

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted January 2024

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

□In-person Inspection

Safety of the Home

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

Return to ccs informalproviders@maryland g ov

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	N/A		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	No sign of rodents or insects	
 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	Standard Met	Comments/Notes	

Poisonous substances

GENERAL CLEANLINESS STANDARDS

Sharp or pointed items

Medications of any kind

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

children:

•

.

Y/N

Y

Υ

Y

Υ

Υ

Υ

Y

Standard Met

Corrective Action /Timeframe if needed

Under kitchen sink and bathroom sink locked

Corrective Action /Timeframe if needed

None other than medications and cleaning solutions

Master bathroom which is locked

On top of the Fridge

Comments/Notes

None

None

None

All		
All areas of the home are kept clean, including diapering area.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
Emergency Ready-to-Go Pack		paragray. This contains a Dispeter Supply Kit (including

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed. ⊠Bottled water **⊠**Flashlight ⊠Batteries for Flashlight ⊠Backpack(s) or carrying case(s) ⊠Diapers ⊠Consider special toys or games □ Change of clothes packing tape & sealing plastic/trash **⊠**Thermometer bags ⊠Blanket(s) ☐ Medications N/A

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)		
Emergency Ready-to-Go Pack is available and easily accessible in the	event of an emergency (Y/N)?	Υ
Location of The Emergency Ready to go Pack: By the front door	•	
Item Specification (if needed): 2 AA batteries, books First aid – hand sanitizer, ointment, wipes ,band aids alcohol wipes, oin 2 large cans of Cambell's chunky chicken noodles, baby food, dry form 3 blankets, 2 pants, 2 shirts, 2 under wares, onesies for the baby, 3 dia	ula for the baby, 3 bottles of wa	ater
Items to review on xx/xx/xxxx if needed:		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this comp	leted form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Eme	rgency Documents regularly:	
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transpo	rted to an evacuation location	n: It will be carried.
spare key to gain entry. They will shelter in the basement of the hom again after they are secured in the basement. Alternate Location: The provider will do a head count then gather the children where she children will walk with her to the vehicle. The provider will secure the back seat before driving to the alternate evacuation location. The procontact Parent before leaving and for the evacuation location and call	om has 2 windows and entry the secure. There she will carry the baby in hicle. The provider will secure vacuation location. Once at the provider will contact Parent will carry the baby and the embaby car seat, wider will use her spare key to the secure carry the same carry the same carry the baby carry t	n and the emergency to go bag and go the baby car seat, he location, the provider will use her not before leaving the care location and emergency to go bag and the two older booster seats and seat belt to gain entry
Signatures & Date	ata-da-da bara baran da da	
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	standards have been reviewe home in which care is provide	ed, and any corrections it needed have ed is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Huriyyah Fakrudeen	Printed Name:	
Signature:	Signature:	
Date: Mayor h 2.3, 2022 Phone:	Date: 03/23/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

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

Provider ID #:			Email:	
Care Location Inspected				
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:	
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
		(12/19/2013)	9yr. / N	
		(01/10/2011)	11yr. / N	
Safety of the Home				
Directions: Review and determine compliance with eapages may be used for comments.	ch standard. Note	any comments or o	corrective actions D – Discussed,	needed. Additional n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/N	otes ction /Timeframe if needed
Basic Health and Safety Training Completed?		Y	Relative Info	rmal Care – Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N	Comments/N Corrective Ac	otes ction /Timeframe if needed
Is in good repair		Y		All areas were clean
 Is free of insect or rodent infestation 		Y	N	o evidence of infestation
Is well-lit and well-ventilated		Y	All lights w	ere turned on and natural window lighting
Has hot and cold running water		Y	Tested by	provider and steam observed on camera
Has a working inside toilet		Υ	Flushed b	by provider and observed in all 3 bathrooms
 Has utilities for cooking, lighting and heating 	ng	Y		
Has a working and safe heating system		Υ	Thermosta	t tested by provider for cooling & heating
 Has a working refrigerator and stove 		Υ	Teste	d by provider and observed
 Has a working telephone 		Υ	Outbound	d call made to provider's phone
 Has operational smoke detector(s) 		Υ	Teste	d by provider and observed
Has first aid kit/supplies		Υ	Peroxide mo	oplies: Band-Aids, Gauze, Alcohol, oved to high shelf level in bathroom it stored under locked bathroom sin
 Has protective coverings on any electrical accessible to children 	outlet that is	Υ	or occupie	tion Completed: All Outlets covered d in common areas (dining room, en, bathroom, living room)
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Not	
Sharp or pointed items		Y	Corrective Action	on Completed: Knives moved to high kitchen cabinet
 Medications of any kind 		Υ	Stored	in high cabinet in bathroom
 Matches, lighters and flammable products 		Υ		Does not own
 Alcoholic beverages 		Y		Does not own
• Guns		Υ		Does not own

			kitchen, bathroom, living room)
Harmful items are stored appropriately and away from children:			
•	Sharp or pointed items	Y	Corrective Action Completed: Knives moved to high kitchen cabinet
•	Medications of any kind	Y	Stored in high cabinet in bathroom
•	Matches, lighters and flammable products	Y	Does not own
•	Alcoholic beverages	Y	Does not own
•	Guns	Y	Does not own

Cleaning agents	Υ	Corrective Action Completed: Lock added for cabinet in bathroom
 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 liaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	"The Provider was contacted on 4/21/2023 via outbound call and received corporal punishment counseling. Provider agreed that she understood that no physical violence or corporal punishment is permitted to be used against any minor child."
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	" The Provider 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, eglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

⊠Bottled water	
⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Diapers (N/A)	⊠Consider special toys or games
	⊠Non-perishable food

⊠Thermometer

⊠Blanket(s)

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

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

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

Item Specification (if needed):

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

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

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

umen	ts
Į	ımen

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

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

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

First Name
Juliann
Fallen (Provider)
Kendra

Last Name
Fallen (Provider)
Harvey (Parent)

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

Shelter in Place Procedure:

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

Evacuation Location(s) Procedures:

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

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

Sig	natu	ıres	&	Date

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

PROVIDER		INSPECTOR	- 3
Printed Name: Juliann Fallen	Printed Name:		
Signature:	Signature:		
Date: 4/24/23 Phone:	Date: 04/17/2023	Phone: 1-877-227-0125	

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/29/2022 Follow Up Scheduled: 09/30/2022		in: 10:15AM In: 10:00AM	Time Out: 11:20Al		
Informal Care					
Type of Care (check one):	elative Info	rmal Provider Ca	are ⊠Relative Ir	nformal Provider Care	
Provider Information					
First Name: Juliann	Last N	lame: Fallen		Provider ID: 275618	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Street Address Verified? Yes		County:	State	Zip Code:	
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			12/19/2013	8 /Yes	
			01/10/2011	12 / Yes	
			11/30/2006	15 / Yes	
		-			
Safety of the Home					

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	Y - Yes, N - No,	orrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed	
Basic Health and Safety Training Completed?	N	Provider Registered	
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	Υ	No sign of Infestation	
Is well-lit and well-ventilated	Y		
Has hot and cold running water	Υ	Steam observed	
Has a working inside toilet Look under sink	Y	Cleaning supplies moved to high shelf in close	
Has utilities for cooking, lighting and heating	Y		
Has a working and safe heating system	Y	Thermostat dialed up	
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Provider's cell called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Y	Bandaid, ointment, alcohol wipes, gauze	
 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

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

MSDE OCC Informal Care Inspection Checklist

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) **Planning and Maintenance** Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name First Name Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter In Place Procedure: The provider will grab the children, the ERTB and head to the bathroom which has one door and one windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure, and let her know that they are sheltering in place. **Evacuation Procedures:** The provider will grab the children and the ERTG and walk to the primary evacuation location Once at the location the provider will ask to be directed to the shelter room. The provider will call the parents after they are secure in the evacuation location. The provider will If they couldn't shelter at the primary location, they will go to the alternate evacuation location let her know they are on their way. The provider will grab the children, the ERTG bag and head to her vehicle where she will secure the children with seat belts before heading to evacuation location. Once at the location, they will shelter in the bathroom which has one window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the alternate evacuation location. Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person. INSPECTOR PROVIDER Printed Name: Printed Name: Signati Signature: Phone: 1-877-227-0125 Date: 09/30/2022 Phone: Date: 22

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

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

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

Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Υ	Relative Informal Care – Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	All areas were clean	
Is free of insect or rodent infestation	Y	No evidence of infestation	
Is well-lit and well-ventilated	Υ	All lights were turned on and natural window lighting	
Has hot and cold running water	Υ	Tested by provider and observed the ice melt in the clear glass	
Has a working inside toilet	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	Υ	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider' phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	First aid kit stored on shelf in foyer	
 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: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

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

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

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

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signature: Signature: Date: 08/18/2023 Phone: 1-877-227-0125

☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date 06/02/2022	Time In 1:45PN	Time Out: 3:09PM	Result: APPROVED)	
Informal Care			SAN-SPARKE	10 - 172 - 214	
Type of Care (check one)	on-relative Informal Providen	der Care ⊠Relative In	formal Provider Care		
Provider Information					
First Name Wanda	Last Name: Ferg	juson	Provider ID: 487018		
Provider ID #			Email:	Tall - I	
Care Location Inspected					
Street Address Address Verified? Yes.	City	County County	State State	Zip Code	
Name of Children in Care (add page	s if needed) Scholars	hip Date of Birth	Age / Prese	nt (Y/N)	
		(04/30/2020)	2yr /Y		
		(04/19/2017)	5yr /Y		
		(03/14/2010)	12yr / Y		
			1		
			1		
			1		

Safety of the Home	The state of the s	
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional O - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All the areas were very clean
Is free of insect or rodent infestation	Y	Provider showed the ant repellent for first floor window area
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
 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.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight

⊠ Bottled water

⊠ Batteries for Flashlight

Backpack(s) or carrying case(s)

⊠Diapers

⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, of	organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available	and easily accessible in the event of an eme	rgency (Y/N)? Y, Stored near dining room area
Emergency Documents		
SInformal Provider Emergency Prep SAuthorization for emergency media	paredness Plan (this completed form) cal care	
Planning and Maintenance		
Person responsible for updating the Disast First Name	er Supply Kit and the Emergency Docume Last Name	nts regularly.
Description of how the Emergency Ready-	to-Go Pack will be transported to an evacu	ation location:
Item Specification (if needed):		
 1 flashlight, 1 pk of batteries, trash ba w/wipes, pull-ups, 3 outfits, 3 blan 	ags, scissors, 6 bottled waters, 6 canned for likets, and folder of EPP/ECMA forms	oods, 1 thermometer, 1 first aid kit, 2 dolls, diapers
Shelter-in-Place Provider will gather the obedroom closet, will lock all doors and wind and text the parent before the lockdown, du	dows in the home, provider will have no will	vate the security system, and go into the master indows to seal (1 door 0 windows) Provider will call
Evacuation Locations:		
Primary - Provider will call and notify the p	She will strap the smaller children in car sea	r way, provider will gather the children and at and booster and older child will strap themselves a shelter in-place (i.e., office area or lobby)
Alternate – Provider and children will go in to the location. Upon arrival she will go into settled, she will contact the parent via call o	the store and speak with the manager to	erself in the car, she will grab the to-go bag and go be instructed of where to shelter. Once they are is.
Signatures & Date		
A land demont Du signing below the na	dge that, if approved, the home in which ca	been reviewed, and any corrections if needed have are is provided is subject to random, unannounced
		INSPECTOR
PROVIDER		111-11-111-111
	Printed Name:	
	Printed Name: Signature:	

⊠Virtual Inspection
In-person
Inspection

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



	INSPECTION C	HECKLIS I	
Inspection Date: 10/20/2021	Time In: 1:45 pm 4:30 pm	Time Out: 2:45 4:32 pm	pm Result: Approved if returned by 5 pm on 10/28/2021.
Informal Care			
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relativ	ve Informal Provider Care
Provider Information			
			Provider ID: N/A
First Name: Jacqueline ID #:	Last Name: Fitzgera	ald	Email:
Care Location Inspected	WE.		
Street Address: Verified?: Yes	City	Cou	nty State Zip Code
Name of Children in Care (add pages	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		12/10/2008	12 / N
			1
~			1
			1
			1
			1
Additional pages may be used the Health and Safety Training:		Standard Met	D - Discussed, n/a - Not Applicable Comments/Notes
Basic Health and Safety Train	ning Completed?	Y/N	Corrective Action /Timeframe if needed
And the second second second second	Water the second	N/A Standard Met	Comments/Notes
Home is free of health and safety ha	izards:	Y/N	Corrective Action /Timeframe if needed
Is in good repair		Y	
 Is free of insect or rodent infe 	station	Υ	
Is well-lit and well-ventilated		Y	Natural and artificial lighting in the home
Has hot and cold running wat	er	Y	Steam from the kitchen sink was observed.
Has a working inside toilet		Y	Flush observed
Has utilities for cooking, lighting		Y	
Has a working and safe heati	ng system	Y	Temp turned up from 76 degrees to 77 degree
* Has a working refrigerator and	d stove	Y	3 burners viewed, Refrigerator light and frozen food observed.
Has a working telephone		Υ	Provider made an outbound call on a cellphone
Has operational smoke detector(s)		Y	Test button was pressed and alarm was pressed.
Has first aid kit/supplies		Υ	Alcohol, Peroxide, Bandages, Cough , Syrup, Scissors.
Has protective coverings on a accessible to children		Y	12 Outlet Covers observed.
armful items are stored appropriate hildren:	ly and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Knifes kept on the counter in a knife block.
Medications of any kind		Υ	
Matches, lighters and flammable products		Y	Not kept in the home.

Alcoholic beverages

Not kept in the home.

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

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

□ Folder or binder for EPP documents

⊠Batteries

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

Portable First Aid	1 Kit	Diapers		Consider s	special toys or games		
⊠Thermometer		⊠Change of clo	hes	⊠Scissors, t	ape & sealing plastic		
□Medications		⊠Blanket(s)			,		
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?							
Emergency Ready-to-G	o Pack is available and	easily accessible in the	event of an emergency	(Y/N)?			
Location of Emergence							
12 16.Flashi	9 bottles of water ight						
• First A	Batteries id Kit: Alcohol, Peroxide	e, Bandages, Cough, S	iyrup, Scissors.				
_	Tan Blanket can of beans, Canned (corn.					
	s his cellphone for fur						
	ı bags, Large trash baç						
Grey S	Sweat pants and a grey	top.					
				12			
Emergency Documents							
	er Emergency Prepared r emergency medical c		leted form)				
Planning and Maintena	nce						
Person responsible for u	pdating the Disaster St	upply Kit and the Eme	rgency Documents reg	ularly:			
First Name		Last Name					
Description of how the E	mergency Ready-to-Go	Pack will be transpo	rted to an evacuation lo	ocation:			
Shelter in Place Proced	lures:						
The Provider will grab the will contact the parent visits and the parent visits.	e ERTG bag from the use cellphone and email of	rpstairs closet and the bonce secured in the bo	child and head to the tasement.	pasement (2 doors 1	l window). The provider		
Evacuation Procedures	<u>::</u>						
The Provider will grab the child in a seatbelt. The polocation and once the promany windows around the secure both in her vehicle shelter in the basement of after secured in the alternative.	rovider will transport the ovider arrives the provide room). If the provider e. She will then drive to of her sister's house(1 o	e child and the ERTG der will contact the pa r cannot shelter at this o her sister's home wh	bag to the rent. The provider will s location the provider vice she has the key to	shelter in the kids roo vill grab the child and in order to gain ento	On the way to this om at the library(1 door d the ERTG bag and v. The provider will		
Signatures & Date							
Acknowledgement: By sig been discussed.	ining below the parties	acknowledge that all	standards have been re	viewed, and any cor	rections if needed have		
	PROVIDER			INSPECTOR			
Printed Name			Printed Name:				
			Signature:				
Date:10/27/21	Phone		Date:10/28/2021	Phone: 1-8	77-227-0125		

✓ Virtual Inspection

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

		INS	INSPECTION CHECKLIST				
_	Inspection Date: 09/14/2021	Time	In: 2:00 PM	Time Out 3:13	PM Re	esult:	
	Informal Care				W. 10 V. 10		
Т	ype of Care (check one): Non-relati	ve Infor	mal Provider Car	e Relative	e Informal	Provider Care	
	Provider Information						
	First Name: Rhonda	Last	Name: Fitzhugh-	-Randolph	\vdash	ovider ID: NOT	N CCATS
	Care Location Inspected						
	Street Address: City:		Cour	ity: Si	tate:	Zip Code:	
	Name of Children in Care (add pages if ne	eded)	Scholarship	Date of Birth	Age	/ Prese	nt (Y/N)
				10/05/2020	11 mos	1	
_	~					1	
	, , , , , , , , , , , , , , , , , , , ,					1	
						/	
_		_				_/	
						1	
_							
_	Safety of the Home	The little					
	Directions: Review and determine of Additional pages may be used for continuous Applicable	ompliand mments	ce with each stand	dard. Note any con Y – Yes, N – No.	nments or , D – Disc	corrective action ussed, n/a - Not	s needed.
	Health and Safety Training:			Standard Met Y/N		nts/Notes ve Action /Time	frame if needed
	Basic Health and Safety Training	Complet	ed?	N/A		Relative Info	rmal Care
	Home is free of health and safety hazard	s:		Standard Met Y/N		nts/Notes ve Action /Time	frame if needed
	Is in good repair			Y	Home w was gat	as very clean ar es at every acce from dange	nd baby friendly, there ess point to stop child rous areas
	Is free of insect or rodent infestation	n		Y		14	
	Is well-lit and well-ventilated			Y	Turnec	l kitchen, living hallway	room light/windows, light
	Has hot and cold running water			Υ		Tested the	
	Has a working inside toilet			Υ	-	Provider flush	
	Has utilities for cooking, lighting ar		ng	Y	high	shelves away i	rs and appliances on from child's reach
_	 Has a working and safe heating sy 	stem		Υ			ed it up and down
_	Has a working refrigerator and sto	ve		Υ	Opene and tes	d the fridge that sted the stove to on a	t was well-lit, freezer ep/put the stove light so
	Has a working telephone			Υ	Has a he	ouse and cellph for proper	one, tested the house operation
_	Has operational smoke detector(s)			ΥΥ			ew of blinking light
	Has first aid kit/supplies	8		Υ	Showed	medical supplication band-a	es in camera (alcohol, nids)

Has protective coverings on any electrical outlet that is accessible to children	Y	Had all outlets covered that were accessible to the child, in all the home areas
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	Items stored in kitchen draws and all had locks of
Medications of any kind	Y	Stored away in high cabinet on the wall
Matches, lighters and flammable products	Y	Does not own any, only has lighter for the grill or
Alcoholic beverages	Υ	Only in the basement in stored away cabinet, an access is blocked by baby gate
Guns	Y	Does not any guns
Cleaning agents	Y	Stored in closet near the kitchen with a lock of
Poisonous substances	Υ	Does not own any
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	Yes, home was very clean
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Yes, there is a specific trash can for the baby's di
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	Has all the needed supplies to clean the child
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	Has baby soap, soap, sanitizer at the bathroom kitchen sink station
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Disaste	r Supply Kit						
	Directions: Review and determ enough supplies for each child	ine that each item is n care. Also, that the	adequately included in the items are clean, organize	/e Disaster Supply ed, and usable. C	y Kit. Be co	ertain that the Disaster Su nd note below if needed.	pply Kit contain
✓	Flashlight	V	Bottled water		1	Folder or binder for EPF	documents
✓	Batteries	1	Non-perishable food		1	Backpack(s) or carrying	case(s)
✓	Portable First Aid Kit	✓	Diapers		√	Consider special toys or Scissors, tape & sealing	
1	Thermometer	✓	Change of clothes				
✓	Medications	✓	Blanket(s)				
Items	n the Disaster Supply Kit are o	lean, organized, ar	nd usable (Y/N)? Y				
Emerg	ency Ready-to-Go Pack is ava	ilable and easily ad	cessible in the event of	an emergency (Y	//N)? Y		
Emerge	ncy Documents						
			Alata annual take at the con-				
			(this completed form)				
✓ Au	thorization for emergency me		(this completed form)				
✓ Au Plannin	thorization for emergency mag	edical care		documents regul	arke:		
✓ Au Plannin Person First Na	ethorization for emergency me g and Maintenance responsible for updating the I	Disaster Supply Ki	t and the Emergency D				
✓ Au Plannin Person First Na	thorization for emergency me g and Maintenance responsible for updating the I	Disaster Supply Ki	t and the Emergency D			ansported by the provid	ers vehícle.
✓ Au Plannin Person First Na	ethorization for emergency me g and Maintenance responsible for updating the I	Disaster Supply Ki	t and the Emergency D			ansported by the provid	ers vehicle.
✓ Au Plannin Person First Na Descript	ethorization for emergency me g and Maintenance responsible for updating the I	Disaster Supply Ki	t and the Emergency D			ansported by the provid	ers vehicle.
✓ Au Plannin Person First Na Descript Bignatur Acknowle	g and Maintenance responsible for updating the time ion of how the Emergency Re	Disaster Supply Ki Last Bady-to-Go Pack	it and the Emergency D Name will be transported to a	n evacuation loc	ation: Tra		
✓ Au Plannin Person First Na Descript Bignatur Acknowle	g and Maintenance responsible for updating the time ion of how the Emergency Re res & Date adgement: By signing below to	Disaster Supply Ki Last Last eady-to-Go Pack v	it and the Emergency D Name will be transported to a	n evacuation loc	ation: Tra		
Au Plannin Person First Na Descript Signatur Acknowled	g and Maintenance responsible for updating the time ion of how the Emergency Re res & Date adgement: By signing below to	Disaster Supply Ki Last Last eady-to-Go Pack v	it and the Emergency D Name will be transported to a	n evacuation loc	ation: Tra	nd any corrections if ne	
Plannin Person First Na Descript Descript Cknowleen dis Printed I	g and Maintenance responsible for updating the time ion of how the Emergency Ro res & Date edgement: By signing below to cussed. PROVIDE Name: Rhonda Fitzhugh-Ran	Disaster Supply Ki Last Last eady-to-Go Pack v	t and the Emergency D Name will be transported to a	n evacuation loc	ation: Tra	nd any corrections if ne	
Plannin Person First Na Descript Signatur Acknowled	g and Maintenance responsible for updating the time ion of how the Emergency Ro res & Date edgement: By signing below to cussed. PROVIDE Name: Rhonda Fitzhugh-Ran	Disaster Supply Ki Last Last eady-to-Go Pack v	t and the Emergency D Name will be transported to a	Is have been rev	ation: Tra	nd any corrections if ne	

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Informal Care Type of Care (check one): Non-re	elative Info		and the same of the same	
Type of Care (check one):	elative Info			
		rmal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information				
First Name: Doris	Last N	lame: Fleet		Provider ID:
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	County:	State	Zip Code:
Name of Children in Care (add pages if no	eeded)	Scholarship	Date of Birth	Age / Present (Y/N)
			9/20/2012	10 / No, At School
			7/28/2016	6 / No, At School
Safety of the Home	Nielu /-			

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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 	Υ	No sign of infestation
 Is well-lit and well-ventilated 	Y	
 Has hot and cold running water 	Υ	Steam observed
 Has a working inside toilet Look under sink 	Y	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 	Υ	Called out on Landline
 Has operational smoke detector(s) 	Y	Alarm sounded
 Has first aid kit/supplies 	Υ	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	Υ	Highest shelf in Upper cabinet
 Medications of any kind 	Y	Moved to high Shelf in closet
 Matches, lighters and flammable products 	Υ	_
Alcoholic beverages	Y	None
• Guns	Y	None
Cleaning agents	Y	
Poisonous substances	Y	Other than medications and cleaning solutions

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	☑ Folder or binder for EPP documents			
⊠Batteries for Flashlight	⊠Non-perishable food	⊠ Backpack(s) or carrying case(s)			
	⊠Diapers N/A	⊠Consider special toys or games			
⊠Thermometer	⊠Change of clothes				
⊠Medications	⊠Blanket(s)				

Items in the Disaster Supply Kit are clean, organized, and usat Emergency Ready-to-Go Pack is available and easily accessib		
and accessing	le in the event of an emergency (Y)	(N)? Y
Location of The Emergency Ready to go Pack: Bottom of t		.,
The state of the s	ne stairs going to basement	
Item Specification (if needed):		
2 D batteries, 2 pants, 2 shirts, 2 sox, 2 under wear, 2 blankets		
Gauze, gloves, ointment, cold pack, band aids, tane		
2 16oz bottles of water, 2 large cans of Beefaroni , large bag of	pretzels	
Items to review on xx/xx/xxxx if needed: N/A		
The Casal Tark		
Emergency Documents		
	s completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the	e Emergency Documents regular	iv:
First Name Doris Last Name		
Description of have the F		
Description of how the Emergency Ready-to-Go Pack will be to	ansported to an evacuation locat	ion: Carried
The provider will grab the children and go downstairs to the bath has one door and no window. If the need should arise the provider are secure. Evacuation Procedures: The provider will grab the emergency bag, gather the children, procedure will grab the emergency bag, gather the children, in a seat belt in the back of the car secure. The provider will gain entry with key pad where a code is the procedure will gain entry with key pad where a code is the primary before leaving the care location and immediately after the primary location, they will go to the grab the emergency bag, gather the children, then proceed to the primary before driving to the location. The provider will cannot be seat belt, before driving to the location. The provider will cannot that has two window and no door (open floor design). If the helter. The provider will text the parents before leaving the care evacuation location.	then proceed to the provider's ve at before driving to the primary ev s entered. Once at the location, the rovider will use plastic and tape to the they are secure in the evacual alternate evacuation location with the provider's vehicle where she will letting know they are on the	hicle where she will secure in a vacuation location, which is the parent's ney will shelter in the living room which is seal the shelter The provider will text tion location. The provider will will secure in a booster and leir way. They will shelter in the family
ignatures & Date		
cknowledgement: By signing below the parties acknowledge that een discussed. The parties also acknowledge that, if approved, op up visit which will be conducted virtually or in-person.	at all standards have been reviewe the home in which care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER		
rinted Name: Of: Sa Tlept	Printed Name:	INSPECTOR
ate: /////// Phon	Signature:	
ate: /////2/// 3 Phon	Date: 1/17/2023	

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 4/47/2002		- 1-	The state of the s
Inspection Date: 1/17/2023	Time In: 10:30A	Time Out: 11:33	AM Result: Passed
Informal Care			DOMESTIC 公司还是从1000年度会
Type of Care (check one): ☐ Non-re	lative Informal Provid	er Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Doris	Last Name: Flee	t	Provider ID: 462736
Provider ID #			Email
Care Location Inspected			
Street Address: Control Address Verified? Yes	ty: Cou	nty: State	Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarsh	nip Date of Birth	Age / Present (Y/N)
		9/20/2012	10 / No, At School
		7/28/2016	6 / No, At School
Safety of the Home			

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or o	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 	Y	
 Is free of insect or rodent infestation 	Y	No sign of infestation
 Is well-lit and well-ventilated 	Y	
 Has hot and cold running water 	Υ	Steam observed
 Has a working inside toilet Look under sink 	Y	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 	Υ	
 Has a working telephone 	Υ	Called out on Landline
 Has operational smoke detector(s) 	Y	Alarm sounded
 Has first aid kit/supplies 	Υ	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	Υ	Highest shelf in Upper cabinet
Medications of any kind	Y	Moved to high Shelf in closet
 Matches, lighters and flammable products 	Υ	
Alcoholic beverages	Υ	None
Guns	Y	None
Cleaning agents	Y	
 Poisonous substances 	Y	Other than medications and cleaning solutions

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	☑ Folder or binder for EPP documents			
⊠Batteries for Flashlight	⊠Non-perishable food	⊠ Backpack(s) or carrying case(s)			
	⊠Diapers N/A	⊠Consider special toys or games			
⊠Thermometer	⊠Change of clothes				
⊠Medications	⊠Blanket(s)				

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y Location of The Emergency Ready to go Pack: Bottom of the stairs going to basement Item Specification (if needed): 2 D batteries, 2 pants, 2 shirts, 2 sox, 2 under wear, 2 blankets Gauze, gloves, ointment, cold pack, band aids, tape 2 16oz bottles of water, 2 large cans of Beefaroni , large bag of pretzels Items to review on xx/xx/xxxx if needed: N/A Emergency Documents SInformal Provider Emergency Preparedness Plan (this completed form) SAuthorization 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 sone door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will tendo and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will tendosous reseat and the back of the car seat before driving to the primary evacuation location, which is the The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the Mate they primary location and immediately after they are secure in the evacuation location.	items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Y	
Location of The Emergency Ready: to go Pack: Bottom of the stairs going to basement	Emergency Ready-to-Go Pack is available and	easily accessible in	the event of an emergency (Y/N	N3 A
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 xxixxixxxx if needed: N/A Emergency Documents Sulnformal Provider Emergency Preparedness Plan (this completed form) Sulntorization 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 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 rabe to seal the shelter. The provider will rabe to seal the shelter in the booster seat an break of the car seat before driving to the primary evacuation location, which is the last wo windows and one doors. If the need should arise the provider ming to the primary evacuation location, which is the parents before leaving the care location and immediately after the var are secure in the evacuation location which is the parent before leaving the care location and immediately after they are secure in the evacuation location which is a seat bett before driving to the location. They will shelter in the provider will use plastic and tape to seal the shelter. The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will are seat before leaving the care location and immediately after they are secure in the evacuation location which is a seat better the provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter in the will be parents before leaving the care location and immediately after they are secure in the elementary secure of the location. The provider will use plastic and tape to seal the				,
Shelter In Place Procedure: The provider will grab the emergency by a gather the children, then proceed to the provider's vehicle where booster seat an Interpretation and immediately after the parents before leaving the care location, they will go to the alternate evacuation location will the shelter. The provider will grab the care location and immediately after they are secure in the alternate before leaving to the location. The provider will gain the prements before leaving to the location, they will shelter in the parents before driving to the vacuation location will the shelter. The provider will the shelter on the major that has two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter in the provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the parents before leaving the care location and immediately after they are secure in the evacuation location. Which is the strength of the provider will use plastic and tape to seal the shelter. The provider will the parents before leaving the care location and immediately after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider will use plastic and tape to seal the shelter. The provider will are alternate evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will an a seat belt, before driving to the location. The provider will call letting they are on their way. They will shelter in the location. The provider will call letting they are on their way. They will shelter in the location. **Review of the parties also acknowledge that all standards have been reviewed, and any corrections if needed he will be conducted vir	2 D batteries, 2 pants, 2 shirts, 2 sox, 2 under we Gauze, gloves, ointment, cold pack, band aids, t 2 16oz bottles of water, 2 large cans of Beefaron	ape ii , large bag of pref	zels	
Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Doris Last Name Fleet Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter In Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will tenerate the shelter in the back of the car seat before driving to the primary evacuation location, which is the mode of the provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the hast two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter The provider will the parents before leaving the care location and immediately after they are secure in the evacuation location. If the provider will the parents before leaving the care location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider will use plastic and tape to seal the shelter The provider will are as a seat belt, before driving to the location. The provider will call letting has a seat belt, before driving to the location. The provider will call letting has a seat belt, before driving to the location. The provider will call letting has a seat belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will call letting has a sea belt, before driving to the location. The provider will use plastic and tape to seal the shelter. The provider wi	Emergency Documents			
SAuthorization 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 anso door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will tendent and the shelter in the shelter in the provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where provider will use plastic and tape to seal the shelter in the provider will use plastic and tape to seal the shelter The provider will the previous and one doors. If the need should arise the provider will use plastic and tape to seal the shelter The provider will use plastic and tape to seal the shelter. The provider will the provider will the provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will the provider will use plastic and tape to seal the shelter. The provider will the provider will use plastic and tape to seal the shelter. The provider will the provider will use plastic and tape to seal the shelter. The provider will the provider	☑ Informal Provider Emergency Prepared	ness Plan (this co	moleted form)	
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 ahas one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will temperate 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 in the back of the car seat before driving to the primary evacuation location, which is the provider will grain entry with key pad where a code is entered. Once at the location, they will shelter in the 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 the parents before leaving the care location and immediately after they are secure in the evacuation location. The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will and a seat belt, before driving to the location, they will go to the alternate evacuation location which is a seat belt, before driving to the location, they will go to the alternate evacuation location which is an a seat belt, before driving to the location. The provider will call letting 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 where she will be provider will text the parents before leaving the care location and immediately after they are secure in the alternate where she will be 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 where the provider will use plastic and tape to seal the shelt	⊠Authorization for emergency medical ca	ire	mpiotod form)	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter in Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will test parent immediately after they are secure. Evacuation Procedures: The provider will grab the emergency hag, gather the children, then proceed to the provider's vehicle where booster seat an in the back of the car seat before driving to the primary evacuation location, which is the booster seat an in the back of the car seat before driving to the primary evacuation location, which is the 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 the parents before leaving the care location and immediately after they are secure in the evacuation location. If the provider will arise the provider will seat the primary location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will arise the primary location. The provider will call letting they are on their way. They will shelter in the location. The provider will call letting they are not heli way. They will shelter in the which the parents before leaving the care location and immediately after they are secure in the alternate evacuation location. Provider will all standards have been reviewed, and any corrections if needed he revacuation location. Provider will all standards have been reviewed, and any corrections if needed he reaccusted in the parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce on the provider will call letters. Printed Name: Signature: Signature: Signature:	Planning and Maintenance			
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried Shelter in Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will test parent immediately after they are secure. Evacuation Procedures: The provider will grab the emergency hag, gather the children, then proceed to the provider's vehicle where possess reat an interpretation of the back of the car seat before driving to the primary evacuation location, which is the provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the parents before leaving the care location and immediately after they are secure in the evacuation location. If the provider will arise the provider will use plastic and tape to seal the shelter The provider will arise they are secure in the evacuation location. The provider will call the shelter of they couldn't shelter at the primary location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will as a seat belt, before driving to the location. The provider will call letting they are on their way. They will shelter in the laternate will have been their way. They will shelter in the helter. The provider will call letting they are on their way. They will shelter in the helter. The provider will call letting they are on their way. They will shelter in the location location. Frovider will all standards have been reviewed, and any corrections if needed he was a sea the provider will call letting the parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce and decreased. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce and the parties also acknowledge that, if approved, the home in which care	Person responsible for updating the Disaster Su	pply Kit and the Fr	mergency Documents regularly	
Shelter In Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will test the provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where poster and the back of the car seat before driving to the primary evacuation location, which is the mas two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter in the 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 the parents before leaving the care location and immediately after they are secure in the evacuation location. The provider will are seat before driving to the provider will the provider's vehicle where she will not a seat bett, before driving to the location. The provider will call letting they are not then way. They will shelter in the helter. The provider will use plastic and tape to seat the shelter in the way are shelt where she will not a seat bett, before driving to the location. The provider will call letting they are not then way. They will shelter in the way are shelt will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shelter. 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. PROVIDER The provider will shelter they are secure in the shelter. The provider will use plastic and tape to seal the shelter. The provider will use plastic and tape to seal the shel	First Name Doris			<i>7</i> .
Shelter In Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will texture they are secure. Evacuation Procedures: The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where booster seat an in the back of the car seat before driving to the primary evacuation location, which is the The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the whomas two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter The provider will the variety of the voludn't shelter at the primary location, they will go to the alternate evacuation location. Which is grab the emergency bag, gather the children, then proceed to the provider's vehicle where shell and the variety of the voludn't shelter at the primary location, they will go to the alternate evacuation location which is grab the emergency bag, gather the children, then proceed to the provider's vehicle where shell and the variety of the variety of the variety of 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 vacuation location. The provider will 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 vacuation location. Provider will text the parents before leaving the care location and immediately after they are secure in the alternate vacuation location. Provider will text the parents before leaving the care location and immediately after they are secure in the alternate vacuation location. Provider will text the parents before leaving the care location and immediately after they are secure in the alternate vacuation location.	Dogoription of hours			
Shelter In Place Procedure: The provider will grab the children a has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will texture parent immediately after they are secure. Evacuation Procedures: The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where not the back of the car seat before driving to the primary evacuation location, which is the The provider will gain entry with key pad where a code is entered. Once at the location, they will shelter in the which as two windows and one doors. If the need should arise the provider will use plastic and tape to seal the shelter The provider will the parents before leaving the care location, they will go to the alternate evacuation location. Which is the provider will use plastic and tape to seal the shelter The provider will the	beschpiller of flow the Emergency Ready-to-Go	Pack will be trans	ported to an evacuation location	on: Carried
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 op up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signature: Signature:	The provider will grab the emergency bag, gather not be booster seat an an an analysis of the back. The provider will gain entry with key pad whas two windows and one doors. If the need shouther parents before leaving the care location and in they couldn't shelter at the primary location, the grab the emergency bag, gather the children, there is a seat belt, before driving to the location. The proom that has two window and no door (open flow)	where a code is entitled arise the provide mmediately after the proceed to the provider will call le	terore driving to the primary eva- tered. Once at the location, the ler will use plastic and tape to ney are secure in the evacuation ernate evacuation location white rovider's vehicle where she will they are on the	every will shelter in the which seal the shelter The provider will text on location. The provider will and way. They will shelter in the
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 printed Name: PROVIDER Printed Name: Signature: Signature:	Signatures & Date			
Printed Name: Of:5 Printed Name: Signature:	acknowledgement: By signing below the parties ac	knowledge that all t, if approved, the person.	standards have been reviewed home in which care is provided	d, and any corrections if needed have lis subject to random, unannounced
Printed Name: Signature:	PROVIDER		II	NSPECTOR
Signature:	HOP:SOTIER	+		
Date: 1/17/2023 Phone: 1-877-227-0125				
	1 1100a 3 More		Date: 1/17/2023	Phone: 1-877-227-0125

☑ Virtual Inspection☐ In-person Inspection

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

	- "	tor Edition of	LOKLIOT		
Inspection Date: 5/12/2021	Time 1:00		Time Out: 3:00 PM	Result: APPROVED	
Informal Care					
Type of Care (check one):	lon-relative Inf	ormal Provider C	ere 🗹 Relative	e Informal Provider	Care
Provider Information					
First Name: Doris	Last Flee	Name:		Provider ID: Email:	462736
Care Location inspected					
Street Address:		City	Count	y State	Zip Code
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			9/20/2012	8/ Y	
			7/28/2016	4/ Y	
				N	
				N	
				N	
		<u> </u>		0.4	

Safety of the Home			
Directions: Review and determine compliance with each star Additional pages may be used for comments.	Y - Yes, N - No,	ments or corrective actions needed. D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	n/a		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
Is free of insect or rodent infestation	Y		
Is well-lit and well-ventilated	Y		
Has hot and cold running water	Y		
Has a working inside toilet	Y		
 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	Mobile phones	
 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	N/A	No daily medication given	
Matches, lighters and flammable products	Υ		
Alcoholic beverages	Y		
Guns	N/A	No protection/ no weapon in the home	
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.	Υ	
rash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet liaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child	Y	
including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ☑ Flashlight **Bottled** water ☑ Folder or binder for EPP documents **Batteries** ablaNon-perishable food ☑ Backpack(s) or carrying case(s) Portable First Aid Kit \checkmark \checkmark Diapers Consider special toys or games Thermometer Change of clothes ☑ Scissors, tape & sealing plastic

☑ Medications	l .	☑ Blanket(s)		
Items in the Disaste	er Supply Kit are clean, organ	nized, and usable (Y/N)	? Y	
Emergency Ready-	to-Go Pack is available and	easily accessible in the	event of an emergency (Y/N)? Y
Disaster Supply Kit The Ready- to- Go accessible to the p		Basement near the pla gency.	ayroom. The pack is filled	d with all mandatory items and is easy
Emergency Docum	ents			
	der Emergency Preparedne or emergency medical care		ed form)	
Planning and Maint	enance			
Person responsible f First Name	for updating the Disaster St	upply Kit and the Eme Last Name	rgency Documents regul	larly:
Description of how to	ne Emergency Ready-to-Go	O Pack will be transpor	rted to an evacuation los	nation:
The Ready-to-Go P walk out the patio of seat and seat belt to the emergency. The 2 nd evacuation	ack will be retrieved and loor to the drive way to e pefore driving to ne Provider	carried by the Provid vacuate from the car The Provid	der. Provider will collect re location. The Provide . The evacuation will frequently call/t	et the children from the playroom and er will secure the children in a booster ation location is lext the parent before, during and after
Signatures & Date				
AlMintries & both				
The second secon	y signing below the parties	acknowledge that all s	standards have been rev	lewed, and any corrections if needed have
Acknowledgement: B	y signing below the parties PROVIDER	acknowledge that all s	standards have been rev	lewed, and any corrections if needed have
Acknowledgement: B		acknowledge that all s	etandards have been rev	
Acknowledgement: B been discussed.		acknowledge that all s		

☑ Virtual Inspection☐ In-person Inspection

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

Inspection Date:	Time In:	Time Out:	Result:	Result:		
4/27/2021	21 10:00 AM 12		12:00 PM APPROVED			
Informal Care						
☑ Type of Care (check one): ☐ No.	n-relative Informal Pro	vider Care ☑ Rel	ative Informal Prov	vider Care		
Provider Information				Total Out o		
			Provider ID	0:462002		
First Name: Martha	Last Name: Flores		Email:			
Waltid	Flores					
Care Location Inspected		7				
Street Address:	City	Cour	nty State	Zip Code		
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age /	Present (Y/N)		
		1/5/2012	9/ Y			
		11/2/2013	7/ Y			
			/Y			
			/Y			
			/Y			
			/Y			
Safety of the Home						
Directions: Review and determine con Additional pages may be used for com Health and Safety Training:	nments.	Y - Yes, N - No, Standard Met Y/N	D - Discussed, no Comments/Note	a – Not Applicable		
Basic Health and Safety Training C	ompleted?	1714	COTTECTIVE ACTIO	п п ператате п пессес		
Home is free of health and safety hazards	-	Standard Met Y/N	Comments/Note	s n /Timeframe if needed		
Is in good repair						
 Is free of insect or rodent infestation 	1					
 Is well-lit and well-ventilated 						
 Has hot and cold running water 						
 Has a working inside toilet 						
 Has utilities for cooking, lighting and 						
 Has a working and safe heating sys 	tem					
 Has a working refrigerator and stove 	<u> </u>					
Has a working telephone		Y	M	fobile phones only		
Has operational smoke detector(s)						
Has first aid kit/supplies						
 Has protective coverings on any ele accessible to children 	ectrical outlet that is					
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Note: Corrective Action	s n /Timeframe if needed		
Sharp or pointed items						
Medications of any kind				· · · · · · · · · · · · · · · · · · ·		

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

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.			
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.			
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	25		
Diapering procedures are followed.		0.	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.			
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury			
A child in care is not subjected to any form of neglect, including:			
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 			
A child in care is not subjected to mistreatment, including:			
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	Verbally agreed to comply	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be available and easily a (including needed medications) and Emergency Documents.	ccessible in the event	of an emergency. This contains a Disaster Supply Kit	
Disaster Supply Kit			
Directions: Review and determine that each item is adequately incontains enough supplies for each child in care. Also that the item:	cluded in the Disaster s are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit, and usable. Comment and note below if needed.	
☑ Flashlight ☑ Bottled water	☑ Bottled water ☑ Folde		

Portable First Aid Kit

Thermometer

Poisonous substances

Consider special toys or games

☑ Scissors, tape & sealing plastic

☑ Diapers

Change of clothes

☑ Medications		☑ Blanket(s)		
Items in the Disaster Supply	Kit are clean, organi	ized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pa	ick is available and e	asily accessible in the	e event of an emergency (Y	7/N)? Y
Disaster Supply Kit Commer Huge Backpack which is st		room of the baseme	ent.	
Emergency Documents				
 ☑ Informal Provider Emerg ☑ Authorization for emerg 		ss Plan (this comple	ted form)	
Planning and Maintenance				
Person responsible for update	ting the Disaster Su	pply Kit and the Em	ergency Documents regula	arly:
First Name Martha	First Name Last Name			
Description of how the Emerg	gency Ready-to-Go	Pack will be transpo	orted to an evacuation loca	ation:
Provider will retrieve the bachildren in the 5 passenger location is will include calling which is approximately five	r vehicle. Each boo	ster seat will alrea , which is a 5 minu	idy be secured in the vel	outside. Provider will walk and load the hicle on a daily basis. First evacuation hborhood. The second evacuation planing to
Signatures & Date		- XX		
Name and Advanced Control of the Con	p below the parties a	acknowledge that all	standards have been revi	ewed, and any corrections if needed have
P	ROVIDER			INSPECTOR
Printed Name:			Printed Name:	
Signature:			Signature:	
Date:	Phone:		Date:4/27/2021	Phone: 410-767-7832

☐ In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

	IN	SPECTION CI	HECKLIST	
Inspection Date: 03/01/2022 Follow up 03/02/2022	Time	In: 1:45PM 11:00AM	Time Out: 2:40Pn	Result: Passes if returned by 12:00pm on 03/03/2022
Informal Care		9 4 9		
Type of Care (check one):	Non-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Frederick	Last	st Name; Ford Provider ID: 467308		
Provider ID #:		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City		County	State Zip Code
Name of Children in Care (add pag	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			7/14/2009	12 / No, in school
			1/17/2011	11 / No, in school

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

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

□Diapers N/A

⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	☑Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an eme	rgency (Y/N)? Yes
Location of The Emergency Ready to go Pac	k: Kept by the front door	
Item Specification (if needed): 8 AA batteries		
Gloves, thermostat, gauze and tape, band aids 4 16 oz. water bottles	, hand sanitizer, Neosporin, Advil, Tylend	ol a&d cream paper towel, ice pack
	potato chips, fruit cups, apple sauce,2 ca	ans ravioli, beanies and weenies, Hungry man canned
stew, sardines, apple juice.		
2pants, tops, 2 socks, 2 under wares. 2 blankets		
Monopoly, Uno, Spot it game,		
Items to review on 03/02/2022 if needed:		
Emergency medication and authorization co	py forms for both children be in the e	mergency bag. Verified that it was.
Emergency Documents		
⊠Informal Provider Emergency Prepare	dness Plan (this completed form)	
⊠Authorization for emergency medical of	care	
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Docume	nts regularly:
First Name	Last Name	
Description of how the Emergency Ready-to-G	o Pack will be transported to an evacu	nation location:
Shelter In Place Procedure:		
The provider will take children to the living roon same room. The room has 3 windows and the		f there was a necessity. Emergency bag is in the
Evacuation Procedures:	provider will sear the windows with tap	se and plastic if the field should drise.
The provider will grab the emergency bag, gath	ner the children and	
7	a of growing as	
Alternate Location:		
The provider will grab the emergency to go bag they will be directed to the room where they will		where
Signatures & Date		
	that, if approved, the home in which ca	been reviewed, and any corrections if needed have are is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Frederick Ford St	Printed Name:	
Signa	Signature:	

Date: 3 3 22

Phone:

Date: 03/02/2022

Phone: 1-877-227-0125

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/16/2022	Time In: 9:30AM	Time Out: 10:16/	AM Re	esult: PASSED	
Informal Care					
Type of Care (check one): ☐ Non-relat	ive Informal Provider Ca	are ⊠Relative	Informal	Provider Care	
Provider Information					
First Name: Linda	Last Name: Forsyth		Pr	ovider ID: 474530	
Provider ID #:	•		En	mail:	
Care Location Inspected					
Street Address: City:	County:	Sta	ate	Zip Code:	
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age	Present (Y/N)	
		3/2/2015	7 /N	lo	
		8/2/2011	11 /N	lo	
Safety of the Home					
Directions: Review and determine compliance v	vith each standard, Note	any comments or co	orrective a	actions needed. Additional	
pages may be used for comments.		Y-Yes, N-No,) – Discu	ussed, n/a – Not Applicable	
Health and Safety Training:		Standard Met Y/N		ents/Notes ctive Action /Timeframe if needed	
Basic Health and Safety Training Completed?		Y	Certific	cate Submitted	
Home is free of health and safety hazards:		Standard Met Y/N		ents/Notes ctive Action /Timeframe if needed	
Is in good repair		Y			
Is free of insect or rodent infestation		Y	No sigr	n of infestation	
Is well-lit and well-ventilated		Y	0.	 	
Has hot and cold running water		Y	-	observed	
Has a working inside toilet Look under sink		Y		observed c stove was lighted	
Has utilities for cooking, lighting and Has a working and safe heating systems.		Y	LICCUIC	, stove was lighted	
Has a working and sale nearing system Has a working refrigerator and stove		Y			
Has a working telephone	<u> </u>	Y	Provide	er's phone called	
Has operational smoke detector(s)		Y			
Has first aid kit/supplies		Y	Band a	aids, peroxide,	
Has protective coverings on any ele- accessible to children	ctrical outlet that is	Y			
Harmful items are stored appropriately and children:	d away from	Standard Met Y/N		ents/Notes ive Action /Timeframe if needed	
Sharp or pointed items		Y	High Sh	elf	
Medications of any kind		Y			
Matches, lighters and flammable pro	oducts	Y			
Alcoholic beverages		Y	Top of F	ridge	
Guns		Y	None		
Cleaning agents		Y			
Poisonous substances		Y		an medications and cleaning solutions	
GENERAL CLEANLINESS STANDARDS		Standard Met	Comme	ents/Notes	

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents		
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)		
⊠Portab l e First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games		
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
⊠Medications	⊠Blanket(s)			
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 need 2 shirts, 2, shorts, pairs so Band aids, ointment, gauze 4 16oz water bottles, 2 large Items to review on xx/xx/x	cks, Inhaler, 2 books, , tape, alcohol wipes, e cans of ravioli, Cam	Neosporin, gloves, C apbell's Chunky chicke	hildren's Motrin		
Emergency Documents					
⊠Informal Provider E	mergency Prepared	ness Plan (this comp	eleted form)		
⊠Authorization for er	mergency medica l ca	are			
Planning and Maintenance)				
Person responsible for upda	ating the Disaster Su		ergency Documents regula	arly:	
First Name		Last Name			
Description of how the Eme	rgency Ready-to-Go	Pack will be transpo	orted to an evacuation loca	ation: Carried	
driving to the primary evacu windows and one door. If the after they are secure in the after they couldn't shelter at the gain entry to the home with	children, ERTG and ation location which e need should arise, evacuation location. E primary location, the spare key that she held use plastic and tap	proceed to the provi the provider will use sey will go to the alter as. They will shelter	der's vehicle where she w Once at the location, they plastic and tape to seal the mate evacuation location in the living room that has	vill secure the children their seatbelts before vill shelter in the living room that has 4 he shelter. The provider will call the parents	
Signatures & Date					
	also acknowledge ti	hat, if approved, the l		ewed, and any corrections if needed have vided is subject to random, unannounced	
	PROVIDER			INSPECTOR	
Printed Name: Linda For	syth		Printed Name:		
Signature:			Signature:		
Date: 09/16/2022	Pho		Date: 09/16/2022	Phone: 1-877-227-0125	

⊠Virtual Inspection In-person Inspection

Safety of the Home

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

Inspection Date: 09/22/2021	Time	In: 3:30 pm	Time Out. 4:34 pm	Result 09/23/		roved if returned by 12pm
Informal Care						
Type of Care (check one):	Non-relative Inf	ormal Provider C	are Relative Inf	formal Pro	vider	Care
Provider Information						
First Name: Linda	Last	Name: Forsyth		Provid	er ID:	
ID #:				Email		
Care Location Inspected						
Street Address. Verified?: Yes		City	County	S	State I	Zip Code
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			8/2/2011	10	/ Y	
			3/2/2015	6	/Y	
					1	
					1	
					1	

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
 Is well-lit and well-ventilated 	Y	/
Has hot and cold running water	Y	
Has a working inside toilet	Y	Observed the flush
 Has utilities for cooking, lighting and heating 	Y	Artificial and natural lighting in the home
 Has a working and safe heating system 	Y	Heard heating system turn on.
 Has a working refrigerator and stove 	Y	Lights in the refrigerator
Has a working telephone	Y	Inbound Call made by parent to providers phone Phone rang.
Has operational smoke detector(s)	Y	Fire alarm and carbon monoxide sounded wen test button pressed
Has first aid kit/supplies	Υ	Bandages, cleaning wipes, Neosporin.
 Has protective coverings on any electrical outlet that is accessible to children 	Y	3 exposed outlets covered.
		1

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Kept on counter in bucket and in the back of the drawer	
Medications of any kind	Y	On the counter top	
 Matches, lighters and flammable products 	Y		
Alcoholic beverages	Y	Kept on top of refrigerator	
Guns	Y	Not kept in the home.	

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

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

Disaster Supply Kit

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

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

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

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

Thermometer	Change of clothes	
⊠ Medications	⊠Blankef(s)	Scitsors, tape & sealing plastic
Items in the Disaster Supply Kit ar	re clean, organized, and usable (Y/N)7 Y	
Emergency Ready-to-Go Pack is	available and easily accessible in the event of an emerger	nov/VADAV Laboration
	an an an ar ar	ney (1774) 11 the living room near the front doc
Black Backpack		
3 C3 Batteries		
Cleansing wipes, bandages, antibiot	ic cream, pain reliever cream.	
Forehead scanner thermometer		
Scissors, Plastic Drop cloth, packing	tape	
Medication and Motrin		
2 Canned Ravioli		
2 16.9 oz bottles		
shorts and tae shirt	s.	
1 large blanket for both children		
ECMA		
Fidget tov		
Emergency Documents		
	ncy Preparedness Plan (this completed form)	
Planning and Maintenance	y model ode	
	Disaster Supply Kit and the Emergency Documents re-	gularly:
irst Name	Last Name	gy-
Description of how the Emergency F	Ready-to-Go Pack will be transported to an evacuation	location:
shelter In Place:		
	bathroom and go into the bath tub(1 door 0 windows) w	with the children and throw a blanket over
nem. Provider will call the parent on		
vacuation:		
	500.0	
y the hand. The provider will then so	nool. If the provider and children cannot shelter at the hill ecure in this booster seat and in the seatbel	igh school the provider will grab both children
y the hand. The provider will then sursery school. Once there they will gnatures & Date	nool. If the provider and children cannot shelter at the hile ecure in his booster seat and in the seatbel shelter in gymnasium or cafeteria.	igh school the provider will grab both children it and call the parent on the way to the
the hand. The provider will then sursery school. Once there they will gnatures & Date sknowledgement. By signing below	nool. If the provider and children cannot shelter at the hill ecure in this booster seat and in the seatbel	igh school the provider will grab both children it and call the parent on the way to the
y the hand. The provider will then sursery school. Once there they will gnatures & Date cknowledgement. By signing below	the parties acknowledge that all standards have been re	igh school the provider will grab both children it and call the parent on the way to the
y the hand. The provider will then surgery school. Once there they will gnatures & Date cknowledgement. By signing below the discussed. PROVIDE CARREY (1997)	the parties acknowledge that all standards have been re	igh school the provider will grab both children it and call the parent on the way to the eviewed, and any corrections if needed have
y the hand. The provider will then surgery school. Once there they will gnatures & Date cknowledgement. By signing below then discussed. PROVIDE inted Name:	the parties acknowledge that all standards have been re	igh school the provider will grab both children it and call the parent on the way to the eviewed, and any corrections if needed have

1 ł

F

,				
Deterof 22, 2021	Phor	Date: 09/22/21	Phone: 1-877-227-0125	

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 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	
Informal Care			
Type of Care (check one):	ive Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Josette	Last Name: Foster		Provider ID: <u>509745</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	Count	y:	State Zip Code:
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/19/2022)	7mos. / Y

irections: Review and determine compliance with each standard. No	te any comments or c	orrective actions needed. Additional
ages may be used for comments.		D – Discussed, n/a – Not Applicable
lealth and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
asic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
lome is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Υ	No evidence of infestation
Is well-lit and well-ventilated	Υ	All lights were turned on and natural window lighting
Has hot and cold running water	Υ	Tested by provider and steam observed on camera
Has a working inside toilet	Υ	Flushed by provider and observed
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Υ	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) 	Υ	Tested by provider and observed
Has first aid kit/supplies	Y	Medical Supplies: Band-Aid, Gauze, Alcohol Wipes and Ointment stored in high bathroom cabinet
 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
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Corrective Action Completed: Sharp items moved to tool box stored outside of the home
Medications of any kind	Y	Stored in provider's top draw with medicine bag
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Y	Corrective Action Completed: All cleaning agents moved to high cabinet in kitchen

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠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 e	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	d & Reviewed on 04/26/2023	
 Locks added to both cabinets with cleani Outlet coverings added to outlets in kitch Sharp scissors, screw drivers etc, moved 	nen and island area	
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
⊠Authorization for emergency medical ca	are	
Planning and Maintenance		
	pply Kit and the Emergency Documents regularly:	
First Name Josette	Last Name Foster	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: carried by the provider.	
Shelter In Place Procedure:		
The provider will gather the child and the ERTG and head into the basement area (1 door 2 windows). The provider will close the door, ensure windows are closed and sealed with sealing plastic and tape if needed. She will call the parent to inform her of the emergency and secure the child in their baby seat. She will continue to contact the parent via call or text until the emergency has ended. Provider has an additional Emergency kit that is stored in basement at all times.		
Evacuation Location(s) Procedures:		
Primary: The provider will account for the child and ERTG and secure the child in her stroller. The provider and child will begin to Along the will call the parent regarding the evacuation. Upon arrival the provider will speak to a of where is a safe place to shelter within the building. Once they are settled the provider will call the parent to give her emergency updates.		
Alternate: If they could not access the primary location, the provider will gather the child and ERTG and secure the child in her stroller. The provider and child will begin to Along the She will call the parent regarding the evacuation change. Upon arrival the provider will speak to She will call the parent again to give her emergency updates.		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.		
PROVIDER	INSPECTOR	
Printed Name: Josette Fosker	Printed Name:	
S	Signature:	
Date: 8 28 267 3 Phone:	Date: 04/26/2023 Phone: 1-877-227-0125	

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

Return to: ccs.informalproviders@maryland.g

		0. 2011011 01	120112101	
Inspection Date: 1/20/2023	Time	In: 1:30PM	Time Out: 2:32PN	Result: PASSED
Informal Care				
Type of Care (check one):	n-relative Info	rmal Provider Ca	are ⊠Relative	nformal Provider Care
Provider Information				
First Name: Amelia	Last	Name: Francis		Provider ID: 500913
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	Cour	nty: State	Zip Code:
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			12/28/2011	10 / No, At School
			2/28/2013	9 / No, At School
			4/19/2017	5 / No, At School
			12/11/2019	2 / Yes
Safety of the Home				

Directions: Review and determine compliance with each sta pages may be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted

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 	Υ	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		

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

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organ	zed, 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, Bandaids, 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 spaghettios Items to review on xx/xx/xxxx if needed: N/A		
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
	re	
Planning and Maintenance		
	pply Kit and the Emergency Documents regularly:	
First Name Amelia	Last Name Francis	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: Carried	
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 gather the older children, then proceed to the provider's vehicle where she will secure car seat, and the older children in their seatbelts, before driving to the primary evacuation location, which is 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 The provider will grab the emergency bag, carry gather the older children, then proceed to the provider's vehicle where she will secure in car seat 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: Amblin Francis	Printed Name:	
Signatu	Signature:	
Date: 1/20/13 Phone	Date: 01/20/2023 Phone: 1-877-227-0125	