

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

F

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.

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 3/23/2022	Time In: 3:30PM	Time Out: 4:50PM	Result: Passed.
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Informal Care

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

Provider Information

First Name: Huriyyah	Last Name: Fakrudeen	Provider ID: 483650
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		3/24/2010	11	/	No
[REDACTED]		7/14/2015	6	/	No
[REDACTED]		7/8/2021	6 Months	/	No

Safety of the Home

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

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

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

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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.

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

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

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

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

Item Specification (if needed):

2 AA batteries, books

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

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

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

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

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

Alternate Location:

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

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Huriyyah Fakrudeen

Printed Name:

Signature:

Signature:

Date:

March 23, 2022

Phone:

Date: 03/23/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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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	Result: Did not pass. Follow-up required. Follow-up Result: PASSED
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Informal Care

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

First Name: Juliann	Last Name: Fallen	Provider ID: 275618
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(12/19/2013)	9yr.	N
[REDACTED]		(01/10/2011)	11yr.	N

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed in all 3 bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide moved to high shelf level in bathroom and First aid kit stored under locked bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All Outlets covered or occupied in common areas (dining room, kitchen, bathroom, living room)

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

<ul style="list-style-type: none"> Cleaning agents 	Y	Corrective Action Completed: Lock added for cabinet in bathroom
<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 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 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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers (N/A)	<input checked="" type="checkbox"/> Consider special toys or games

☒ Thermometer

☒ Change of clothes

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

☒ Medications (N/A)

☒ Blanket(s)

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

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

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

Item Specification (if needed):

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

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name

Juliann

Kendra

Last Name

Fallen (Provider)

Harvey (Parent)

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

Shelter In Place Procedure:

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

Evacuation Location(s) Procedures:

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

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

Signatures & Date

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

PROVIDER

Printed Name:

Juliann Fallen

Signature:

[REDACTED]

Date: 4/24/23

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 04/17/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/29/2022	Time In: 10:15AM	Time Out: 11:20AM	Result: Follow Up needed
Follow Up Scheduled: 09/30/2022	Time In: 10:00AM	Time Out: 10:12AM	Result: PASSED

Informal Care

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

Provider Information	
First Name: Juliann	Last Name: Fallen
Provider ID #: [REDACTED]	Provider ID: 275618
	Email: [REDACTED]

Care Location Inspected

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/19/2013	8	/	Yes
[REDACTED]		01/10/2011	12	/	Yes
[REDACTED]		11/30/2006	15	/	Yes

Safety of the Home

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

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

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

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

Item Specification (if needed):

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

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

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name [REDACTED] Last Name [REDACTED]

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

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

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Julianne Faller	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/30/22	Date:	09/30/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/17/2023 Follow-up Inspection Date: 08/18/2023	Time In: 3:30PM Time In: 10:30AM	Time Out: 4:37PM Time Out: 10:56AM	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

First Name: Gail Provider ID #: XXXXXXXXXX	Last Name: Farcht	Provider ID: 518952 Email: XXXXXXXXXX@XXXXXX.XX
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Care Location Inspected

Street Address: XXXXXXXXXX	City: XXXXXXXXXX	County: XXXXXXXXXX	State: XXXX	Zip Code: XXXXXX
Address Verified? Yes.				

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

Safety of the Home

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

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed in both bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored on shelf in foyer
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: Outlet coverings in upstairs bedrooms and downstairs area

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

• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products moved to locked kitchen cabinet under sink
• Poisonous substances	Y	Does not own
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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored on rack by the front door

Item Specification (if needed):

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

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Aalisa

Last Name

Thoms

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

Shelter In Place Procedure:

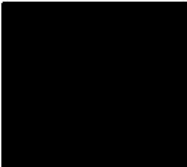
The provider will gather the children and grab the ERTG and go into the master bedroom closet (1 door 0 windows/vent). If the need should arise the provider will use the sealing plastic and tape from the ERTG to seal the door. Once secured she will call or text the parent with emergency updates.

Evacuation Procedures

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

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

Care Hours:



Signatures & Date

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

PROVIDER

Printed Name:

Gail Farcht

Signature:

[REDACTED]

Date: 08/18/2023

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

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

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

☐ Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				
TOTAL				
Overnight				

FATALITY: N/A		SERIOUS INJURY: N/A		COMPLAINT #: N/A	
INFORMAL PROVIDER PHOTO ID VERIFIED:		<input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: Driver's License	
				EXP. DATE: 12/16/2029	
CARE LOCATION:		<input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE:		<input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Donnell Ferguson					
PERSON(S) INTERVIEWED: Donnell Ferguson					

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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 1 – Safety of Home

- | | | | |
|--------------------------------|---|--------------------------------|---|
| <input type="text" value="C"/> | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | <input type="text" value="C"/> | k) Has first aid kit/supplies |
| | 2. Home is free of health and safety hazards | <input type="text" value="C"/> | l) Has protective coverings on accessible electrical outlets |
| <input type="text" value="C"/> | a) Is in good repair | | 3. Harmful items are stored appropriately and away from children |
| <input type="text" value="C"/> | b) Is free of insect or rodent infestation | <input type="text" value="C"/> | a) Sharp or pointed items |
| <input type="text" value="C"/> | c) Is well-lit and well-ventilated | <input type="text" value="C"/> | b) Medications of any kind should be stored |
| <input type="text" value="C"/> | d) Has hot and cold running water | <input type="text" value="C"/> | c) Matches lighters and flammable products |
| <input type="text" value="C"/> | e) Has a working inside toilet | <input type="text" value="C"/> | d) Alcoholic beverages |
| <input type="text" value="C"/> | f) Has utilities for cooking, lighting and heating | <input type="text" value="C"/> | e) Weapons and firearms |
| <input type="text" value="C"/> | g) Has a working and safe heating system | <input type="text" value="C"/> | f) Cannabis edibles, smoking and vaping paraphernalia and by products |
| <input type="text" value="C"/> | h) Has a working refrigerator and stove | <input type="text" value="C"/> | g) Cleaning agents |
| <input type="text" value="C"/> | i) Has a working telephone | <input type="text" value="C"/> | h) Poisonous substances |
| <input type="text" value="C"/> | j) Has operational smoke and carbon-monoxide detector(s) | <input type="text" value="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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 2 – General Cleanliness

4. All areas of the home are kept clean, including diapering area.
5. Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.
6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.
7. Diapering procedures are followed.
8. Handwashing procedures are followed.
- a) Toileting
- b) Diapering
- c) Food preparation and eating
- d) After playing outdoors
- e) Preventing the spread of disease

9. Rest Area and Furnishings

- a) SIDS prevention review
- b) Infant/toddler rest furnishings
- c) Crib safety
- d) Individual rest place
- e) The provider shall provide furnishings for each child approved for care in the home.
- e) i) Younger than 12 months old, a crib, portable crib, or playpen
- e) ii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag

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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 3 – Child Abuse, Neglect and Mistreatment Standards

10. A child is not subjected to any form of abuse

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

11. A child in care is not subjected to any form of neglect

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

12. A child in care is not subjected to mistreatment

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

13. Immediate child abuse reporting

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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 4 – Vehicular Traffic and Transportation Safety

14. Vehicle safety awareness

15. Individual child vehicle safety

16. Child seat safety compliance

Part 5 – Outdoor Activity Area

17. Safe outdoor play area

18. Enclosed safe play area

19. Traffic and congested areas assessment

20. Pool Safety

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location

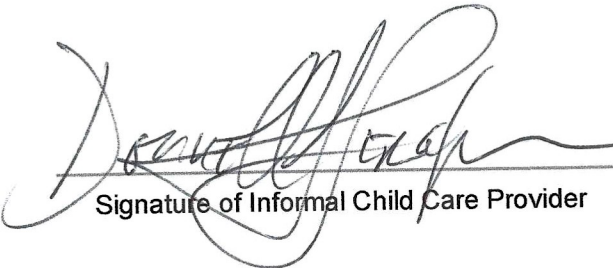
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).


- Instructions:
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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

Part 7 – Health & Safety Review

- | | | | |
|--------------------------------|--|--------------------------------|--|
| <input type="text" value="C"/> | 24. Shelter in Place | <input type="text" value="C"/> | 31. Health & Safety Review: Premises safety, hazard protection |
| <input type="text" value="C"/> | 25. Lockdown (partial & full) | <input type="text" value="C"/> | 32. Emergency response planning |
| | 26. Home is free of health and safety hazards | <input type="text" value="C"/> | 33. Food allergy emergency preparedness |
| <input type="text" value="C"/> | a) Primary Evacuation Location | <input type="text" value="C"/> | 34. Hazardous materials management |
| <input type="text" value="C"/> | b) Alternate Evacuation Location | <input type="text" value="C"/> | 35. Prevention and control of infectious diseases (including immunization) |
| <input type="text" value="C"/> | 27. Infant sleep safety | <input type="text" value="C"/> | 36. Pediatric first-aid and CPR |
| <input type="text" value="C"/> | 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | <input type="text" value="C"/> | 37. Appropriate precautions in transporting children |
| <input type="text" value="C"/> | 29. Recognition and reporting of child abuse and neglect | <input type="text" value="C"/> | 38. Substance-free child care environment |
| <input type="text" value="C"/> | 30. Health & Safety Review: Administration of medication, consistent with standards for parental consent | | |


Signature of Informal Child Care Provider


Date

Sign and upload form to
PROVIDER PORTAL

Blessen Harris

06/03/2025

Signature of Agency Representative
Blessen Harris

Date

Time Out: **06/03/2025** **16:27**
Date Time

Date	Start Time	End Time	Duration	Follow-Up
06/03/2025	15:00	16:27	87 minutes	

Total Duration: **87 minutes**
Minutes

SUMMARY OF CORRECTION

PROVIDER ID: 581301	APPLICANT ID: -	ZIP CODE: 21117	COUNTY: Owings Mills
INFORMAL PROVIDER NAME: Donnell Ferguson		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: Donnell Ferguson			
VISIT TYPE: Initial Application		INSPECTION TIME/DATE/DURATION: 3:00pm/6-3-2025/87 minutes	

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	No corrections needed		

Blessen Harris

06/25

☒ Complete☐ Includes overflow page

Signature of Agency Representative

Blessen Harris

Date

ICCP Form SOC108c

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 06/02/2022	Time In: 1:45PM	Time Out: 3:09PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Wanda	Last Name: Ferguson	Provider ID: 487018
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(04/30/2020)	2yr	/ Y
[REDACTED]		(04/19/2017)	5yr	/ Y
[REDACTED]		(03/14/2010)	12yr	/ Y
			/	
			/	
			/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All the areas were very clean
• Is free of insect or rodent infestation	Y	Provider showed the ant repellent for first floor window area
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Observed and tested by provider
• Has a working refrigerator and stove	Y	Observed and tested by provider
• Has a working telephone	Y	Only working cellphones (Provider, Parent & Granddaughter)
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Back of the counter in a knife holder
• Medications of any kind	Y	Stored in high cabinet above fridge
• Matches, lighters, and flammable products	Y	Stored in the outside grilling area
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	
• Poisonous substances	Y	Does not own
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.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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.

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

☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/
packing tape & sealing plastic/trash
bags☒ Medications☒ Blanket(s)Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? **Y**Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? **Y, Stored near dining room area****Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

Item Specification (if needed):

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

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

Evacuation Locations:

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

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

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name	WANDA Ferguson	Printed Name	
Signature		Signature	
Date	6/8/2022	Date	06/08/2022
		Phone	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/21/2025	Time In: 3:30pm	Time Out: 4:05pm	Result: Passed
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Informal Care

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

Provider Information

First Name: Doris	Last Name: Fleet	Provider ID: 462736
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/20/2012	12yrs/ Y
[REDACTED]		7/28/2016	8yrs/Y

Safety of the Home

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

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

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers N/A	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications N/A	<input checked="" type="checkbox"/> Blanket(s)	

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 1/17/2024	Time In: 3:30PM Time In: 5:00PM	Time Out: 4:25PM Time Out: 5:17PM	Follow-up Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Doris	Last Name: Fleet	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(07/28/2016)	7yr. / Y
[REDACTED]		(09/20/2012)	11yr. / Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed steam on bathroom mirror
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling and heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider
• Has first aid kit/supplies	Y	First aid kit stored in basement playroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knives stored in knife block in top kitchen cabinet
• Medications of any kind	Y	Medicine stored in upper kitchen cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Cleaning agents stored on high shelf in garage w/ locked door

• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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.

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

<input checked="" type="checkbox"/> Medications (N/A)		<input checked="" type="checkbox"/> Blanket(s)	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y			
<u>Location of The Emergency Ready to go Pack:</u> Stored in living room near exit door			
<u>Item Specification (if needed):</u>			
- 1 duffle bag (carrying case), 1 flashlight, 2 extra D batteries, 1 first aid kit, 1 thermometer, no specific meds, 1 box of crackers, 2 canned foods, 3 bottled waters, 2 outfits (tops/bottoms/underwear/under clothes/socks), 2 blankets, 3 toys, 1 pk of playing cards, 1 pair of scissors, 1 roll of duct tape, 1 roll of trash bags, and folder w/ EPP and ECMA docs per child			
- Items to be corrected on xx/xx/xxxx: N/A			
Emergency Documents			
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)			
<input checked="" type="checkbox"/> 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 (Provider)	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Stored in the downstairs playroom			
<u>Shelter In Place Procedure:</u>			
The provider will gather the children and head to the downstairs playroom (1 door 0 windows). The ERTG bag will already be stored in the playroom. If needed the provider will use the sealing plastic and tape to seal the door, and call or text the parent with emergency updates.			
<u>Evacuation Procedures</u>			
Primary: The provider will gather the children and the ERTG bag and head to her vehicle. The provider will ensure the 7yr old is in a booster seat and the 11yr in a car seat belt. Upon arrival the provider will and will 1 door 0 windows). The provider will text or call the parent with emergency updates.			
Alternate: If they could not access the primary location, The provider will gather the children and the ERTG bag and head to her vehicle. The provider will ensure the 7yr old is in a booster seat and the 11yr in a car seat belt. Upon arrival the provider 0 door 2 windows). The provider will text or call the parent with emergency updates.			
<div style="background-color: black; height: 20px; width: 100%;"></div>			
Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Doris Fleet		Printed Name: [Redacted]	
Signature: [Redacted]		Signature: [Redacted]	
Date: 1/18/2024	Phone: [Redacted]	Date: 1/17/2024	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 1/17/2023	Time In: 10:30AM	Time Out: 11:33AM	Result: Passed
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Informal Care

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

Provider Information

First Name: Doris	Last Name: Fleet	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

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

Safety of the Home

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

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

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers N/A <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

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

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

Location of The Emergency Ready to go Pack: Bottom of the stairs going to basement

Item Specification (if needed):

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name Doris

Last Name Fleet

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

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

Signatures & Date

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

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/17/2023	Time In: 10:30AM	Time Out: 11:33AM	Result: Passed
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Informal Care

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

Provider Information

First Name: Doris	Last Name: Fleet	Provider ID: 462736
Provider ID # [REDACTED]		Email [REDACTED]

Care Location Inspected

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

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

Safety of the Home

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

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers N/A <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

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

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

Location of The Emergency Ready to go Pack: Bottom of the stairs going to basement

Item Specification (if needed):

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name Doris

Last Name Fleet

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

Signatures & Date

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

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 2/15/2024	Time In: 12:00pm	Time Out: 12:42pm	Result: Passed
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Informal Care

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

Provider Information

First Name: Adama	Last Name: Fofanah	Provider ID: 539761
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		3/24/2023	9 mos.	/Y	
[REDACTED]		9/13/2014	9	/N	
[REDACTED]		9/18/2018	5	/N	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	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	Locked in high cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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) <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 that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags

☒ 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 Emergency Ready to go Pack: Kept in the basement of the homeItem 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 and 2 sets for the baby
- Bottles for baby
- Inhaler for 5 y/o
- Books

To be observed for compliance on :

•

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

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

First Name

Last Name

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

Shelter In Place Procedures:

The Provider will take the children and go to the basement (1 glass door 0 windows) and shelter. The ertg bag is already in this area. The provider would contact the parent immediately.

Evacuation Procedures:

The Provider will take the children and go to the basement to gather the ertg bag. The provider and children would exit out of the basement door and head to the vehicle where the children will be secured in their applicable booster seat/ rear facing car seats. The provider would drive to [REDACTED]. She will [REDACTED]. The provider and children will [REDACTED] (1 door 1 window). The provider would contact the parent immediately upon arrival.

The Provider will take the children and go to the basement to gather the ertg bag. The provider and children would exit out of the basement door and head to the vehicle where the children will be secured in their applicable booster seat/ rear facing car seats. The provider would drive to [REDACTED]. She will [REDACTED]. The provider and children will [REDACTED] (2 door 1 window). The provider would contact the parent immediately upon arrival.

Care Hours:

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Adama Fofanah

Printed Name:

Signature:

Signature:

Date: 3/1/2024	Phone: [REDACTED]	Date: 2/15/2023	Phone: 1-877-227-0125
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<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 03/01/2022	Time In: 1:45PM	Time Out: 2:40Pm	Result: Passes if returned by 12:00pm on 03/03/2022
Follow up 03/02/2022	11:00AM	11:08AM	

Informal Care

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

Provider Information

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

Care Location Inspected

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

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

Safety of the Home

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

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

• Guns	Y	None in the house
• Cleaning agents	Y	In the basement where children don't go
• Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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 Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input type="checkbox"/> Diapers N/A	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

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

Item Specification (if needed):

8 AA batteries

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

4 16 oz. water bottles

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

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

2 blankets

Monopoly, Uno, Spot it game,

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

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

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

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

Evacuation Procedures:

The provider will grab the emergency bag, gather the children and

Alternate Location:

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

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Frederick Ford Sr

Printed Name:

Signature:

Signature:

Date: 3/3/22

Phone:

Date: 03/02/2022

Phone: 1-877-227-0125

06Virtual Inspection 03In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: oca.informalproviders@maryland.gov
Inspection Date: 3/28/2024 Inspection Date: 3/2/2024	Time In: 5:30pm Time In: 3:30pm	Time Out: 4:00pm Time Out: 3:30pm
Result: Follow up Result: Passed		
Informal Care Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care		
Provider Information First Name: Jordan Last Name: Foster Provider ID: 509365 Email:		
Care Location Inspected Street Address: 115 City: County: State: Zip Code:		
Name of Children in Care (add pages if needed) Scholarship: 8/22/2022 Age: 22 months Present (Y/N):		
Safety of the Home Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y = Yes, N = No, D = Discussed, N/A = Not Applicable		
Health and Safety Training: Does Health and Safety Training Completed?	Standard Met Y/N	Comments/Notes Corrective Action/Timeframe if needed
Home is free of health and safety hazards: • Is in good repair • Is free of insect or rodent infestation • Is well-lit and well-ventilated • Has hot and cold running water • Has a working inside toilet • Has utilities for cooking, lighting and heating • Has a working and safe heating system • Has a working refrigerator and stove • Has a working telephone • Has operational smoke detector(s) • Has first aid kit/supplies • Has protective coverings on any electrical outlets that is accessible to children	Standard Met Y/N	Comments/Notes Corrective Action/Timeframe if needed
Harmful items are stored appropriately and away from children: • Sharp or pointed items • Medications of any kind • Matches, lighters and flammable products • Alcoholic beverages • Guns • Cleaning agents • Poisonous substances	Standard Met Y/N	Comments/Notes Corrective Action/Timeframe if needed
GENERAL CLEANLINESS STANDARDS All areas of the home are kept clean, including diapering area.	Standard Met Y/N	Comments/Notes Corrective Action/Timeframe if needed

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<input type="checkbox"/> Flashlight	<input type="checkbox"/> Bottled water	<input type="checkbox"/> Folder or binder for EPP documents
<input type="checkbox"/> Batteries	<input type="checkbox"/> Non-perishable food	<input type="checkbox"/> Backpack(s) or carrying case(s)
<input type="checkbox"/> Portable First Aid Kit	<input type="checkbox"/> Diapers	<input type="checkbox"/> Consider special toys or games
<input type="checkbox"/> Thermometer	<input type="checkbox"/> Change of clothes.	<input type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic Trash Bags
<input type="checkbox"/> Medications N/A	<input type="checkbox"/> Blanket(s)	

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (NYC)

Location of Emergency Ready-to-Go Pack: on the street in the front door

Item Specifications (if needed):

- To be observed for compliance on 3/3/2024 @ 2:30pm.
- Additional items

Emergency Documents

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

Planning and Maintenance

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

First Name: Josette

Last Name: Foster

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

Shelter in Place Procedures:

The Provider will gather the ready-to-go bag and the children, take them to the basement (2 of doors, 2 of windows). The provider will contact parent before, during and after sheltering.

Evacuation Procedures:

The Provider will gather the children and the ready-to-go bag, they will be traveling (children secured in a car). The provider will travel to the evacuation location (room # of doors, 2 of windows). The provider will contact parent before, during and after sheltering.

The Provider will gather the children and the ready-to-go bag, they will be traveling (children secured in a car). The provider will travel to the evacuation location (room # of doors, 2 of windows). The provider will contact parent before, during and after sheltering.

CARE HOURS:

Monday-Friday 9am-6pm

Signatures & Date

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

PROVIDER	INSPECTOR
Printed Name: Josette B Foster	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 04/2/2024 Phone: [REDACTED]	Date: 9/3/2024 Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 04/25/2023 Follow-up Inspection Date: 04/26/2023	Time In: 1:30PM Time In: 3:30PM	Time Out: 2:54PM Time Out: 3:40PM	Result: Did not pass. Follow-up Required. Result: PASSED
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Informal Care

Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
Provider Information			
First Name: Josette Provider ID #: XXXXXXXXXX	Last Name: Foster Provider ID: 509745 Email: XXXXXXXXXX@XXXXXX.XX		
Care Location Inspected			
Street Address: XXXXXXXXXX City: XXXXXX County: XXXXXX State XX Zip Code: XXXXXX Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
XXXXXXXXXX		(09/19/2022)	7mos. / Y

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Corrective Action Completed: Sharp items moved to tool box stored outside of the home
• Medications of any kind	Y	Stored in provider's top draw with medicine bag
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: All cleaning agents moved to high cabinet in kitchen

• Poisonous substances	Y	Does not own
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
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed daily in small bathroom trash
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: At front door near exit**Item Specification (if needed):**

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

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

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

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

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

First Name

Josette

Last Name

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

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

Evacuation Location(s) Procedures:

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

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

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	<i>Josette Foster</i>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	<i>8/28/2023</i>	Date:	04/26/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 1/20/2023	Time In: 1:30PM	Time Out: 2:32PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Amelia	Last Name: Francis	Provider ID: 500913
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		12/28/2011	10 / No, At School
[REDACTED]		2/28/2013	9 / No, At School
[REDACTED]		4/19/2017	5 / No, At School
[REDACTED]		12/11/2019	2 / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Digital Thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-aids, antiseptic, Neosporin
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	High up in Upper cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Moved to higher cabinet
• Guns	Y	Yes, in lock box kept on high closet shelf
• Cleaning agents	Y	Locked under kitchen sink
• Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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> <u>Department of Social Services Child Protective Services Unit</u>.	Y	

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: By the Front door	
Item Specification (if needed): 2 D batteries, 4 pants, 4 shirts, 4 sox, 3 pairs of underwear, 5 diapers and wipes, 5 Mylar rescue blankets, books Ointments, Band-aids, ice pack, bandages, gloves, alcohol swabs, 4 16oz bottles of water, 2 can each of 10 total of Granola bars & protein bars, 1 pound bag of nuts and dried fruits, 3 large cans of spaghetti's	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Amelia	Last Name Francis
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
Shelter In Place Procedure: The provider will grab the children, grab the ERTB, and shelter to in the first floor half bathroom that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are safe and secure and not in immediate danger.	
Evacuation Procedures: The provider will grab the emergency bag, carry [REDACTED] gather the older children, then proceed to the provider's vehicle where she will secure [REDACTED] car seat, [REDACTED] and the older children in their seatbelts, before driving to the primary evacuation location, which is [REDACTED]. Once at the location, The provider will inquire as to where they can shelter. The provider will call the parents on the way to (Hands free calling) and immediately after they are secure in the evacuation location. The alternate evacuation location is [REDACTED]. The provider will grab the emergency bag, carry [REDACTED] gather the older children, then proceed to the provider's vehicle where she will secure [REDACTED] car seat [REDACTED] and the older children in their seatbelts, before driving to location. Once at the location, The provider will inquire as to where they can shelter. The provider will call the parents on the way to (Hands free calling) and immediately after they are secure in the evacuation location.	

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