. Enclosed safe play area
- C 19. Traffic and congested areas assessment

- 20. Pool Safety
- С
- a) 4 ft. fence that surrounds the pool
- С
- b) Self-closing and self-latching mechanism on the entry/exit way
- С
- c) Secured Lock
- С
- d) Sensor or alarm on the access door

# All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

# Part 6 – Emergency Ready-to-Go Pack

2′	l. Di	saster Supply Kit	C	k)	Folder or binder for EPP documents
C	a)	Flashlight	C	I)	Backpack(s) or carrying case(s)
C	b)	Batteries	C	m)	Special toys or games
С	c)	Portable First Aid Kit	C	n)	Scissors, tape & sealing plastic
C	d)	Thermometer	22	. Em	nergency Documents
NA	e)	Medications	C	a)	Informal Provider Emergency Preparedness Plan
C	f)	Bottled water	C	b)	Emergency Care & Authorization Form (one for each child in care)
C	g)	Non-perishable food	C	c)	Reportable Incident Report Form (blank copy)
C Sometiment of the contraction	h)	Diapers	23.	Pla	nning and Maintenance
C	i)	Change of clothes	C	a)	Person responsible
C Secretaria de la companya del companya de la companya del companya de la companya del la companya de la compa	j)	Blanket(s)	C STREET, STRE	b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

# All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

consistent with standards for parental consent

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

Dord 7 11-111 0 0 6 ( D )							
Part 7 – Health & Safety Review							
C 24. Shelter in Place	C	31. Health & Safety Review: Premises safety, hazard protection					
C 25. Lockdown (partial & full)	C	32. Emergency response planning					
26. Home is free of health and safety hazards	C	33. Food allergy emergency preparedness					
C a) Primary Evacuation Location		34. Hazardous materials management					
C b) Alternate Evacuation Location		35. Prevention and control of infectious diseases (including					
C 27. Infant sleep safety	Characteristics and an advantage of the characteristics of the chara	immunization)					
- Continue C	С	36. Pediatric first-aid and CPR					
28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C	37. Appropriate precautions in transporting children					
C 29. Recognition and reporting of child abuse and neglect	C	38. Substance-free child care environment					
C 30. Health & Safety Review: Administration of medication,							

Sign and upload form to
PROVIDER PORTAL

Signature of Informal Child Care Provider

Date

Blessen Harris

O6/03/2025

Date

Date

Time Out: 06/03/2025 16:27

Date

Time

Start Time	End Time	Duration	Follow-Up
15:00	16:27	87 minutes	omani Saatti siiroo ka taraan ga 1890 oo noo ka maa ka k
			naleonariamanan ministratores (i skillinski skilas kilas skillis kales kales kales kales kales kales kales kal
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	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	CONTRACTOR AND CONTRACTOR STORY CONTRACTOR C	

**Total Duration:** 

87 minutes

Minutes

		SUMMARY	OF CORRECTION	N			
PROVIDER ID:		APPLICANT ID:	ZIP CODE:	COUNTY:			
581301		-	21117	Owings Mills			
INFORMAL PROV	IDER NAME:		CARE LOCATION:	O Inform	nal Child Care		
Donnell Fer	guson				der's Home		
PERSON(S) INTE	RVIEWED:						
Donnell Ferg	guson						
VISIT TYPE:			INSPECTION TIME	/DATE/DURATION:			
Initial Applic	cation		3:00pm/6-3-2	3:00pm/6-3-2025/87 minutes			
inspection. ČCSP	has either observed th		the submitted summary o	CSP) in response to non-compliances four of correction(s) and has made a determinate complex and the complex a	ation as follows:		
STANDARD NUMBER		STANDARD TEXT	S	SUMMARY OF CORRECTION	DATE OF CORRECTION		
	No corrections ne	edeed					

NUMBER	STAND	ARD TEXT		SUMMARY	OF CORRECTION	CORRECTION
	No corrections needeed					
Blessen Harris		06/25	<b>✓</b> Co	mplete	Includes overflow page	
Signature o	f Agency Representative	 Date		1		ICCP Form SOC108c

Blessen Harris

☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date 06/02/2022	Time In 1:45PM	Time Out: 3:09PM	Result: APPROVED	
Informal Care			SATERNAM OF THE	12 30
Type of Care (check one)	on-relative Informal Provide	ler Care ⊠Relative In	formal Provider Care	
Provider Information				
First Name Wanda	Last Name: Ferg	juson	Provider ID: 487018	
Provider ID #		1997	Email:	
Care Location Inspected				
Street Address Address Verified? Yes.	City	County County	State Zip Ci	ode
Name of Children in Care (add page	s if needed) Scholars	hip Date of Birth	Age / Present (Y/N)	
		(04/30/2020)	2yr / Y	
		(04/19/2017)	5yr / Y	
		(03/14/2010)	12yr / Y	
			1	
			1	
			1	

Safety of the Home	The state of the s	
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional O - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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)
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Observed and tested by provider
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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
<ul> <li>Matches, lighters, and flammable products</li> </ul>	Y	Stored in the outside grilling area
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own

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

#### **Emergency Ready-to-Go Pack**

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

#### Disaster Supply Kit

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

⊠Flashlight

⊠ Bottled water

⊠ Batteries for Flashlight

Backpack(s) or carrying case(s)

⊠Diapers

⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, of	A CONTRACTOR OF THE CONTRACTOR	
Emergency Ready-to-Go Pack is available	and easily accessible in the event of an emer	gency (Y/N)? Y, Stored near dining room area
Emergency Documents		
SInformal Provider Emergency Prep SAuthorization for emergency medic	paredness Plan (this completed form) cal care	
Planning and Maintenance		
Person responsible for updating the Disaste First Name	er Supply Kit and the Emergency Documer Last Name	nts regularly:
Description of how the Emergency Ready-t	to-Go Pack will be transported to an evacu	ation location
Item Specification (if needed):		
<ul> <li>1 flashlight, 1 pk of batteries, trash ba w/wipes, pull-ups, 3 outfits, 3 blan</li> </ul>	ags, scissors, 6 bottled waters, 6 canned fo kets, and folder of EPP/ECMA forms	ods, 1 thermometer, 1 first aid kit, 2 dolls, diapers
Shelter-in-Place Provider will gather the control bedroom closet, will lock all doors and wind and text the parent before the lockdown, du	dows in the home, provider will have no wir	vate the security system, and go into the master idows to seal (1 door 0 windows) Provider will call
Evacuation Locations:		
Primary - Provider will call and notify the p	the will strap the smaller children in car sea	t and booster and older child will strap themselves
Alternate – Provider and children will go in to the location. Upon arrival she will go into settled, she will contact the parent via call o	the store and speak with the manager to b	erself in the car, she will grab the to-go bag and go e instructed of where to shelter. Once they are s
Signatures & Date		
A land dament By signing below the na	dge that, if approved, the home in which car	een reviewed, and any corrections if needed have re is provided is subject to random, unannounced
		INSPECTOR
PROVIDER		MOI LOTOK
PROVIDER	Printed Name:	INOT ESTON
PROVIDER	Printed Name: Signature:	, mor Loron

⊠Virtual Inspection □In-person

# Maryland State Department of Education/Office of Child

Child Care Scholarship Program INFORMAL CARE

Return to: ccs.informalproviders@maryland.gov

Inspection		PECTION CHE		
Inspection Date: 1/21/2025	Time	In: 3:30pm	Time Out: 4:05pm	Result: Passed
Informal Care				
Type of Care (check one): □	Non-relative Info	rmal Provider Ca	are ⊠Relative l	Informal Provider Care
Provider Information				
First Name: Doris	Last N	lame: Fleet		Provider ID: 462736
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified?: Yes	<u>City</u> :	Cou	unt <u>y</u> : State	Zip Code:
Name of Children in Care (add pa	ges if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			9/20/2012	12yrs/ Y
			7/28/2016	8yrs/Y
Safety of the Home				
Directions: Review and det Additional pages may be us		with each stand		ents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety 7	raining Complete	d?	Υ	
Home is free of health and safety hazards:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

Trash, garbage and wet and soiled diapers are disposed of in a	Y	
sanitary manner.	1	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	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 ⊠Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit ⊠Diapers N/A □ Consider special toys or games ⋈ Heavy Duty Scissors, Duct Tape/ ⊠Thermometer □ Change of clothes Packing Tape & Sealing Plastic/ Trash Bags ⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized	d, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and easi	ly accessible in the event of an emergen	cy (Y/N)? Y		
Location of Emergency Ready to go Pack: baser  Item Specification (if needed):  To be observed for compliance on:	men <u>t</u>			
Emergency Documents	THE SECRETARIAN AND AND ADDRESS.			
⊠Informal Provider Emergency Preparednes ⊠Authorization for emergency medical care	스런 함께 마이지 마음이라면 하다고 있습니다. 10 11 전 2 4.1 4명이다. (1986)	- y		
Planning and Maintenance				
Person responsible for updating the Disaster Suppl First Name Doris	ly Kit and the Emergency Documents ast Name Fleet	egularly:		
The Provider will gather the children and the ready  The provider will travel to the	to go bag, they will be traveling by to the evacuation location w(s)). The provider will be traveling by to go bag, they will be traveling by to the evacuation location w(s).	thildren secured by  gaining access by before, during and after sheltering  secured gaining access by		
Signatures & Date				
Acknowledgement: By signing below the parties acknobeen discussed. The parties also acknowledge that, if pop up visit which will be conducted virtually or in-personal properties.	f approved, the home in which care is pro	viewed, and any corrections if needed have ovided is subject to random, unannounced		
PROVIDER		INSPECTOR		
Printed Name: Donication	Printed Name:			
Signature				
Date: 12/1/2/19 Phone	Date: 1/21/2025	Phone: 1-877-227-0125		

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 1/17/2024		In: 3:30PM In: 5:00PM	Time Out: 4:25PM Time Out: 5:17PM	The state of the s
Informal Care				
Type of Care (check one):	lon-relative Info	rmal Provider C	Care ⊠Relative	Informal Provider Care
Provider Information				
First Name: Doris Provider ID #:	Last I	Name: Fleet		Provider ID:
Care Location Inspected				Lilian
Street Address: Address Verified? Yes.	City:	County	State	Zip Code
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(07/28/2016)	7yr. / Y
			(09/20/2012)	11yr. / Y

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or c Y - Yes, N - No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Υ	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 steam on bathroom mirror
Has a working inside toilet	Υ	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Υ	
Has a working and safe heating system	Υ	Thermostat tested by provider for cooling and heating
<ul> <li>Has a working refrigerator and stove</li> </ul>	Υ	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider'
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Tested by provider
Has first aid kit/supplies	Y	First aid kit stored in basement playroom
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Knives stored in knife block in top kitchen cabinet
Medications of any kind	Y	Medicine stored in upper kitchen cabinet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	Does not own
Alcoholic beverages	Υ	Does not own
Guns	Y	Does not own
Cleaning agents	Υ	Cleaning agents stored on high shelf in garage wood locked door

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

#### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

⊠Medications (N/A)	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and		emergency (Y/N)?	Υ
Location of The Emergency Ready to go Pacitem Specification (if needed):  1 duffle bag (carrying case), 1 flashlight canned foods, 3 bottled waters, 2 outfits cards, 1 pair of scissors, 1 roll of duct to the litems to be corrected on xx/xx/xxxxx N//	, 2 extra D batteries, 1 first aid kit s (tops/bottoms/underwear/under ape, 1 roll of trash bags, and folde	, 1 thermometer, clothes/socks), 2	blankets, 3 toys, 1 pk of playing
Emergency Documents			
Planning and Maintenance			
Person responsible for updating the Disaster S	upply Kit and the Emergency Doc	uments regularly:	
First Name	Last Name		
Doris	Fleet (Provider)		
Description of how the Emergency Ready-to-G playroom	o Pack will be transported to an e	vacuation location	Stored in the downstairs
Shelter In Place Procedure:			
the playroom. If needed the provider will use the updates.  Evacuation Procedures  Primary: The provider will gather the children abooster seat and the 11yr in a car seat belt.  and will		er vehicle. The pro Upon arrival the	vider will ensure the 7yr old is in a provider will
Alternate: If they could not access the primary The provider will ensure the 7yr old is in a boost provider emergency updates.	ster seat and the 11yr in a car sea	t belt.	the ERTG bag and head to her vehicle.  Upon arrival the parent with
Signatures & Date			
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the home in whi	ave been reviewed th care is provided	d, and any corrections if needed have t is subject to random, unannounced
PROVIDER		D D	NSPECTOR
Printed Name:	Printed Na	ime:	
Signatu	Signature		475 P. 15 1
Date: 1/18/2024 Phog	Date: 1/17	72024	Phone: 1-877-227-0125

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

	Time In: 10:30Al	VI Time Out: 11:33	AM Result: Passed
Informal Care			
Type of Care (check one):	relative Informal Provid	er Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Doris	Last Name: Flee	t	Provider ID:
Provider ID #			Email:
Care Location Inspected			
Street Address: Address Verified? Yes	City: Cou	nty: State	Zip Code:
Name of Children in Care (add pages if	needed) Scholars	nip Date of Birth	Age / Present (Y/N)
		9/20/2012	10 / No, At School
		7/28/2016	6 / No, At School
Safety of the Home	STREET A THE STREET		

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>	Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Υ	No sign of infestation
<ul> <li>Is well-lit and well-ventilated</li> </ul>	Y	
<ul> <li>Has hot and cold running water</li> </ul>	Υ	Steam observed
<ul> <li>Has a working inside toilet Look under sink</li> </ul>	Y	Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Heat dialed up
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
<ul> <li>Has a working telephone</li> </ul>	Y	Called out on Landline
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Alarm sounded
<ul> <li>Has first aid kit/supplies</li> </ul>	Υ	Cold pack, band aids, ointment, gloves
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Highest shelf in Upper cabinet
<ul> <li>Medications of any kind</li> </ul>	Y	Moved to high Shelf in closet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Υ	_
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:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	The same of the sa
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

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

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	☑ Backpack(s) or carrying case(s)
□ Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	2.0

Items in the Disaster Supply Kit are clean, organized, and usat Emergency Ready-to-Go Pack is available and easily accessib		
and accessing	le in the event of an emergency (Y)	(N)? Y
Location of The Emergency Ready to go Pack: Bottom of t		.,
The state of the s	ne 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, tane		
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		
The Casal Tark		
Emergency Documents		
	s completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the	e Emergency Documents regular	iv:
First Name Doris Last Name		
Description of hourst.		
Description of how the Emergency Ready-to-Go Pack will be to	ansported to an evacuation locat	ion: Carried
The provider will grab the children and go downstairs to the bath has one door and no window. If the need should arise the provider are secure.  Evacuation Procedures:  The provider will grab the emergency bag, gather the children, procedure will grab the emergency bag, gather the children, in a seat belt in the back of the car secure.  The provider will gain entry with key pad where a code is the procedure will gain entry with key pad where a code is the primary before leaving the care location and immediately after the primary location, they will go to the grab the emergency bag, gather the children, then proceed to the primary before driving to the location. The provider will can be a seat belt, before driving to the location. The provider will can be a seat belt, before driving to the location. The provider will can be the provider will text the parents before leaving the care evacuation location.	then proceed to the provider's ve at before driving to the primary ev s entered. Once at the location, the rovider will use plastic and tape to the they are secure in the evacual alternate evacuation location with the provider's vehicle where she will letting know they are on the	hicle where she will secure in a vacuation location, which is the parent's ney will shelter in the living room which is seal the shelter The provider will text tion location.  The provider will will secure in a booster and leir way. They will shelter in the family
ignatures & Date		
cknowledgement: By signing below the parties acknowledge that een discussed. The parties also acknowledge that, if approved, op up visit which will be conducted virtually or in-person.	at all standards have been reviewe the home in which care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER		
rinted Name: Of: Sa Tlept	Printed Name:	INSPECTOR
ate: /////// Phon	Signature:	
ate: /////2/// 3   Phon	Date: 1/17/2023	

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 4/47/2002			
Inspection Date: 1/17/2023	Time In: 10:30AN	Time Out: 11:33/	AM Result: Passed
Informal Care			
Type of Care (check one): ☐ Non-re	lative Informal Provide	er Care Relative	Informal Provider Care
Provider Information			
First Name: Doris	Last Name: Flee	t	Provider ID: 462736
Provider ID #			Email
Care Location Inspected			
Street Address: Control Address Verified? Yes	ty: Cou	nty: State	Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarsh	ip Date of Birth	Age / Present (Y/N)
		9/20/2012	10 / No, At School
		7/28/2016	6 / No, At School
Safety of the Home			

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or o	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>	Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No sign of infestation
<ul> <li>Is well-lit and well-ventilated</li> </ul>	Y	
<ul> <li>Has hot and cold running water</li> </ul>	Υ	Steam observed
<ul> <li>Has a working inside toilet Look under sink</li> </ul>	Y	Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Heat dialed up
<ul> <li>Has a working refrigerator and stove</li> </ul>	Υ	
Has a working telephone	Υ	Called out on Landline
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Alarm sounded
<ul> <li>Has first aid kit/supplies</li> </ul>	Υ	Cold pack, band aids, ointment, gloves
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Highest shelf in Upper cabinet
Medications of any kind	Y	Moved to high Shelf in closet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	
Alcoholic beverages	Y	None
Guns	Y	None
Cleaning agents	Y	
<ul> <li>Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions

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

#### **Emergency Ready-to-Go Pack**

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

#### Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	
⊠ Batteries for Flashlight	⊠Non-perishable food	☑ Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	
⊠Medications	⊠Blanket(s)	2.70

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  Sinformal 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 a 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 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 not booster seat an in the back of the car seat before driving to the primary evacuation location, which is the The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the labet primary evacuation location, they will shelter in the primary location the will control the primary evacuation location. The provider will the primary location that the primary location in the primary location the provider will use plastic and tape to seal the shelter. The provider will the parents before leaving the care location and immediately after they are secure in the evacuation location.	items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Y
Location of The Emergency Ready to ao Pack: Bottom of the stairs going to basement	Emergency Ready-to-Go Pack is available and e	easily accessible in the event of an emergency (Y/N)? Y
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acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed een discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannount on unannound printed Name:    PROVIDER   INSPECTOR	The provider will grab the emergency bag, gather nooster seat an an an analysis of the back. The provider will gain entry with key pad what was two windows and one doors. If the need shout the parents before leaving the care location and in the primary location, they grab the emergency bag, gather the children, ther in a seat belt, before driving to the location. The proom that has two window and no door (open floor)	where a code is entered. Once at the location, they will shelter in the which which is the which which arise the provider will use plastic and tape to seal the shelter The provider will text immediately after they are secure in the evacuation location.  The provider will and provider will call letting they are on their way. They will shelter in the
PROVIDER  Printed Name:  Of: 5  Printed Name:  Signature:  Signature:	ignatures & Date	
PROVIDER  Printed Name:  Of:5 Printed Name:  Signature:	cknowledgement: By signing below the parties acl een discussed. The parties also acknowledge that op up visit which will be conducted virtually or in-p	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
Printed Name:  Signature:	PROVIDER	
Signature:	HOP: Sa Mee	
Date: 1/17/2023 Phone: 1.877 227 0125		Signature:
1 Holle: 1-077-221-0125	ale. / / / / // / / / Phone	

SVirtual Inspection
☐In-person
Inspection

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

### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 2/15/2024	Time In: 12:00pm	Time Out: 12:42pm	Result: Passed	
Informal Care	Market Control			
Type of Care (check one): N	on-relative Informal Provider	Care ☐Relative In	formal Provider Care	
Provider Information				
First Name: Adama	Last Name: Fofanah Provider ID:539761			61
Provider ID #:			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City	County	State	Zip Code
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Pro	sent (Y/N)
		3/24/2023	9 mos. /Y	
		9/13/2014	9 /N	
		9/18/2018	5 /N	

Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed.  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	6 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	Locked in lower cabinet
Medications of any kind	Y	Lockedbin high cabinet
Matches, lighters and flammable products	Y	The own of
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	The state of the s
Poisonous substances	Y	
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	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	U. C.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:         Physical injury         Any sexual abuse         Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ.	

#### **Emergency Ready-to-Go Pack** The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable, Comment and note below if needed. ⊠Folder or binder for EPP documents **⊠Flashlight** ⊠Bottled water **Batteries** Non-perishable food ☑Portable First Aid Kit ⊠Consider special toys or games ⊠Diapers ☑ Heavy Duty Scissors, Duct Tape/ □ Change of clothes Thermometer Packing Tape & Sealing Plastic/ Trash Bags

⊠Medications	Blanket(s)	
Items in the Disaster Supply Kit are clean, organi	ized, and usable (Y/I	N)? Y
Emergency Ready-to-Go Pack is available and o	asily accessible in th	ne event of an emergency (Y/N)?Y
Location of Emergency Ready to go Pack: Ke	pt in the basement	of the home
item Specification (if needed);  3 blankets  6 diapers and pack of wipes  Peanut butter, 2 cans of beans Ramen  3 bottles of water  Can of formula  Jar of baby cereal  Top and bottom 5 y/o, dress for 9 y/o;  Bottles for baby  Inhaler for 5 y/o  Books  To be observed for compliance on :		aby
Emergency Documents		
☑Informal Provider Emergency Prepared  ☑Authorization for emergency medical c	A STATE OF THE PARTY OF THE PAR	npleted form)
Planning and Maintenance		
Person responsible for updating the Disaster So	upply Kit and the En	nergency Documents regularly:
First Name	Last Name	
Evacuation Procedures:  The Provider will take the children and go to the basement door and head to the vehicle where the content of the second secon	e basement (1 glass e basement to gathe the children will be s	er the ertg bag. The provider and children would exit out of the secured in their applicable booster seat/ rear facing car seats. The
The Provider will take the children and go to the basement door and head to the vehicle where to provider would drive to 2 door 1 window). The provider would contain the provider would drive to 2 door 1 window).	e basement to gathe the children will be s	er the ertg bag. The provider and children would exit out of the secured in their applicable booster seat/ rear facing car seats. The The provider and children will
Signatures & Date	No Vincential Confession	
	at, if approved, the ho	standards have been reviewed, and any corrections if needed have ome in which care is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Adama Fofo	anah	Printed Name:
Signature:		Signature:

Date: 3 | 2024 Phone: Phone: 1-877-227-0125

☐ In-person Inspection

Safety of the Home

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

Return to: ccs.informalproviders@maryland.g ov

	IN	SPECTION CI	HECKLIST	
Inspection Date: 03/01/2022 Follow up 03/02/2022	Time	In: 1:45PM 11:00AM	Time Out: 2:40Pr	Result: Passes if returned by 12:00pm on 03/03/2022
Informal Care		1 4 4 W		
Type of Care (check one):	Non-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Frederick	Last	Name: Ford		Provider ID: 467308
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City		County	State Zip Code
Name of Children in Care (add pag	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			7/14/2009	12 / No, in school
			1/17/2011	11 / No, in school

Health and Safety Training:	Standard Met Y/N	Comments/Notes	
Basic Health and Safety Training Completed?	N/A	Corrective Action /Timeframe if needed	
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	Υ	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	Υ	Band aids, gauze, aspirin and ointment cream	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	

Alcoholic beverages

Medications of any kind

Matches, lighters and flammable products

Y

Y

Y

reach of children

None in the house

Lighter kept out of reach of children

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

### **Emergency Ready-to-Go Pack**

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

### **Disaster Supply Kit**

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

**⊠Flashlight** 

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

□Diapers N/A

⊠Consider special toys or games

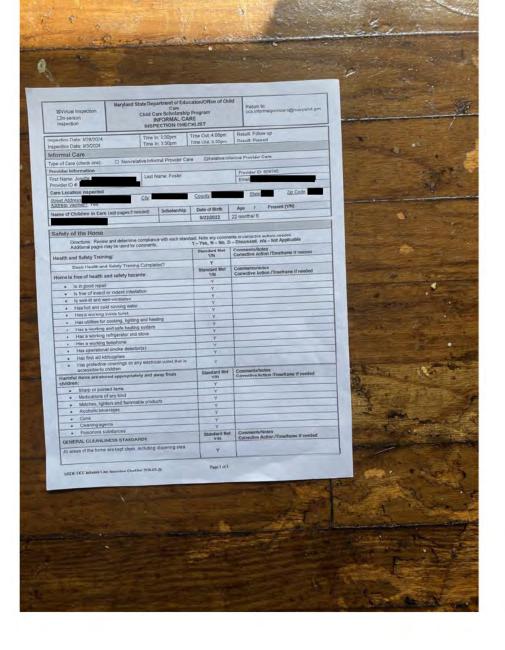
⊠Thermometer	⊠ Change of clothes	☑Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an eme	rgency (Y/N)? Yes
Location of The Emergency Ready to go Page	ek: Kept by the front door	
Item Specification (if needed): 8 AA batteries		
Gloves, thermostat, gauze and tape, band aids 4 16 oz. water bottles	, hand sanitizer, Neosporin, Advil, Tylen	ol a&d cream paper towel, ice pack
	potato chips, fruit cups, apple sauce,2 ca	ans ravioli, beanies and weenies, Hungry man canned
stew, sardines, apple juice.		
2pants, 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 co	py forms for both children be in the e	mergency bag. Verified that it was.
Emergency Documents		
⊠Informal Provider Emergency Prepare	dness Plan (this completed form)	
⊠Authorization for emergency medical of	care	
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Docume	nts regularly:
First Name	Last Name	
Description of how the Emergency Ready-to-G	io Pack will be transported to an evacu	nation location:
Shelter In Place Procedure:		ACCOUNT AND ACCOUNT
The provider will take children to the living roor same room. The room has 3 windows and the		f there was a necessity. Emergency bag is in the
Evacuation Procedures:	provider will sear the windows with tap	se and plastic if the field should drise.
The provider will grab the emergency bag, gath	ner the children and	
,		
Alternate Location:		
The provider will grab the emergency to go bag they will be directed to the room where they will		where
Signatures & Date		
Acknowledgement: By signing below the parties	that, if approved, the home in which ca	been reviewed, and any corrections if needed have are is provided is subject to random, unannounced
PROVIDER	The state of the s	INSPECTOR
Printed Name: Frederick For 1 St	Printed Name:	
Signa	Signature:	

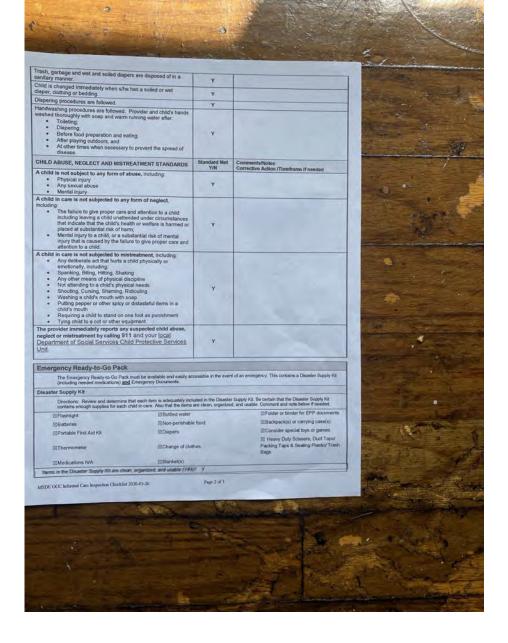
Date: 3 3 22

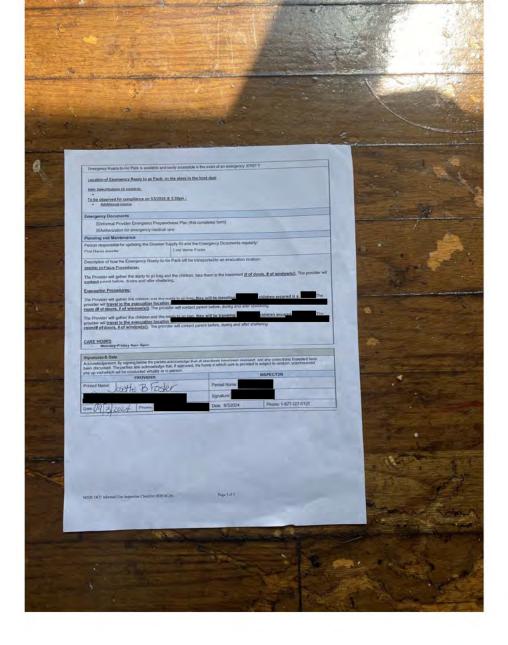
Phone:

Date: 03/02/2022

Phone: 1-877-227-0125







⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: <b>04/25/2023</b> Follow-up Inspection Date: <b>04/26/2023</b>	Time In: 1:30PM Time In: 3:30PM	Time Out: 2:54PM Time Out: 3:40PM	
Informal Care			
Type of Care (check one): ☐ Non-relat	ive Informal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Josette	Last Name: Foster		Provider ID: <u>509745</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County	y:	State Zip Code:
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)
Name of Children in Care (add pages if need	Jeu) Johnship		
		(09/19/2022)	7mos. / Y

Directions: Review and determine compliance with each standard. No	te any comments or c	orrective actions needed Additional
ages may be used for comments.		D – Discussed, n/a – Not Applicable
lealth 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
lome 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	Υ	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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	Υ	Outbound call made to provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>	Υ	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
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Corrective Action Completed: Outlet coverings added to all outlets and/or occupied
larmful items are stored appropriately and away from hildren:	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	Υ	Does not own	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	Diapers and wipes in living room changing area Disposed daily in small bathroom trash	
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.	Y		
Diapering procedures are followed.	Y		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including:  Physical injury Any sexual abuse Mental injury	Y		
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y		
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ		

### **Emergency Ready-to-Go Pack**

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

### Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠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: 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	1 & Reviewed on 04/26/2023			
<ul> <li>Locks added to both cabinets with cleani</li> <li>Outlet coverings added to outlets in kitch</li> <li>Sharp scissors, screw drivers etc, moved</li> </ul>	en and island area			
Emergency Documents				
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)			
⊠Authorization for emergency medical ca	ire			
Planning and Maintenance				
	pply 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 Along the he will call the parent regarding the evacuation. Upon arrival the provider will speak to a 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 Along the Along the Will call the parent regarding the evacuation change. Upon arrival the provider will speak to a speak to 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 Fosker	Printed Name:			
S	Signature:			
Date: 8 28 267 3 Phone:	Date: 04/26/2023 Phone: 1-877-227-0125			

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 1/20/2023	Time	In: 1:30PM	Time Out: 2:32PM	Result: PASSED	
Informal Care					
Type of Care (check one):	Non-relative Info	rmal Provider C	are ⊠Relative I	nformal Provider Care	
Provider Information					
First Name: Amelia	Last N	Name: Francis		Provider ID: 500913	
Provider ID #				Email:	
Care Location Inspected					
Street Address:	City:	Cour	nty: State	Zip Code:	
Street Address: Address Verified? Yes		Cou	Date of Birth	Zip Code:  Age / Present (Y/N)	
Street Address: Address Verified? Yes					
Street Address: Address Verified? Yes			Date of Birth	Age / Present (Y/N)	
Care Location Inspected Street Address: Address Verified? Yes Name of Children in Care (add page)			Date of Birth 12/28/2011	Age / Present (Y/N) 10 / No, At School	

Safety of	of the Home		
	Review and determine compliance with each standard. Note be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health an	d Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Hea	Ith and Safety Training Completed?	Y	Certificate submitted
Home is f	ree of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• [	s in good repair	Y	
• 1:	s free of insect or rodent infestation	Υ	No sign of infestation
• 1	s well-lit and well-ventilated	Y	
• F	las hot and cold running water	Y	Steam observed
• F	las a working inside toilet Look under sink	Y	Flush observed
• H	las utilities for cooking, lighting and heating	Υ	
• H	las a working and safe heating system	Y	Digital Thermostat dialed up
• F	las a working refrigerator and stove	Υ	
• F	las a working telephone	Υ	Provider's cell called
• F	las operational smoke detector(s)	Y	
• F	las first aid kit/supplies	Y	Band-aids, antiseptic, Neosporin
	las protective coverings on any electrical outlet that is ccessible to children	Y	
Harmful i children:	tems are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• 5	Sharp or pointed items	Y	
• 1	Medications of any kind	Y	High up in Upper cabinet
• N	Matches, lighters and flammable products	Y	

Poisonous substances

Alcoholic beverages

Cleaning agents

Guns

Y

Y

Y

Moved to higher cabinet

Locked under kitchen sink

Yes, in lock box kept on high closet shelf

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

### Emergency Ready-to-Go Pack

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

### **Disaster Supply Kit**

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

⊠Flashlight	⊠ Bottled water	⊠ Folder or binder for EPP documents		
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)		
⊠ Portable First Aid Kit	⊠Diapers			
⊠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, organ	zed, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency (Y/N)? Y		
Location of The Emergency Ready to go Pack	ocation of The Emergency Ready to go Pack: By the Front door		
Ointments, Bandaids, ice pack, bandages, glove	underwear. 5 diapers and wipes, 5 Mylar rescue blankets, books s, alcohol swabs, Granola bars & protein bars, 1 pound bag of nuts and dried fruits, 3 large cans of spaghettios		
Emergency Documents			
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)		
	re		
Planning and Maintenance			
	pply 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		
Evacuation Procedures:  The provider will grab the emergency bag, carry and the older call the parents on the way to (Hands free calling The alternate evacuation location is children, then proceed to the provider's vehicle is seatbelts, before driving to location. Once at the	TB, and shelter to in the first floor half bathroom that has no windows and one door. If the not tape to seal the shelter. The provider will call the parent once they are safe and secure gather the older children, then proceed to the provider's vehicle where she will secure or children in their seatbelts, before driving to the primary evacuation location, which is at the location, The provider will inquire as to where they can shelter. The provider will gather they are secure in the evacuation location.  The provider will grab the emergency bag, carry gather the older where she will secure and the older children in their location. The provider will inquire as to where they can shelter. The provider will call the mendiately 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: Amblia Francis	Printed Name:		
Signature:			
Date: 1/20/13 Phone	Date: 01/20/2023 Phone: 1-877-227-0125		