

# Child Care Scholarship Program Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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marylandpublicschools.org

⊠Virtual Inspection □In-person Inspection	Child	Department of Ed Care Care Scholars INFORMAL C SPECTION CH	ARE	f Child	Return to: ccs.informalproviders@maryland.go
Inspection Date: 6/05/2024	Time	e In: 1:30pm	Time Out: 2:28p	m Re	sult: Passed
Informal Care				_	
Type of Care (check one):	Non-relative Inf	ormal Provider C	are ØRelative	Informal	Provider Care
Provider Information		undir Toridor O		monnar	i lovider Gale
First Name: Joyce	Last	Name: Hansber	rry	Pro	ovider ID: 543744
Provider ID #:				Em	nail:
Care Location Inspected	1				and the second second second
<u>Street Address:</u> Address Verified?: Yes	<u>City</u> :		County:		State: Zip Code:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
		1	12/3/2023	6 mont	ths /N
Safety of the Home					
Directions: Review an Additional pages may	d determine compliand be used for comments.	e with each stand	Y - Yes, N - No,		rrective actions needed. ssed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
Basic Health and Sat	fety Training Complet	ed?	Y		
Home is free of health and s	afety hazards:		Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
Is in good repair			Y		
Is free of insect or ro	dent infestation		Y		
<ul> <li>Is well-lit and well-ve</li> </ul>	ntilated		Y		
<ul> <li>Has hot and cold run</li> </ul>	ning water		Y		
<ul> <li>Has a working inside</li> </ul>	toilet		Y	11	
<ul> <li>Has utilities for cooki</li> </ul>	ng, lighting and heatir	ng	Y		
<ul> <li>Has a working and sa</li> </ul>			Y		
Has a working refrige			Y		
Has a working teleph			Y		
Has operational smo			Y		
<ul> <li>Has first aid kit/suppl</li> <li>Has protective coveriaccessible to children</li> </ul>	ings on any electrical	outlet that is	Y Y		
Harmful items are stored ap children:		y from	Standard Met Y/N		nts/Notes ve Action /Timeframe if needed
Sharp or pointed iten	าร		Y	1	in the second seco
Medications of any ki			Y		
Matches, lighters and			Y		
Alcoholic beverages			Y		
Guns			Y	1	
Cleaning agents			Y	NO CLEA	ANING ITEMS KEPT IN THE HOME
Poisonous substance	es		Y		
SENERAL CLEANLINESS S	TANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept	t clean, including diap	ering area.	Y		

Trash, garbage and wet and soiled diapers are disposanitary manner.	osed of in a	Y	
Child is changed immediately when s/he has a soiled diaper, clothing or bedding.	d or wet	Y	
Diapering procedures are followed.		Y	
<ul> <li>Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the disease.</li> </ul>	er after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, includ</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	ding:	Y	
<ul> <li>A child in care is not subjected to any form of neglincluding:</li> <li>The failure to give proper care and attention including leaving a child unattended under of that indicate that the child's health or welfard placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk injury that is caused by the failure to give prattention to a child.</li> </ul>	n to a child circumstances re is harmed or of mental	Ŷ	
<ul> <li>A child in care is not subjected to mistreatment, i</li> <li>Any deliberate act that hurts a child physica emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful if child's mouth</li> <li>Requiring a child to stand on one foot as pu</li> <li>Tying child to a cot or other equipment</li> </ul>	illy or	Y	
The provider immediately reports any suspected on neglect or mistreatment by calling 911 and your <u>loce</u> Department of Social Services Child Protective Services Child Protec	ocal	Y	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be availa (including needed medications) and Emergency D	able and easily acces Documents.	ssible in the event	of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit			
Directions: Review and determine that each item contains enough supplies for each child in care. A	is adequately includ	ed in the Disaster e clean, organized	Supply Kit. Be certain that the Disaster Supply Kit , and usable. Comment and note below if needed.
	Bottled water		Solder or binder for EPP documents
⊠Batteries	⊠Non-perishable f	bod	⊠Backpack(s) or carrying case(s)
Portable First Aid Kit	⊠Diapers		Consider special toys or games
⊠Thermometer	⊠Change of clothe	s	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Base
			Bags

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

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

Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

□ Medications N/A

Location of Emergency Ready to go Pack: In	the basement	
Item Specification (if needed):		
<ul> <li>2 emergency bags</li> </ul>		
To be observed for compliance on :		
Emergency Documents		
⊠Informal Provider Emergency Prepare	dness Plan (this completed form)	
Authorization for emergency medical	are	
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Documents regularly:	
First Name Joyce	Last Name Hansberry	
escription of how the Emergency Ready-to-G	Pack will be transported to an evacuation location:	_
Shelter in Place Procedures:	o rack will be transported to an evacuation location.	
The Provider will		
secured in a rear facing car seat and the paren will receive instruction from the The Provider will place one bag on her back or	e in her arms and holding the child while carrying the child to the car. The child will ts of the child will be contacted. The Provider will then drive of a secure location to shelter in. e in her arms and holding the child while carrying the child to the car. The child will ts of the child will be contacted. The Provider will then drive of a secure location to shelter in.	e she
•		
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.	
PROVIDER	INSPECTOR	
Printed Name:	DCTVV Printed Name:	
Signaty	Signature:	

Phone

24

Date:

Date: 6/05/2024

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Child	epartment of E Care Care Scholarsi INFORMAL C PECTION CH	hip Program CARE	E			viders@maryland.gov
Inspection Date: 5/10/2024	Time	In: 5:30pm	Time Out: 6:31p	m Re	Result: Passed		
Informal Care							
Type of Care (check one):	Non-relative Info	ormal Provider C	are	Informal	Provide	er Care	
Provider Information							
First Name: Denice Provider ID #:	Last	Name: Hardrick	ĸ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ovider II nail:	D: 513401	
Care Location Inspected							
Street Address: Address Verified?: Yes	City	Count	У		State		Zip Code
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	1	Preser	nt (Y/N)
			1/6/2023	1 /Y		1	
Safety of the Home		-1			-		
Directions: Review an	nd determine complianc be used for comments.	e with each stand	lard. Note any comn Y – Yes, N – No,				
Health and Safety Training:		da se	Standard Met Y/N	Comm	ents/No	tes	rame if needed
Basic Health and Sa	fety Training Complete	ed?	Y				
Home is free of health and s	safety hazards:	100	Standard Met Y/N		ents/No tive Act		rame if needed
<ul> <li>Is in good repair</li> </ul>			Y				
<ul> <li>Is free of insect or ro</li> </ul>	dent infestation		Y				
<ul> <li>Is well-lit and well-ve</li> </ul>	entilated		Y				
<ul> <li>Has hot and cold run</li> </ul>	ning water		Y	1			
<ul> <li>Has a working inside</li> </ul>	e toilet		Y				
<ul> <li>Has utilities for cooking</li> </ul>	ing, lighting and heatin	Ig	Y		_		
<ul> <li>Has a working and s</li> </ul>	afe heating system		Y				
<ul> <li>Has a working refrige</li> </ul>	erator and stove		Y	1			
<ul> <li>Has a working teleph</li> </ul>			Y				
<ul> <li>Has operational smo</li> </ul>			Y	1	_		
<ul> <li>Has first aid kit/supp</li> </ul>			Y	-			
accessible to childre			Y				
Harmful items are stored ap children:		y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		ame if needed	
<ul> <li>Sharp or pointed iter</li> </ul>			Y				
<ul> <li>Medications of any k</li> </ul>	the second s		Y				
	d flammable products		Y				
<ul> <li>Alcoholic beverages</li> </ul>			Y				
Guns			Y				
Cleaning agents			Y				
<ul> <li>Poisonous substance</li> </ul>			Y	0	- (B) - (		
GENERAL CLEANLINESS S	TANDARDS		Standard Met Y/N	Comme Correcti			ame if needed
All areas of the home are kep	t clean, including diap	ering 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	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	¥	
<ul> <li>A child in care is not subjected to mistreatment, including: <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	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 contains enough supplies for each	that each item is adequately included in the Disaster child in care. Also that the items are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit I, and usable. Comment and note below if needed.
⊠Flashlight	Bottled water	Solder 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	<ul> <li>Heavy Duty Scissors, Duct Tape/</li> <li>Packing Tape &amp; Sealing Plastic/ Trash</li> <li>Bags</li> </ul>
□ Medications N/A	⊠Blanket(s)	

Medications N/A

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

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

Location of Emergency Ready to go Pack: In	a closet in the basement	
Item Specification (if needed):		
Packing tape, scissors & plastic bags	4	
Chef Boyardee, Beans, corn & Soup		
Toy controller		
To be observed for compliance on :		
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
Authorization for emergency medical ca	are	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents red	gularly:
First Name	Last Name	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation	location:
Shelter In Place Procedures:		
THE EMERGENCY BAG IS DIFFERENT AREA OF THE HOME SHE		PROVIDER ANDD CHILD ARE IN A (2 WINDOW 1 DOOR). THE
PROVIDER WILL INFORM THE PARENT OF T	HE EMERGNENCY AS SOON AS IT OCC	CURS.
Evacuation Procedures:		
THE PROVIDER WOULD THER THE CHILD AN		
PROVIDER WOULD CALL THE PARENT BEFO	DRE	ONCE THERE SHE WILL
WILL GAIN INSTRUCTION FROM		
THE PROVIDER WOULD THER THE CHILD AI	ND THE BAG AND SECURE THE CHILD I	N A REAR FACING CAR SEAT. THE
PROVIDER WOULD CALL THE PARENT BEFO		NCE THERE SHE
THE PROVIDER WOULD INFORM	SHELTER, IF THERE IS NO OPTION TO	FOR EVACUATION AND WILL GAIN
CARE HOURS:		
Signatures & Date		
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	t, if approved, the home in which care is provi	
PROVIDER		INSPECTOR
Printed Name: Demire R. Hand	Printed Name:	
Signature:	Signature:	
Date: 5/18/24 Phone:	Date: 5/10/2024	Phone: 1-877-227-0125

Section Sect	Maryland State Department of Education/Office of Child Car Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return to: ccs.informalproviders@maryland.g ov	
Inspection Date: 04/25/2023	Tin	ne In: 9:30AM	Time Out: 10:24/	AM Result: PASSED		
Informal Care						
Type of Care (check one):		formal Danidar C		Informal Pro	vider Care	
Provider Information	Non-relative in	formal Provider Ca	are Differentive		vider Care	
First Name: Denice	1	t Name: Hardrick		Provid	er ID: 513401	
Provider ID #:	Las	st Name: Hardrick		Email:		
Care Location Inspected	and the second second second	States and the second second				
Street Address: Address Verified? Yes.	City:	Cou	nty:	State	Zip Code:	
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(01/06/2023)	3mos./Y		
Safety of the tr						
Safety of the Home						
Directions: Review and determ pages may be used for comme	nine compliance with e ents.	ach standard. Note	any comments or co Y - Yes, N - No, I	D – Discusse	ns needed. Additional d, n/a – Not Applicable	
Health and Safety Training:	the second	CALL THE DATE	Standard Met Y/N	Comments	Notes Action /Timeframe if needed	
Basic Health and Safety Train			Y		elative Informal Care – Certificate Submitted	
Home is free of health and	safety hazards:		Standard Met Y/N	Comments Corrective	Notes Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>			Y		All areas were clean	
<ul> <li>Is free of insect or ro</li> </ul>	Is free of insect or rodent infestation		Y		No evidence of infestation	
Is well-lit and well-ve	entilated		Y		were turned on and natural window lighting	
Has hot and cold run	nning water		Y		by provider and stearn observed on camera	
<ul> <li>Has a working inside</li> </ul>	or beaution of the		Y	Flushed by provider and observed		
Has utilities for cooking, lighting and heating			Y		1	
Has a working and s	afe heating system		Y	Thermo	stat tested by provider for cooling & heating	
<ul> <li>Has a working refrig</li> </ul>	erator and stove		Y	Te	sted by provider and observed	
<ul> <li>Has a working telept</li> </ul>	hone .		Y		und call made to provider's phone	
<ul> <li>Has operational smoother</li> </ul>	oke detector(s)	and the second second second	Y	Tested by provider and observed		
Has first aid kit/supp	lies		Y	First aid kit stored on high level shelf in pan closet		
<ul> <li>Has protective cover accessible to childre</li> </ul>	rings on any electrica n	l outlet that is	Y	All outlets were occupied or covered		
Harmful items are stored ap children:	opropriately and awa	ay from	Standard Met Y/N	Comments/	Notes Action /Timeframe if needed	
Sharp or pointed iter	ns		Y	Sto	red on back of kitchen counter	
<ul> <li>Medications of any k</li> </ul>			Y	S	tored on high shelf in pantry	
	d flammable products	1	Y		Does not own	
<ul> <li>Alcoholic beverages</li> </ul>			Y	Does not own		
Guns			Y		Does not own	
Cleaning agents		and the state	Y	Stored on high shelf in pantry and in bathroom under cabinet with lock		
Poisonous substance			Y		Does not own	
GENERAL CLEANLINESS S	TANDARDS		Standard Met	Comments/	Notes	

MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

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Y/N	Corrective Action /Timeframe if needed
Y	Area well-organized and cleaned with al supplies
Y	Provider uses trash bin to dispose daily
Y	
Y	
Y	
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	
Y	÷
Y	
Y	
	Y Y Y Y Standard Met Y/N Y

### **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.

Ø Flashlight	Bottled water	Solder or binder for EPP documents
Batteries for Flashlight	ØNon-perishable food	⊠Backpack(s) or carrying case(s)
ØPortable First Aid Kit	ØDiapers (N/A)	Consider special toys or games
	⊠Change of clothes	ØHeavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	-

MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

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 t	he event of an emergency (Y/N)?	Y						
Location of The Emergency Ready to go Pack: Stored on shelf in <u>Item Specification (if needed):</u> <u>1 duffle bag (carrying case), 1 thermometer, 1 blanket, 1 our</u> <u>meds, 1 pair of scissors, 1 roll of duct tape, 6 heavy duty tra- flashlights, 3 extra AAA batteries, and 1 toy</u>	n closet of the basement living	room pk of wipes, 1 first aid kit, no spec						
Items to be reviewed on xx/xx/xxxx: N/A								
Emergency Documents								
☑ Informal Provider Emergency Preparedness Plan (this corr	npleted form)							
Authorization for emergency medical care								
Planning and Maintenance								
Person responsible for updating the Disaster Supply Kit and the En	nergency Documents regularly:							
Filst Name								
Hardrick	Denice Hardrick							
Description of how the Emergency Ready-to-Go Pack will be trans Shelter In Place Procedure:	ported to an evacuation location	: carried by the provider.						
The provider will gather the child and the ERTG and head into the the sealing plastic and tape to seal the window and door if the need emergency of what the next steps are and if evacuation is necessar	aroso Then she will call the n	for shelter. The provider would use arent to give updates about the						
Evacuation Location(s) Procedures:	• 10							
Primary: The provider will account for the child and ERTG and hear rear-facing car seat and drive to the evacuation site, secure the child in his stroller and the parents to inform them of the secure to shelter and then call the parents to inform them of the secure to shelter and then call the parents to inform them of the secure to shelter and then call the parents to inform them of the secure to shelter and then call the parents to inform them of the secure to shelter and then call the parents to inform them of the secure to shelter and the secure to shelt	If the provider could not driv	e she would grab the ERTG and						
Alternate: If they could not access the primary location, the provid child in her vehicle in his rear-facing car seat and drive to secure him in his stroller and directed of where she and the child can shelter. The provider will can	and if she ne	eded to walk with the child she would						
Signatures & Date								
Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	Il standards have been reviewed home in which care is provided	d, and any corrections if needed have is subject to random, unannounced						
PROVIDER	1	SPECTOR						
Printed Name: Denice R. Hardrick	Printed Name:							
	Signature:							
Date: 5/10/23 Phone:	Date: 04/25/2023	Phone: 1-877-227-0125						

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# INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/9/2025/4:00pm/120 minutes	INS	PECTION TYPE	AGES	Total Approved	# Scholarship	# Present	Resident Children
		Initial Application	0-23 months				
APPLICANT ID:	~	Renewal Application	2 year olds	l	I	ľ	
		Complaint Investigation	3 year olds				
PROVIDER ID: <b>5 340 </b>		Monitoring	4 year olds				
		Other	5's (pre-school)				
APPLICATION DATE: 05/01/2025	L		5-12 (school age)				
		Follow-Up	13-19 year olds				
Baltimore County	·		TOTAL	1	I	I	
Darchinore County			Overnight				

FATALITY:	SERIOUS INJURY:	COMPLAINT #:			
N/A	N/A	N/A			
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver License	EXP. DATE: 03/06/2026		
CARE LOCATION: O Child's	Home Informal Child Care	Provider's Home			
CARE TYPE: Relativ	e Informal Child Care Non-	-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Denice Hardrick and Joy Howell					
PERSON(S) INTERVIEWED: Denice H	ardrick				

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

Instructions: 1. I

s: 1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

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

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

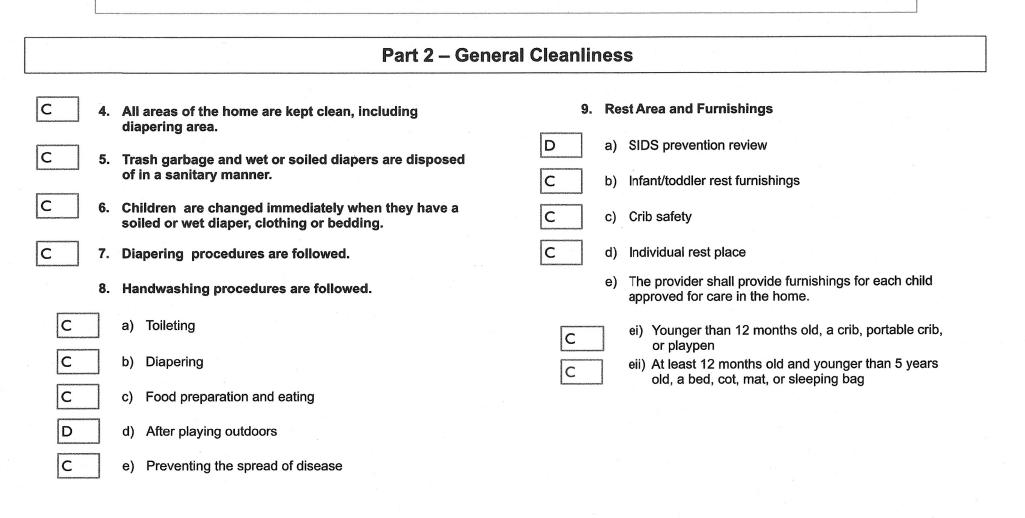
Instructions:

1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

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



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

Instructions:

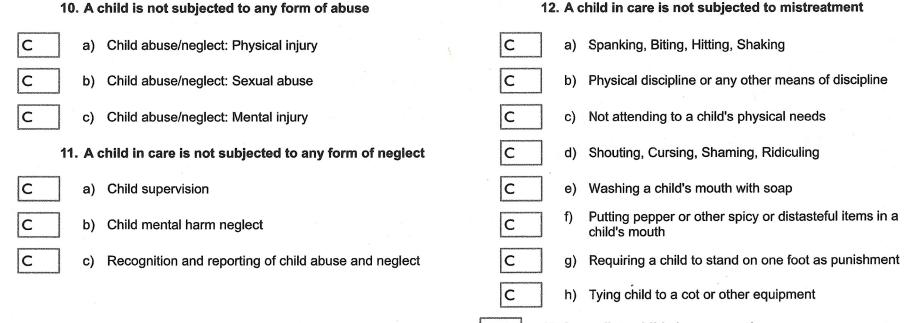
s: 1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

# Part 3 – Child Abuse, Neglect and Mistreatment Standards



D

13. Immediate child abuse reporting

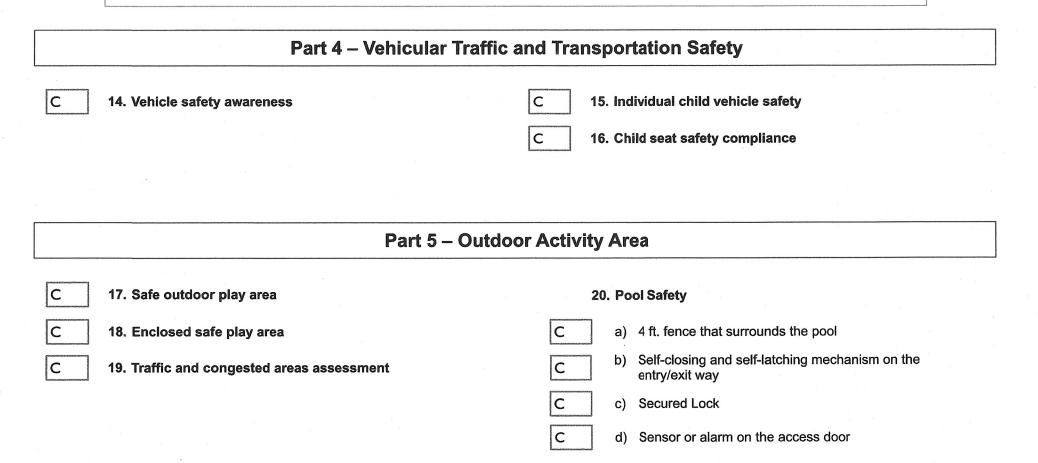
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

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



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

Instructions:

ns: 1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 6 – Emergency Ready-to-Go Pack					
21. D	isaster Supply Kit	C		k)	Folder or binder for EPP documents
C a)	Flashlight	С		I)	Backpack(s) or carrying case(s)
C b	) Batteries	C		m)	Special toys or games
C c)	Portable First Aid Kit	C		n)	Scissors, tape & sealing plastic
C d)	Thermometer		22.	Em	ergency Documents
N/A e)	Medications	C		a)	Informal Provider Emergency Preparedness Plan
C f)	Bottled water	C		b)	Emergency Care & Authorization Form (one for each child in care)
C g)	Non-perishable food	C		c)	Reportable Incident Report Form (blank copy)
C h)	Diapers		23.	Pla	nning and Maintenance
C i)	Change of clothes	С		a)	Person responsible
C j)	Blanket(s)	С		b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

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

Instructions:

consistent with standards for parental consent

1. Review each Standard that applies to the Inspection being conducted.

2. Select the Standard that requires documentation and enter the compliance status.

3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

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

Signature of Informal Child Care Provider

Date

Sign and upload form to PROVIDER PORTAL

Liliana Martinez

05/09/2025

Signature of Agency Representative Liliana Martinez

Date

Time Out: 05/09/2025 18:00 Date

Time

Date	Start Time	End Time	Duration	Follow-Up
05/09/2025	16:00	18:00	120	
		nenden konstruktion (ander sind der eine		
an di Colonno Longa interna da la compari da Contra	na na mana manana kana kana kana kana ka	2014 C 2014 V 2014 V 2014 V 2014 C 2014 V	การที่สมมีให้เขาะปฏิมังที่สุดสารสุดสารแรงสุดสารและการที่สุดสารแรงที่มีสารที่จะสารที่สารที่ได้สารที่สารที่สารที่	
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	ดูสายการของสายและสองและหน่างสายเหล่าง หายรุษะสองและรุษะของและอากุ
Total Duration:	120
	Minutes

# SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:	
513401	N/A	21117	Baltimore County	
INFORMAL PROVIDER NAME:		CARE LOCATION:		
Denice Hardrick		Child's H	ome Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED:				
Denice Hardrick and Joy H	Howell			
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:		
Renewal Application		5/9/2025/400:pm/120 mi	nutes	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET		

Liliana Martinez	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Liliana Martinez				

⊠Virtual Inspection □In-person Inspection	Maryland State	Department of Ed Child Care Scholar INFORMAL INSPECTION C	ship Program CARE	Child Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 06/16/20	spection Date: 06/16/2022 Time In: 1:45PM		Time Out: 2:49	PM Resul	t: Passed if returned by 5PM on 022
Informal Care	2.2.7			1.2	
Type of Care (check one):	Non-relative	Informal Provider C	are ⊠Relative	Informal Pro	vider Care
Provider Information	in a fait statute or one fait	outro data		1	
First Name: Ethel Provider ID #:	La	ast Name: Harper		Provid Email:	er ID: 487759
Care Location Inspected			1.1.1.0.80.0.00		
Street Address: Address Verified? Yes	City:	County:	Sta	ate Z	p Code:
Name of Children in Care	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
	ees pages in neoded)		2/15/2017	5 / Yes	
			5/28/2018	4 / Yes	
Safety of the Home	A STATE OF A STATE				NAME STREET
Directions: Review and deter pages may be used for comm		each standard. Note	any comments or c Y - Yes, N - No.	orrective actio	ns needed. Additional d, n/a – Not Applicable
Health and Safety Training			Standard Met Y/N	Comments	
Basic Health and Safety Tra	ining Completed?		N	Provider registered, pending completion.	
Home is free of health and	safety hazards:		Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>			Y		
<ul> <li>Is free of insect or r</li> </ul>	odent infestation		Y	No sign infe	estation
<ul> <li>Is well-lit and well-v</li> </ul>	entilated		Y		
<ul> <li>Has hot and cold rule</li> </ul>	nning water		Y	Steam obse	
<ul> <li>Has a working insid</li> </ul>			Y	Flush Obse	rved
	king, lighting and hea	ating	Y		
	safe heating system		Y		
<ul> <li>Has a working refrig</li> </ul>	gerator and stove		Y		
<ul> <li>Has a working telep</li> </ul>			Y	Out bound	call on Landline observed.
Has operational smoke detector(s)					
		10-11/	Y		
Has first aid kit/supp	olies		Y Y	Band-Aids,	alcohol wipes gauze
<ul> <li>Has first aid kit/supp</li> <li>Has protective cove accessible to childred</li> </ul>	olies rings on any electric en			Band-Aids,	alcohol wipes gauze
<ul> <li>Has first aid kit/supp</li> <li>Has protective cover</li> </ul>	olies rings on any electric en		Y Y Standard Met Y/N	Comments/	
Has first aid kit/supp Has protective cove accessible to childre tarmful items are stored a	olies rings on any electric en ppropriately and av		Y Y Standard Met Y/N Y	Comments/	Notes Action /Timeframe if needed
Has first aid kit/supp Has protective cove accessible to childre armful items are stored a hildren:	olies rings on any electric en ppropriately and av		Y Y Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed
Has first aid kit/supp Has protective cove accessible to childre tarmful items are stored a hildren:     Sharp or pointed ite	olies rings on any electric ppropriately and av ms kind	vay from	Y Y Standard Met Y/N Y	Comments/ Corrective	Notes Action /Timeframe if needed
Has first aid kit/supp Has protective cove accessible to childred tarmful items are stored a hildren: Sharp or pointed ite Medications of any	olies rings on any electric en ppropriately and av ms kind d flammable produc	vay from	Y Y Standard Met Y/N Y Y	Comments/ Corrective	Notes Action /Timeframe if needed
<ul> <li>Has first aid kit/supp</li> <li>Has protective cove accessible to childred</li> <li>termful items are stored a hildren:         <ul> <li>Sharp or pointed ite</li> <li>Medications of any l</li> <li>Matches, lighters ar</li> </ul> </li> </ul>	olies rings on any electric en ppropriately and av ms kind d flammable produc	vay from	Y Y Standard Met Y/N Y Y Y Y	Cornective / Corrective / Moved to his	Notes Action /Timeframe if needed
Has first aid kit/supp Has protective cove accessible to childred tarmful items are stored a children: Sharp or pointed ite Medications of any l Matches, lighters ar Alcoholic beverages	olies rings on any electric en ppropriately and av ms kind d flammable produc	vay from	Y Y Standard Met Y/N Y Y Y Y	Corrective A Moved to his None	Notes Action /Timeframe if needed

的美国政府是在这些关系,但是在在中国政大学的社会的政府和自己的政府的代表的大学的公司的通道

MSDE OCC Informal Care Inspection Checklist

A PARTY AND A PARTY AN

Page 1 of 3

A DOLLAR STREAM AND A STREAM

Revised 10/2021

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering are	ea. Y	
Trash, garbage and wet and soiled diapers are disposed of sanitary manner.	ina y	
Child is changed immediately when s/he has a soiled or wel diaper, clothing or bedding.	t Y	
Diapering procedures are followed.	Y	N/A
<ul> <li>Handwashing procedures are followed. Provider and child's washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spredisease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STAND	ARDS Standard Met	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:		
<ul> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	2
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a chincluding leaving a child unattended under circums that indicate that the child's health or welfare is han placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of men injury that is caused by the failure to give proper ca attention to a child.</li> </ul>	tances med or Y tal	
<ul> <li>A child in care is not subjected to mistreatment, including</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	¥	
The provider immediately reports any suspected child all neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services	Y	
Emergency Ready-to-Go Pack		
he Emergency Ready-to-Go Pack must be available and easily acc eeded medications) and Emergency Documents.	cessible in the event of an eme	ergency. This contains a Disaster Supply Kit (including
Visaster Supply Kit		
irections: Review and determine that each item is adequately inclu- nough supplies for each child in care. Also the items are clean, org	uded in the Disaster Supply Ki anized, and usable. Comment	. Be certain that the Disaster Supply Kit contains and note below if needed.
Sector Se		Selder or binder for EPP documents
	erishable food	Backpack(s) or carrying case(s)
⊠Portable First Aid Kit ⊠Diape	rs N/A	Consider special toys or games
	ge of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
ISDE OCC Informal Care Inspection Checklist	Page 2 of 3	Revised 10/2021

CONTRACTOR NO.

Medications N/A

Blanket(s)

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

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

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

Item Specification (if needed):

Bubbles, coloring books, 6 AAA batteries, band aids, alcohol wipes gauze, 2 Chef Boyardee, 2 16oz water bottles, graham crackers. Cookies, 2 pants, 2 shirts, 2 socks, 2 pairs of water shoes, toothbrush & tooth paste.

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

**Emergency Documents** 

SInformal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:
First Name Ethel	Last Name Harper

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

#### Shelter In Place Procedure:

The provider will gather children, emergency to go bag and head where they will shelter. windows and 2 doors, one which leads outside if they need to evacuate. Provider will call parent before, during and after shelter in place.

#### Evacuation Procedures:

The provider will gather the children do a roll call, get the emergency to go bag, and walk to before during and after getting to the primary evacuation location. Once there they will gain entry with a spare key and will shelter in the family sitting room that has 2 doors and 4 windows. The alternate evacuation location is

Provider will call parent

but if driving, the provider will secure the children in their car seats before heading there. Once there the provider will take the children to Provider will call parent before, during and after the shelter.

#### Signatures & Date

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

	PROVIDER		INSPECTOR
Printed Name: Ethe	el IFANPER	Printed Name:	
Signature:		Signature:	15
Date: 6/16/22	Phone:	Date: 06/16/2022	Phone: 1-877-227-0125

⊠Virtual Inspection ⊡In-person Inspection	Maryland Sta	te Department of Ec Child Care Scholar INFORMAL INSPECTION C	care	Child Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 10/23/2023		Time In: 2:30PM	Time Out: 3:58P	M Result	: PASSED
Informal Care	and the second				
Type of Care (check one):	Non-relati	ve Informal Provider (	Care Relative	Informal Pro	vider Care
Provider Information	Acted				
First Name: Michelle Provider ID #:				ton Provider ID: <u>527106</u> Email:	
Care Location Inspected	A DAY DE LA CARA	Las Charles and	College March 19	West Hartson	
Street Address: Address Verified? Yes.	Ci	ty: Co	unty:	State	Zip Code:
Name of Children in Care (a	add pages if need	ed) Scholarship	Date of Birth	Age	/ Present (Y/N)
			(09/22/2022)	1yr. / Y	
Cofety of the Morres	The second s	Contraction of the second states of the		and the second second	
Safety of the Home					
Directions: Review and determ pages may be used for comme		ith each standard. Not	e any comments or c Y - Yes, N - No,	D - Discusse	ns needed. Additional d, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments Corrective	Notes Action /Timeframe if needed
Basic Health and Safety Train	ning Completed?		Y		nformal Care - Certificate Submitted
Home is free of health and	safety hazards:		Standard Met Y/N	Comments Corrective	Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>			Y		All areas were clean
<ul> <li>Is free of insect or ro</li> </ul>	dent infestation		Y		No evidence of infestation
Is well-lit and well-ve	entilated		Y		s were turned on and natural window lighting
Has hot and cold run			Y		provider and observed the ice melt in the clear glass
Has a working inside			Y	Flu	shed by provider and observed
<ul> <li>Has utilities for cook</li> </ul>	ing, lighting and	heating	Y		
<ul> <li>Has a working and s</li> </ul>			Y		estat tested by provider for cooling & heating
<ul> <li>Has a working refrig</li> </ul>	erator and stove		Y		sted by provider and observed
Has a working telepi			Y		call made by informal team to provider's phone
Has operational smo			Y	· · · · · · · · · · · · · · · · · · ·	sted by provider and observed
Has first aid kit/supp			Y	Alc	cohol, Peroxide, and Band-Aids
Has protective cover accessible to childre	ก้		Y	All c	outlets were covered or occupied
Harmful items are stored ap children:	propriately and	away from	Standard Met Y/N	Corrective /	Notes Action /Timeframe if needed
<ul> <li>Sharp or pointed iter</li> </ul>			Y		fe blocks on the back of counter
Medications of any k			Y	Stored in high cabinet of kitchen	
Matches, lighters an		ducts	Y		Does not own
Alcoholic beverages			Y		Does not own
Guns			Y	Oleaster	Does not own
Cleaning agents     Poisonous substance	22		Y Y	Cleaning p	closet Does not own
	03				LOGA HOLOWIT

	Corrective Action /Timeframe if needed
Y	Changing area in living room
Y	Trash thrown away daily via trash cans
Y	
Y	Diapering supplies in changing bag
Y	
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	
Y	
Y	
Y	
10. 10. 10 Mar	
in the event of an em	ergency. This contains a Disaster Supply Kit (includin
	Y Y Y Y Standard Met Y/N Y

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	Solder 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 (N/A)	⊠Blanket(s)	

Items in the Disaster Supply Kit	are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack	is available and easily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency F	Ready to go Pack: Stored by exit door
Item Specification (if needed)	
	e), 1 flashlight, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no specific meds, 2 bottled waters, 1
	ood, 4 diapers, 1 pk of wipes, 1 outfit (top/bottom), 1 med blanket, 1 book/1 toy, 1 roll duct tape, 2 trasl
	and folder w/ EPP and ECMA docs per child
: Items to be reviewed on	KX/XX/XXXXXIN/A
Emergency Documents	
SInformal Provider Eme	rgency Preparedness Plan (this completed form)
Authorization for emerged	jency medical care
Planning and Maintenance	
Person responsible for updating	the Disaster Supply Kit and the Emergency Documents regularly:
First Name	Last Name
Michelle	Harrington
Description of how the Emerger	ncy Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.
Shelter in Place Procedure:	
	e child and grab the ERTG and go into the lower storage area (1 door 0 windows). The provider will use eal the door and vent if needed. Once secured the provider will call and text the parent with emergency
Evacuation Procedures	
Primary: The provider will acco	unt for the child, grab the ERTG and will head to the provider's vehicle. The provider will secure the child
in her rear-facing car seat. The	provider will see the second

about where to shelter specifically. Once secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and will head to the provider's vehicle. The provider will secure the child in her rear-facing car seat. The provider will the provid

Care Hours:

### Signatures & Date

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

PROVIDER		INSPECTOR
Mis Delle MARRINGTON	Printed Name:	
	Signature:	
Date: ()2/)3/939 Pho	Date: 10/23/2023	Phone: 1-877-227-0125
1		

⊠Virtual Inspection ⊡In-person Inspection		Department of Ed Care Care Scholarsh INFORMAL C SPECTION CHI	nip Program ARE	f Child	Retur ccs in	m to: nformalproviders@maryland.go\
Inspection Date: 8/30/2024	Time	e In: 10.30am	Time Out 11:13	Barn R	esult Pa	ssed
Informal Care						
Type of Care (check one).	Non-relative Inf	ormal Provider C	are ØRelative	e Informa	Provide	r Care
Provider Information						
First Name: Ronisa Provider ID #	Last	Name: Harrison			rovider IC mail:	523330
Care Location Inspected				-		
Street Address: Address Verified?: Yes	City:	<u>C</u>	county	-	State	Zip Code:
Name of Children in Care (a	dd nages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
tune of officient in oale (a	as belles if headed)		4/30/2020	4yrs/		
			6/28/2017	7yrs/1		
			012012011	1.9.0		
Safety of the Home						
Directions: Review an	nd determine complianc	e with each stand	ard. Note any comr	nents or c	orrective	actions needed.
Additional pages may	be used for comments.		Y - Yes, N - No,	D - Disc	ussed, n	/a – Not Applicable
Health and Safety Training:			Standard Met Y/N		ents/Not ctive Acti	tes ion /Timeframe if needed
Basic Health and Sa	fety Training Complete	ed?	Y			
Home is free of health and	safety hazards:		Standard Met Y/N		ents/Not tive Acti	tes Ion /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>			Y	-	-	
<ul> <li>Is free of insect or ro</li> </ul>			Y	-		
<ul> <li>Is well-lit and well-vell-vell-vell-vell-vell-vell-vell-</li></ul>	entilated		Y	-		
<ul> <li>Has hot and cold run</li> </ul>	ning water		Y	-		
<ul> <li>Has a working inside</li> </ul>		Market States	Y	-		
	ing, lighting and heatin	g	Y	-		
<ul> <li>Has a working and s</li> </ul>		1	Y	-		
<ul> <li>Has a working refrige</li> </ul>			Y	-		
<ul> <li>Has a working teleph</li> </ul>			Y	-		
<ul> <li>Has operational smo</li> </ul>			Y	-		
<ul> <li>Has first aid kit/supp</li> </ul>			Y			
accessible to children			Y			
larmful items are stored ap children:		/ from	Standard Met Y/N		nts/Note ive Actio	s on /Timeframe if needed
<ul> <li>Sharp or pointed iten</li> </ul>			Y			
<ul> <li>Medications of any kit</li> </ul>			Y			
Matches, lighters and	flammable products		Y			
Alcoholic beverages			Y			
Guns			Y		_	
Cleaning agents			Y			
<ul> <li>Poisonous substance</li> </ul>	S		Y			
ENERAL CLEANLINESS ST	TANDARDS		Standard Met Y/N		nts/Note ive Actio	s on /Timeframe if needed
	clean, including diape	and the owned when the	Y			

neframe if needed
ains a Disaster Supply Kit
ne Disaster Supply Kit
note below if needed
inder for EPP documents
s) or carrying case(s)
pecial toys or games

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

Medications- N/A

⊠Thermometer

Blanket(s)

Change of clothes

Bags

Items in the Disaster Supply Kit are clean, organized, and	d usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily acc		Y/N)? Y
Location of Emergency Ready to go Pack: Basemen Item Specification (if needed): • To be observed for compliance on :	<u>t room</u>	
Emergency Documents		
⊠Informal Provider Emergency Preparedness Pl ⊠Authorization for emergency medical care	an (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit		larly
First Name Ronisa Last N	Name Harrison	
Shelter In Place Procedures: The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri	ildren, take them to the ing and after sheltering.	#1 of door, no window(s) and
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a	o bag, they will be traveling and gaining ac of window(s)). The provider will cont bag, they will be traveling and gaining access by	children secured by The ccess o shelter in act parent before, during and after children secured by The #2 of
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a #1 of doors, #1 sheltenng The Provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will travel to the evacuation <u>doors, #3 of window(s)</u> . The provider will contact pare <u>CARE HOURS</u> : <u>- Monday-Friday 5:30am-6pm</u> Signatures & Date	ing and after sheltering. b bag, they will be traveling and gaining ac of window(s)). The provider will cont b bag, they will be traveling and gaining access by ent before, during and after sheltering	children secured by The ccess o shelter in act parent before, during and after children secured by The #2 o
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a <u>#1 of doors, #1</u> sheltenng The Provider will gather the children and the ready to go provider will gather the children and the ready to go provider will <u>travel to the evacuation</u> <u>doors, #3 of window(s)</u> . The provider will contact pare <u>CARE HOURS:</u> <u>- Monday-Friday 5:30am-6pm</u> Signatures & Date Acknowledgement: By signing below the parties acknowledge that, if appr	ing and after sheltering. b bag, they will be traveling and gaining ac of window(s)). The provider will cont b bag, they will be traveling and gaining access by ent before, during and after sheltering due that all standards have been reviewed	children secured by The ccess o shelter in act parent before, during and after children secured by The #2 of ed, and any corrections if needed have
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a <u>#1 of doors, #1</u> sheltenng The Provider will gather the children and the ready to go provider will gather the children and the ready to go provider will <u>travel to the evacuation</u> <u>doors, #3 of window(s)</u> ). The provider will contact pare <u>CARE HOURS:</u> - Monday-Friday 5:30am-6pm Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appr pop up visit which will be conducted virtually or in-person. PROVIDER	ing and after sheltering. b bag, they will be traveling and gaining ac of window(s)). The provider will cont b bag, they will be traveling and gaining access by and before, during and after sheltering age that all standards have been reviewed oved, the home in which care is provide	children secured by The ccess o shelter in act parent before, during and after children secured by The #2 of ed, and any corrections if needed have
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a #1 of doors, #1 sheltenng The Provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will travel to the evacuation doors, #3 of window(s)). The provider will contact pare <u>CARE HOURS:</u> - Monday-Friday 5:30am-6pm Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appr pop up visit which will be conducted virtually or in-person. PROVIDER	ing and after sheltering. b bag, they will be traveling and gaining ac of window(s)). The provider will cont b bag, they will be traveling and gaining access by and before, during and after sheltering age that all standards have been reviewed oved, the home in which care is provide	children secured by       The         ccess       o shelter in         act parent before, during and after         children secured by       The         #2 of         ed, and any corrections if needed have         d is subject to random, unannounced
The Provider will gather the ready to go bag and the chi one vent). The provider will <u>contact</u> parent before, duri <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go provider will travel to the evacuation location of a #1 of doors, #1 sheltenng The Provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will gather the children and the ready to go provider will travel to the evacuation doors, #3 of window(s)). The provider will contact pare <u>CARE HOURS:</u> - Monday-Friday 5:30am-6pm Signatures & Date Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appr pop up visit which will be conducted virtually or in-person.	ing and after sheltering. b bag, they will be traveling and gaining ac of window(s)). The provider will cont b bag, they will be traveling and gaining access by and before, during and after sheltering age that all standards have been reviewed oved, the home in which care is provide	children secured by       The         ccess       o shelter in         act parent before, during and after       The         children secured by       The         #2 of       #2 of         ed, and any corrections if needed have       d is subject to random, unannounced

⊠Virtual Inspection □In-person Inspection	Maryland Sta	INFORM	Education/Office larship Program AL CARE CHECKLIST	of Child Care	Return to: ccs.informalproviders@marylan ov	
Inspection Date: 08/01/202	3	Time In: 9:30AM	Time Out: 10	:41AM Result	t PASSED	
Informal Care						
Type of Care (check one):	□ Non-relativ	ve Informal Provide	r Care 🛛 🖾 Rela	tive Informal Pro	vider Care	
Provider Information						
First Name: Ronisa		Last Name: Harris	son	Provid Email:	er ID: <u>523330</u>	
Care Location Inspected						
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:		
Name of Children in Care	(add pages if neede	d) Scholarshi	Date of Birt	h Age	/ Present (Y/N)	
tane of onidicit in our	(add pageo in noodo		(06/28/2017			
			1	, , , ,		
Safety of the Home				A all all		
Directions: Review and deter bages may be used for comm	mine compliance wi ents.	th each standard. No	te any comments o Y - Yes, N - No	or corrective action b, D - Discussed	is needed. Additional , n/a – Not Applicable	
lealth and Safety Training		1999	Standard Me Y/N		Notes Action /Timeframe if needed	
Basic Health and Safety Tra	ining Completed?		Y	Relative Int	Relative Informal Care – Certificate Submitte	
lome is free of health and	safety hazards:		Standard Me Y/N		Notes Action /Timeframe if needed	
Is in good repair			Y		All areas were clean	
<ul> <li>Is free of insect or r</li> </ul>	odent infestation		Y		No evidence of infestation	
Is well-lit and well-v	rentilated		Y		were turned on and natural window lighting	
Has hot and cold rule	inning water		Y	Tested by	y provider and steam observed on camera	
<ul> <li>Has a working insid</li> </ul>	e toilet		Y	Flush	ned by provider and observed	
Has utilities for cool	king, lighting and h	eating	Y			
Has a working and	safe heating syster	n	Y	Thermostat tested by provider for cooling & heating		
<ul> <li>Has a working refrig</li> </ul>	erator and stove	-	Y	Test	ed by provider and observed	
<ul> <li>Has a working telep</li> </ul>	hone		Y	Outboun	d call made to provider's phone	
<ul> <li>Has operational smoother</li> </ul>	oke detector(s)		Y	Teste	ed by provider and observed	
Has first aid kit/supp			Y	Stored on ki	itchen cabinet (Band-Aids, Alcohol, Gauze, First Aid Kit)	
<ul> <li>Has protective cove accessible to childre</li> </ul>		cal outlet that is	Y	All o	putlets covered or occupied	
armful items are stored ap nildren:	opropriately and a	way from	Standard Met Y/N	Comments/No Corrective Act	tes ion /Timeframe if needed	
<ul> <li>Sharp or pointed iter</li> </ul>		1.000000000	Y	Knife h	older on the back of cabinet	
<ul> <li>Medications of any k</li> </ul>	14 MIL	11 August	Y	Stored in hig	gh cabinet in provider's bathroom	
<ul> <li>Matches, lighters and</li> </ul>	d flammable produ	cts	Y		Does not own	
Alcoholic beverages			Y		Does not own	
Guns			Y		Does not own	
Cleaning agents			Y	1	Moved to higher shelf	
<ul> <li>Poisonous substance</li> </ul>	25	Sector Contractor	Y	N	Moved to higher shelf	
ENERAL CLEANLINESS S	TANDARDS		Standard Met Y/N	Comments/Not Corrective Acti	es on /Timeframe if needed	

and the second second second

All areas of the home are kept clean, including diaperir	ng area Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are dispose sanitary manner.	ed of in a Y	Trash taken out daily
Child is changed immediately when s/he has a soiled o diaper, clothing or bedding.	or wet Y	
Diapering procedures are followed	Y	No diaper age children in care
<ul> <li>Handwashing procedures are followed. Provider and d washed thoroughly with soap and warm running water</li> <li>Toileting,</li> <li>Diapening;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the disease.</li> </ul>	after Y spread of	
CHILD ABUSE, NEGLECT AND MISTREATMENT S	TANDARDS Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, includin</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	rg: Y	
<ul> <li>A child in care is not subjected to any form of neglincluding:</li> <li>The failure to give proper care and attention t including leaving a child unattended under cir that indicate that the child's health or welfare placed at substantial nsk of harm;</li> <li>Mental injury to a child, or a substantial risk o injury that is caused by the failure to give projected in the child.</li> </ul>	o a child cumstances is harmed or Y f mental	
<ul> <li>A child in care is not subjected to mistreatment, inc.</li> <li>Any deliberate act that hurts a child physically emotionally, including.</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful ite child's mouth</li> <li>Requiring a child to stand on one foot as pun</li> <li>Tying child to a cot or other equipment</li> </ul>	y or Y ems in a ishment	
The provider immediately reports any suspected cl neglect or mistreatment by calling 911 and your log Department of Social Services Child Protective Ser	cal Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and ea needed medications) and Emergency Documents.	sily accessible in the event of an e	emergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are cle	ely included in the Disaster Supply an, organized, and usable. Comm	Kit. Be certain that the Disaster Supply Kit contains ent and note below if needed.
	Bottled water	Section of binder for EPP documents
	Non-perishable food	⊠Backpack(s) or carrying case(s)
	Diapers	Consider special toys or games
		⊠Heavy Duty Scissors, duct tape/
	and the second sec	

Thermometer

⊠Medications

⊠Change of clothes

packing tape & sealing plastic/trash bags

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

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

Blanket(s)

Location of The Emergency Ready Item Specification (if needed):		nstairs playroom	
<ul> <li>1 duffle bag (carrying case), 1 f</li> </ul>	lashlight, 1 pk of AAA bat	teries, 1 first aid kit, 1 therm	ometer, no spec meds, 6pk bottled water, 3
canned good, 1 jar of peanut b	utter, crackers and chips,	1 outfit (top/bottom/socks/ur	nderwear), 1 blanket, 1 pair of scissors,
heavy duty trash bags/roll of tr		be, 1 toy, and folder with EPI	P and ECMA docs
<ul> <li>Items to be reviewed on xx/xx/;</li> </ul>	xxxx: N/A		
1		- Andrew Street - Str	
Emergency Documents			
⊠Informal Provider Emergency	Preparedness Plan (this o	completed form)	
⊠Authorization for emergency	medical care		
Planning and Maintenance			
Person responsible for updating the D	isaster Supply Kit and the	Emergency Documents regu	larly:
First Name Breanna	Last Name Liggins		
Description of how the Emergency Re	ady-to-Go Pack will be tra	nsported to an evacuation loo	cation: carried by the provider.
Shelter In Place Procedure:			
plastic and tape to seal the door and updates.	vent if the need should aris	e. The provider will call, text	indows). The provider will use the sealing or face time the parent with emergency
Evacuation Procedures			
in his booster seat and	U	pon arrival the provider	The provider will ensure the child is secured and go into the are secured
1 door 0 windows). The pr	Ovider will can of text the p	arent once she and the child	
Alternate: If they could not access the	ne primary location, the pro	vider will account for the child	and grab the ERTG. The provider will rovider and child will go to the <b>second second second</b> or text the parent before and once she and
Alternate: If they could not access the ensure the child is secured in his boo or receive instruct the child are secured.	ne primary location, the pro	vider will account for the child	and grab the ERTG. The provider will rovider and child will go to the
Alternate: If they could not access the ensure the child is secured in his bool or receive instruct the child are secured. Care Hours:	ne primary location, the proster seat and tion from staff of where to s	vider will account for the child Upon arrival the p shelter. The provider will call o	d and grab the ERTG. The provider will rovider and child will go to the <b>second second s</b>
Alternate: If they could not access the ensure the child is secured in his boo or receive instruct the child are secured. Care Hours: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknowledgement acknowledgement and the parties also acknowledgement.	he primary location, the pro ster seat and tion from staff of where to s he parties acknowledge tha nowledge that, if approved,	vider will account for the child Upon arrival the p shelter. The provider will call o the content of the provider will call of the provider will be prov	and grab the ERTG. The provider will rovider and child will go to the
Alternate: If they could not access the ensure the child is secured in his boo or receive instruc- the child are secured. Care Hours: Signatures & Date Acknowledgement: By signing below to been discussed. The parties also acknowledgement: Acknowledgement and the parties also acknowledgement.	he primary location, the pro ster seat and tion from staff of where to s he parties acknowledge tha nowledge that, if approved, irtually or in-person.	vider will account for the child Upon arrival the p shelter. The provider will call o the content of the provider will call of the provider will be prov	and grab the ERTG. The provider will rovider and child will go to the or text the parent before and once she and iewed, and any corrections if needed have
Alternate: If they could not access the ensure the child is secured in his bool or receive instruct the child are secured. Care Hours: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknop up visit which will be conducted view PROVIDE Printed Name	he primary location, the pro ster seat and tion from staff of where to s he parties acknowledge tha nowledge that, if approved, irtually or in-person.	vider will account for the child Upon arrival the p shelter. The provider will call o the content of the provider will call of the provider will be prov	and grab the ERTG. The provider will rovider and child will go to the <b>Second Second</b> for text the parent before and once she and rewed, and any corrections if needed have wided is subject to random, unannounced
Alternate: If they could not access the ensure the child is secured in his bool or receive instruction the child are secured. Care Hours: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also ackripop up visit which will be conducted view PROVIDE Printed Name	he primary location, the pro ster seat and tion from staff of where to s he parties acknowledge tha nowledge that, if approved, irtually or in-person.	vider will account for the child Upon arrival the p shelter. The provider will call of the liter standards have been rev the home in which care is pro	and grab the ERTG. The provider will rovider and child will go to the <b>Second Second</b> for text the parent before and once she and rewed, and any corrections if needed have wided is subject to random, unannounced

⊠Virtual Inspection □In-person Inspection	Din-person Child Care Scholarship Program ccs.informalproviders@maryland.ge					providers@maryland.gov
Inspection Date: 11/18/2024	pection Date: 11/18/2024 Time In: 9:30 AM			AM Re	esult: Passed	
Informal Care				a start	Service Service	
Type of Care (check one):	Non-relative Info	ormal Provider C	are Relative	Informal	Provider Care	
Provider Information						
				Provider ID: 503195		
Provider ID #:	First Name: Katherine Last Name: Hartman Provider ID #:				Email:	
Care Location Inspected						
Street Address Address Verified?: Yes		<u>City</u> :	County:		State:	Zip Code:
Name of Children in Care (	add pages if needed)	Scholarship	Date of Birth	Age	/ Pre	sent (Y/N)
			4/27/2021	3 years	s old/ N	
			10/24/2019		s old/ N	
				1.7		the second s
Safety of the Home				1. Same		
	nd determine compliance be used for comments.	e with each stand	ard. Note any comm Y – Yes, N – No,	nents or co D – Discu	orrective actions Issed, n/a – No	needed. ht <b>Applicable</b>
Health and Safety Training			Standard Met Y/N		ents/Notes tive Action /Tin	neframe if needed
Basic Health and Sa	afety Training Complete	ed?	Y			
Home is free of health and	safety hazards:		Standard Met Y/N	A CONTRACTOR OF A CONTRACTOR OF	ents/Notes tive Action /Tin	neframe if needed
<ul> <li>Is in good repair</li> </ul>			Y			
Is free of insect or re	Is free of insect or rodent infestation					±0
<ul> <li>Is well-lit and well-v</li> </ul>	entilated		Y			
<ul> <li>Has hot and cold ru</li> </ul>	nning water		Y			
<ul> <li>Has a working insid</li> </ul>	e toilet		Y	-		
Has utilities for cool	king, lighting and heatin	g	Y			
Has a working and safe heating system			Y			
<ul> <li>Has a working refrig</li> </ul>	gerator and stove		Y			
<ul> <li>Has a working telep</li> </ul>	phone		Y			
<ul> <li>Has operational sm</li> </ul>		New York Control of the	Y			
<ul> <li>Has first aid kit/supp</li> </ul>	the second s		Y			
Has protective cove accessible to childre	erings on any electrical en	outlet that is	Y			
Harmful items are stored appropriately and away from children:		Standard Met Y/N		nts/Notes ive Action /Tim	eframe if needed	
Sharp or pointed ite	ems		Y			
Medications of any kind			Y			
Matches, lighters and flammable products		Y				
Alcoholic beverages			Y			
Guns		Y				
Cleaning agents	Cleaning agents					
Poisonous substant	ces		Y			
GENERAL CLEANLINESS	STANDARDS		Standard Met Y/N		nts/Notes ive Action /Tim	eframe if needed
All 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	
Child is changed immediately when s/he has a soiled or wet liaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
<ul> <li>Handwashing procedures are followed. Provider and child's hands vashed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including: <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

The Emergency Ready-to-Go Pack (including needed medications) and		of an emergency. This contains a Disaster Supply Kit
ster Supply Kit		
Directions: Review and determine t contains enough supplies for each o	hat each item is adequately included in the Disaster child in care. Also that the items are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit I, and usable. Comment and note below if needed.
⊠Flashlight	Bottled water	Solder or binder for EPP documents
⊠Batteries	⊠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	<ul> <li>Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</li> </ul>
□Medications- N/A	$\boxtimes$ Blanket(s)	

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes					
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes					
Location of Emergency Ready to go Pack: Behind the cha Item Specification (if needed): • To be observed for compliance on _: •	<u>air in the living room</u>				
Emergency Documents					
☑ Informal Provider Emergency Preparedness Plan (t ☑ Authorization for emergency medical care	this completed form)				
Planning and Maintenance					
Person responsible for updating the Disaster Supply Kit and	the Emergency Documents regu	ularly:			
Katherine         Hartman           Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:					
Shelter In Place Procedures:					
The Provider will gather the ready to go bag and the children provider will <u>text the parent before, during and after shel</u>		<b>1 doors, 0 window(s))</b> . The			
Evacuation Procedures:					
The Provider will gather the children and the ready to go bag, securing					
will text the parent before, during and after sheltering.					
Control of the provider will gather the children and the ready to go bag, securing the gather will gather the children and gain access by to shelter in the gather in the gather before, during and after sheltering.       The provider will doors, 0 window(s)). The provider will gather the parent before, during and after sheltering.         CARE HOURS:       -       M-F 2:00PM-10:00PM					
Signatures & Date					
Acknowledgement: By signing below the parties acknowledge to been discussed. The parties also acknowledge that, if approved pop up visit which will be conducted virtually or in-person.	hat all standards have been review d, the home in which care is provide	red, and any corrections if needed have ed is subject to random, unannounced			
PROVIDER		INSPECTOR			
Printed Name: Katherine Hartma	Printed Name				
Printed Name: Katherine Hartmo	Printed Name Signature				

⊠Virtual Inspection □In-person Inspection	Ch	epartment of Ec ild Care Scholar INFORMAL NSPECTION C	CARE	Child Care	Return to: ccs.informalproviders@maryland.g ov	
Inspection Date: 12/14/2022		e In: 10:30AM	Time Out: 11:30	AM Result	: Failed. Needs Follow Up.	
Follow Up Scheduled: 12/16/2		e in: 10:00AM	Time Out: 10:14		: PASSED	
Informal Care						
Type of Care (check one):	□ Non-relative In			e Informal Pro		
Provider Information	o - ara jula at dea contrara a con-			····		
First Name: Katherine	Las	t Name: Hartma	n	Provid	ler ID:	
Provider ID #:				Email:		
Care Location Inspected	······		V AN I AN AN AND AN AN AN			
Street Address: Address Verified? Yes		City:	County:	State	Zip Code:	
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			10/24/2019	3 / No		
			04/27/2021	1 / No		
Safety of the Home Directions: Review and determine	ine compliance with e		any comments or c	corrective actio		
pages may be used for commer Health and Safety Training:	115.		Y – Yes, N – No, Standard Met Y/N	Comments		
·····	A CARLES AND AND AND A CARLES AND		Y/N Y	Corrective Action /Timeframe if needed Certificate submitted		
	Basic Health and Safety Training Completed?		Standard Met	Comments/Notes		
Home is free of health and safety hazards:		Y/N	Corrective Action /Timeframe if needed			
<ul> <li>Is in good repair</li> </ul>			Y			
Is free of insect or rodent infestation			Y	No sign of infestation		
Is well-lit and well-ventilated			Y			
Has hot and cold running water			Y	Steam Observed		
Has a working inside toilet			Y	Flush Obse	erved	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>			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 o	cell called	
Has operational smoke detector(s)			Y			
Has first aid kit/supplies		Y	Band aids,	gauze, glove, tape, alcohol wipes,		
Has protective coverings on any electrical outlet that is accessible to children		Y	Covered or			
Harmful items are stored ap children:		ly from	Standard Met Y/N		Action /Timeframe if needed	
Sharp or pointed items		Y	Back of counter			
Medications of any kind		Y	Upper cabinet			
Matches, lighters and flammable products		Y				
Alcoholic beverages		Y	Locked in cabinet			
Guns			Y	None		
Cleaning agents			Y	Locked in lower cabinet of kitchen and bathroom		
Poisonous substances			Y	Other than medications and cleaning solutions		

MSDE OCC Informal Care Inspection Checklist

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Revised 10/2021

GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diaper	ring area.	Y		
Trash, garbage and wet and soiled diapers are disposed sanitary manner.	sed of in a	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		Y		
Diapering procedures are followed.		Y		
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>		Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT S	TANDARDS	Standard Met	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, includi <ul> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	ing:	Y		
<ul> <li>A child in care is not subjected to any form of neglincluding:</li> <li>The failure to give proper care and attention including leaving a child unattended under cithat indicate that the child's health or welfare placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of injury that is caused by the failure to give proaattention to a child.</li> </ul>	to a child ircumstances is harmed or of mental	Ŷ		
<ul> <li>A child in care is not subjected to mistreatment, in</li> <li>Any deliberate act that hurts a child physicall emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful its child's mouth</li> <li>Requiring a child to stand on one foot as pun</li> <li>Tying child to a cot or other equipment</li> </ul>	ly or ems in a	Y		
The provider immediately reports any suspected cl neglect or mistreatment by calling 911 and your log Department of Social Services Child Protective	cal	Y		
Emergency Ready-to-Go Pack				
The Emergency Ready-to-Go Pack must be available and ea needed medications) and Emergency Documents.	asily accessible in	the event of an em	ergency. This contains a Disaster Supply Kit (including	
Disaster Supply Kit				
Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are cle	ely included in the an, organized, an	Disaster Supply Ki d usable. Commen	t. Be certain that the Disaster Supply Kit contains t and note below if needed.	
	Bottled water		Solder or binder for EPP documents	
⊠Batteries for Flashlight			Backpack(s) or carrying case(s)	
			⊠Consider special toys or games	
⊠Thermometer ⊠	SChange of cloth	nes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags	
⊠Medications ⊠	⊠Medications ⊠Blanket(s)			

MSDE OCC Informal Care Inspection Checklist

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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: In the play room on a hook .

#### Item Specification (if needed):

Eczema cream, Band aids, Gauze, Tape, Neosporin, alcohol wipes, gloves, Tylenol, wipes, 4 AAA batteries, 2 jeans, 2 tops, training pants and underwear,

2 blanket, non-refrigerated chocolate milk carton, Chef Boyardee spaghetti & meatballs, green beans, fruit bars, 2 16oz bottles of water

#### Items to review on 12/16/2022 if needed: Observed 12/16/2022

Emergency Preparedness Plan and Emergency Care and Medication Authorization for both children in the emergency to-go bag.

#### **Emergency Documents**

Sinformal Provider Emergency Preparedness Plan (this completed form)

Muthorization for emergency medical care

#### **Planning and Maintenance**

Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:
First Name Katherine	Last Name Hartman

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 ERTB and put them in the bathroom first, then grab the children and her cell phone and shelter in the bathroom behind locked door. There is one door and no windows in the bathroom. 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 in the shelter.

#### Evacuation Procedures:

The provider will grab the children and fasten them into their double stroller. The provider will grab the emergency bag and cell phone and walk across the field over to the state of the state of the location, they will shelter in the bathroom that one door and no windows. The provider will call the parents while they are walking across the secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location, which is

The provider will grab the children and fasten them into the stroller and then grab the emergency bag and cell phone and walk over to the provider will shelter in the bathroom that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents and then after they are secure

#### 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: Katherir	ne Hartman	Printed Name:
Signature:		Signature:
Date: 12/19/2022	Phone:	Date: 12/16/2022 Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection				rship Program ccs.informa	
Inspection Date: 07/12/2023	3 Tim	e In: 2:30PM	Time Out: 3:42	PM Result	: PASSED
Informal Care					
Type of Care (check one):	Non-relative In	formal Provider C	are ⊠Relativ	e Informal Prov	vider Care
Provider Information					
First Name: Taundra Last Name: Hayes-T			furner	Provide Email:	er ID: <u>482490</u>
Care Location Inspected					
Street Address: Address Verified? <b>Yes.</b>	City:	Cour	ity:	State	Zip Code:
Name of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
interest of officient in odie	(and bodges it tipeded)	constantship	(12/29/2014)	8yr./N	
			(12)23/2014)	0,1.714	
Safety of the Home					
Directions: Review and deter pages may be used for comm	mine compliance with ea ents.	ach standard. Note	any comments or Y - Yes, N - No,	corrective action D – Discussed	is needed. Additional 8, n/a – Not Applicable
Health and Safety Training	]:	Securit Contents	Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed
Basic Health and Safety Tra	ining Completed?		Y	Relative Informal Care – Certificate Submit	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair			Y		All areas were clean
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	No evidence of infestation		
Is well-lit and well-ventilated		Y	All lights were turned on and natural window lighting		
Has hot and cold running water		Y	Tested by provider and steam observed on camera		
<ul> <li>Has a working inside</li> </ul>	de toilet		Y	Flushed by provider and observed	
<ul> <li>Has utilities for cod</li> </ul>	king, lighting and heati	ng	Y		
Has a working and safe heating system		Υ	Thermostat tested by provider for cooling & heating		
<ul> <li>Has a working refri</li> </ul>	gerator and stove		Y		ted by provider and observed
Has a working telephone		Y		Il made by informal team to provider's phone	
<ul> <li>Has operational sn</li> </ul>	noke detector(s)		Y	Tested by provider and observed	
<ul> <li>Has first aid kit/sup</li> </ul>			Y	First aid kit stored in cabinet of master ba	
accessible to child			Y All outlets covered or occupie		
Harmful items are stored a children:		y from	Standard Met Y/N Corrective Action /Timeframe if need		tion /Timeframe if needed
<ul> <li>Sharp or pointed ite</li> </ul>	ems		Y		
<ul> <li>Medications of any</li> </ul>			Y	Stored in high cabinet of kitchen	
	nd flammable products		Y	Stored in	high level kitchen cabinet in bag
<ul> <li>Alcoholic beverage</li> </ul>	S		Y		Does not own
Guns			Y	01	Does not own
Cleaning agents			Y		ducts stored on high shelf in hallway n locked kitchen/bathroom cabinets
<ul> <li>Poisonous substan</li> </ul>	ces		Y		Does not own
GENERAL CLEANLINESS STANDARDS			Standard Met	Comments/No	

	Y/N	Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Y	Trash is emptied daily
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	1
hapering procedures are followed.	Y	No diaper age children in care
<ul> <li>landwashing procedures are followed. Provider and child's hands vashed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Ŷ	
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible needed medications) and Emergency Documents.	in the event of an en	nergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
virections: Review and determine that each item is adequately included in the nough supplies for each child in care. Also the items are clean, organized,	the Disaster Supply k and usable. Commen	Kit. Be certain that the Disaster Supply Kit contains nt and note below if needed.
⊠ Flashlight ⊠Bottled water		Solder or binder for EPP document
⊠Batteries for Flashlight ⊠Non-perishab	ble food	Backpack(s) or carrying case(s)
⊠Portable First Aid Kit ⊠Diapers (N/A	)	Consider special toys or games
E Portable First Ald Kit		Heavy Duty Scissors, duct tape/
⊠Thermometer ⊠Change of clo	othes	packing tape & sealing plastic/trash bags
	othes	packing tape & sealing plastic/trash

Emergency Ready-to-Go Pack is available and ea	sily accessible in the ev	rent of an emergency (Y/N)?	Y
Location of The Emergency Ready to go Pack	Stored in hallway clo	set near exit	
Item Specification (if needed):			
<ul> <li><u>1 flashlight, 1 pk of D extra batteries, 1 fire</u> (top/bottom/underwear), blanket, folder w</li> </ul>	st aid kit, eczema ointr	nent, 2 bottled waters. 2 dri	ed food meals, 1 outfit
2 heavy duty trash bags/insulation kit, 1 t	nermometer, and 1 rol	of duct tape	y and makeup set, 1 pair of scissors,
Items to be reviewed on xx/xx/xxxx: N/A		or adde tapo	
Emergency Documents			
Informal Provider Emergency Prepared	ess Plan (this comple	ted form)	
Authorization for emergency medical ca	re		
Planning and Maintenance			
Person responsible for updating the Disaster Su	oply Kit and the Emerg	ency Documents regularly:	
First Name	Last Name		
Taundra	Hayes-Turner		
Description of how the Emergency Ready-to-Go	Pack will be transporte	ed to an evacuation location	carried by the provider.
Shelter In Place Procedure:			
The provider will gather the child and ERTG and windows), roll call for the child and say their cod the doors and vents. The provider will call or tex	e. Once secured in eith	er location, the provider use	or master bathroom (1 door 0 the sealing plastic and tape to secure
Evacuation Procedures			
Primary: The provider will account for the child, provider and child will go into her vehicle. She w	and use their code wo	rd as well as grab the child's ne passenger seat and then	hand and grab the ERTG bag. The ensure the child is secured in her car
seat belt. The provider will drive to arrival the provider has parent or text to give emergency updates.		nd parent along her way to ir	
,			
Alternate: If they could not access the primary	location, the provider v	vill account for the child, grat	the ERTG and call to
inform them that	Provider will ensure	the child is calm and secure	d at all times. The provider along with
the child and ERTG will be secured in the provid	ler's vehicle and they w		The provider will call the parent
along the way. Upon arrival windows). Once secured she will call the parent	or text to give emerge	and they would	shelter in [1 door 0
	or text to give emerger	icy apartes.	
Care Hours:			
Signatures & Date			
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or i	hat, if approved, the ho		
PROVIDER	. Ferrar	II	ISPECTOR
Printed Name: TAVNIDRA HAYES-TURI	VER	Printed Name:	
Signature:		Signature:	
Date: 8 8 2023 Phone		Date: 07/12/2023	Phone: 1-877-227-0125

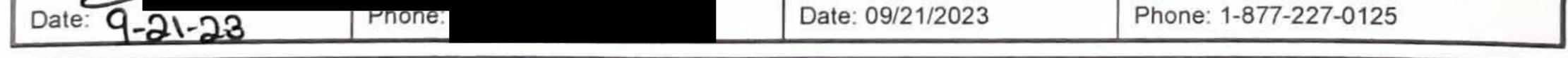
⊠Virtual Inspection □In-person Inspection	Ch	epartment of Ed ild Care Scholar INFORMAL NSPECTION C	CARE		Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 09/21/2023 Time In: 3:30PM			Time Out: 4:15P	M Result	PASSED
Informal Care					Contractor of the second of th
Type of Care (check one):	Non-relative In	formal Provider C	are ⊠Relative	Informal Prov	vider Care
Provider Information					
First Name: LaToya	Las	t Name: Herbert	t	Provide	er ID: 525880
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes.	Cit	<b>y</b> :	County:	Sta	te Zip Code:
Name of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(01/24/2023)	7mos./Y	
0. C		is in the second	Vit elleventel si	1. 21. 20 JAN 1998	
Safety of the Home	in the second seco				
Directions: Review and deter pages may be used for comm		ach standard. Note			ns needed. Additional d, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?		Y	Relative Informal Care – Certificate Submitt		
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
<ul> <li>Is in good repair</li> </ul>		Y	All areas were clean		
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	No evidence of infestation		
<ul> <li>Is well-lit and well-ventilated</li> </ul>		Y	All lights were turned on and natural window lighting		
<ul> <li>Has hot and cold running water</li> </ul>		Y	Tested by provider and observed the ice melt the clear glass		
	<ul> <li>Has a working inside toilet</li> </ul>		Y	Flushed by provider and observed	
<ul> <li>Has utilities for cooking, lighting and heating</li> <li>Has a working and safe heating system</li> </ul>		Y	Thermostat tested by provider for cooling &		
		v	-	eating and utility bill submitted sted by provider and observed	
<ul> <li>Has a working refrigerator and stove</li> <li>Has a working telephone</li> </ul>		Y		all made by informal team to provider' phone	
<ul> <li>Has operational smoke detector(s)</li> </ul>		Y	Tes	sted by provider and observed	
<ul> <li>Has first aid kit/supplies</li> </ul>		Y	Alcohol and Band-Aids stored on high shelf hallway closet		
	<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>		Y	All outlets were covered or occupied	
Harmful items are stored a children:	appropriately and aw	ay from	Standard Met Y/N	Comments/N Corrective A	Notes Action /Timeframe if needed
<ul> <li>Sharp or pointed it</li> </ul>	ems		Y	Stored in	locked kitchen pantry on top shelf
<ul> <li>Medications of any</li> </ul>	kind		Y		in high cabinet in the bathroom
<ul> <li>Matches, lighters a</li> </ul>	nd flammable products	S	Y		ored in locked hallway pantry
<ul> <li>Alcoholic beverage</li> </ul>	S		Y		locked kitchen pantry on top shelf
<ul> <li>Guns</li> </ul>			Y		Does not own
<ul> <li>Cleaning agents</li> </ul>			Y	Stored in ba	athroom and kitchen cabinet with lock
<ul> <li>Poisonous substar</li> </ul>	ces		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 diaperin	Y	Child is changed in changing station in providers bedroom	
Trash, garbage and wet and soiled diapers are dispose sanitary manner.	Y	Trash thrown away daily via diaper genie	
Child is changed immediately when s/he has a soiled of diaper, clothing or bedding.	or wet	Y	
Diapering procedures are followed.		Y	Changing station had all necessary supplies
<ul> <li>Handwashing procedures are followed. Provider and of washed thoroughly with soap and warm running water</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the disease.</li> </ul>	after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT ST	TANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, includin</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y		
<ul> <li>A child in care is not subjected to any form of negle including:</li> <li>The failure to give proper care and attention to including leaving a child unattended under circle that indicate that the child's health or welfare is placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of injury that is caused by the failure to give propattention to a child.</li> </ul>	o a child cumstances is harmed or f mental		
<ul> <li>A child in care is not subjected to mistreatment, inc.</li> <li>Any deliberate act that hurts a child physically emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful iterchild's mouth</li> <li>Requiring a child to stand on one foot as punis</li> <li>Tying child to a cot or other equipment</li> </ul>	ms in a		
The provider immediately reports any suspected ch neglect or mistreatment by calling 911 and your loc Department of Social Services Child Protective Services	al	Y	
Emergency Ready-to-Go Pack		3	
The Emergency Ready-to-Go Pack must be available and eas needed medications) and Emergency Documents.	sily accessible in	the event of an em	ergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit			
Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are clear	ely included in the an, organized, an	e Disaster Supply Kind usable. Comment	t. Be certain that the Disaster Supply Kit contains and note below if needed.
	Bottled water		Section of the sectio
	⊠Non-perishable		Backpack(s) or carrying case(s)
	Diapers (N/A)		⊠Consider special toys or games
	Change of cloth	nes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications (N/A)	Blanket(s)		

Items in the Disaster Supply Kit are clean, organ	ized, 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	c: Stored in hallway closet near exit door
Item Specification (if needed):	
<ul> <li>1 flashlight, 1 pk of AA batteries, 1 first a</li> </ul>	id kit, 1 thermometer, no specific medications, 4 bottled waters, 4 canned foods, 1 pk of
diapers and 1 bag of wipes, 1 onesie, 2 b	lankets, folder w/ EPP and ECMA docs, 1 book, 1 roll of duct tape, 1 pair of scissors,
and 1 roll of trash bags	
<ul> <li>Items to be reviewed on xx/xx/xxxx: N/A</li> </ul>	
Emergency Documents	
⊠Informal Provider Emergency Prepared	Iness Plan (this completed form)
⊠Authorization for emergency medical can	are
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name	Last Name
LaToya	Herbert
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 grab the E	RTG and go into the master bedroom (2 doors 1 window). The provider will use the

The provider will gather the child 91 sealing plastic and tape to seal the door, window and vents if the need arises. The provider will call the parent once secured with anu yo emergency updates.

Primary: The provider will account for the child, grab the ERTG and The provider will ensure the child is secured in her rear-facing car receive instruction from of where to shelter species emergency updates.	nd head to the provider's vehicle and drive seat by locking the car seat into its base. Upon arrival, the p cifically. The provider will call and text the parent once secur	rovider will red with
Alternate: If they could not access the primary location, the provide vehicle and drive to The provider will ensure into its base. Upon arrival the provider will contact (1 door 0 window) . The provider will call arrivation of the provider will call arrivation.	the child is secured in her rear-facing car seat by locking the 1 door	e car seat
Signatures & Date		132
Signatures & Date		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.		
Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the		
Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	e home in which care is provided is subject to random, unann	



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and the second

N Virtual Inspection In-person Inspection	Maryland Stat	e Department of Edu Child Care Scholars INFORMAL INSPECTION CH	hip Program CARE	Child Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 06/15/2022		Time In: 9:26 AM	Time Out: 10:24 AM	4 Resul	I: APPROVED
Informal Care	10-1	1 - 1 - 1			11 - 2 - 1 - 2 - 2 - 1
Type of Care (check one):	Non-relat	ve Informal Provider (	Care DRelativ	e Informal Pro	ovider Care
Provider Information					
First Name: Hemawatle Provider ID #:		Last Name: Hemraj		Provid	der ID: 486271 :
Care Location Inspected					
Street Address: Address Verified? Yes.	City	County	S	State	Zip Code
Name of Children in Care (a	dd pages if need	ed) Scholarship	Date of Birth	Age	/ Present (Y/N)
		cer central anip	(10/22/2021)	7mos.	
			(10.22.2021)	11100	1
				112	1
		1 . · · ·			1
					1
			a		1
			1		
Safety of the Home	a start and the	and the starter	Profession in the second	10 1	and the second sec
Directions: Review and determ pages may be used for comme		vith each standard. Not			ons needed. Additional d, n/a – Not Applicable
Health and Safety Training:	1	1. 5	Standard Met Y/N		ts/Notes e Action /Timeframe if needed
Basic Health and Safety Train	ning Completed?		Y	1	Non-Relative Informal Care
Home is free of health and s	safety hazards:		Standard Met Y/N		ts/Notes e Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>			Y		
<ul> <li>Is free of insect or ro</li> </ul>	dent infestation		Y	1.0	No evidence of infestation
<ul> <li>Is well-lit and well-ve</li> </ul>	entilated		Y		All areas well-lit and ventilated
<ul> <li>Has hot and cold run</li> </ul>	ning water		Y		
<ul> <li>Has a working inside</li> </ul>	toilet		Y	11.	
<ul> <li>Has utilities for cooki</li> </ul>		heating	Y		
<ul> <li>Has a working and s</li> </ul>			Y		
Has a working refrige			Y		
Has a working telephone		Y	E	veryone has working cellphones	
Has operational smoke detector(s)		Y	1		
Has first aid kit/suppl		10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Y	1	
Has protective cover accessible to children	ings on any elec	ctrical outlet that is	Y		All outlets were covered
armful items are stored app hildren:		away from	Standard Met Y/N	Comments/ Corrective	
					Action /Timeframe If needed
	s		Y .		Action /Timeframe if needed
Sharp or pointed items     Medications of any kin					Action /Timeframe if needed
Medications of any kin	nd	uete	Y		
<ul> <li>Medications of any kin</li> <li>Matches, lighters and</li> </ul>	nd	ucts	Y Y		Does not own
<ul> <li>Medications of any kin</li> <li>Matches, lighters and</li> <li>Alcoholic beverages</li> </ul>	nd	ucts	Y Y Y		Does not own Does not own
<ul> <li>Medications of any kin</li> <li>Matches, lighters and</li> </ul>	nd	ucts	Y Y		Does not own

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

ØFlashlight
 ØBatteries for Flashlight
 ØPortable First Aid Kit
 ØThermometer

⊠Bottled water ⊠Non-perishable food ⊠Diapers ⊠Change of clothes  ☑ Folder or binder for EPP documents
 ☑ Backpack(s) or carrying case(s)
 ☑ Consider special toys or games
 ☑ Heavy Duty Scissors, duct tape/ Revised 10/2021

MSDE OCC Informal Care Inspection Checklist



packing tape & sealing plastic/trash bags

Medications (N/A)

EBlanket(s)

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

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

#### **Emergency Documents**

Sinformal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

#### **Planning and Maintenance**

**First Name** 

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

Last Name

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

#### Item Specification (If needed):

 1 flashlight, AA batteries, 1 first aid kit, 2 bottled waters, 2 containers of baby food, diapers & wipes, thermometer kit, no specific medications, 1 outfit, 1 scissor, roll of tape, sealing plastic, carrying case, 1 toy, folder with EPP and ECMA

Shelter-In-Place Procedures: Provider will call 911 and the parent, close all doors and the windows, will carry the child and the emergency to-go bag to the loft area (1 window 1 door), she will seal window if needed and stay there until safe to leave. Will call the parents afterward.

#### Evacuation Locations Procedures:

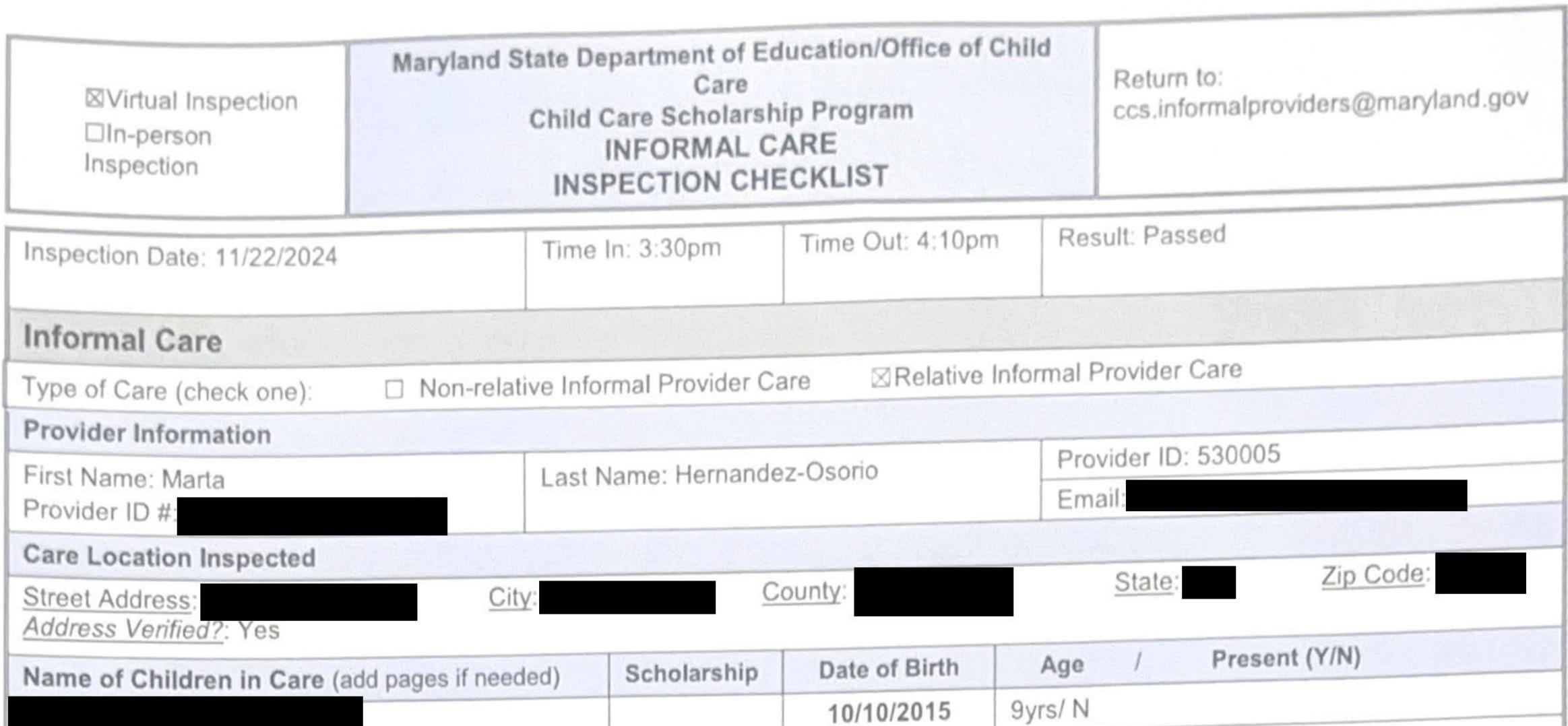
<u>Primary</u> – Provider will grab the child and to-go bag, she will take the child into her car seat and strap her in, they will be will

<u>Alternate</u> – Provider will gather the to-go bag and child and go into \_\_\_\_\_\_\_, provider will strap the child into the car seat, and they will go to \_\_\_\_\_\_\_ will give entry to them, they will stay in the living room (2 doors 3 windows), and provider will contact parent before, during and after the emergency.

# Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop-up visit which will be conducted virtually or in-person. PROVIDER INSPECTOR Printed Name: Hemra1

Signature	Signature:	
Date: 06-15-2022 Phone:	Date: 06/15/2022	Phone: 1-877-227-0125





	10/10/2010	
	10/27/2020	4yrs/ N
Safety of the Home		
Directions: Review and determine compliance with each Additional pages may be used for comments.	standard. Note any comm Y – Yes, N – No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>	Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	
<ul> <li>Is well-lit and well-ventilated</li> </ul>	Y	
<ul> <li>Has hot and cold running water</li> </ul>	Y	
<ul> <li>Has a working inside toilet</li> </ul>	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
Lies a working tolophone	Y	

Theo open			
<ul> <li>Has first</li> </ul>	aid kit/supplies	Y	
<ul> <li>Has prote accessib</li> </ul>	ective coverings on any electrical outlet that is le to children	Y	
Harmful items ar children:	e stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	pointed items	Y	
	ons of any kind	Y	
	lighters and flammable products	Y	
	beverages	Y	
• Guns		Y	
<ul> <li>Cleaning</li> </ul>	agents	Y	
	s substances	Y	
	NLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the ho	me are kept clean, including diapering area.	Y	

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and the property of the second second

Has a working telephone

Has operational smoke detector(s)

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Page 1 of 3

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

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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.

# **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.

Y

# **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	Second Folder or binder for EPP documents
⊠Batteries	⊠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)	

### MSDE OCC Informal Care Inspection Checklist 2020-03-26



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

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

Location of Emergency Ready to go Pack: near the main entrance door

Item Specification (if needed):

• <u>To be observed for compliance on :</u>

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**Emergency Documents** 

⊠Informal Provider Emergency Preparedness Plan (this completed form)

⊠Authorization for emergency medical care

## **Planning and Maintenance**

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

First Name Marta

Last Name Hernandez Osorio

Provide the second seco

Description of how the Emergency Ready-to-Go Pack will be tra	insported to an evacuation location:
Shelter In Place Procedures:	
The Provider will gather the ready to go bag and the children, ta The provider will contact parent before, during and after shelter	ake them to sheltering location (#2 of doors, #0 of window(s)) ring.
Evacuation Procedures:	
The Provider will gather the children and the ready to go bag, the	ovider will contact parent before, during and after sheltering ney will be traveling children secured
Signatures & Date	
Asknowledgement: By signing below the parties acknowledge that a	all standards have been reviewed, and any corrections if needed have e home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name: NA II	Printed Name:

Printed Name: Marta Hernandez OSorio	Printed Name:	
Signature	Signature:	
Date: 11 25 2024 Phone	Date: 11/22/2024	Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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⊠Virtual Inspection □In-person Inspection		epartment of Ed Care Care Scholarsh INFORMAL CA PECTION CHE	lp Program ARE	Child	Return ccs.inf	i to: ormalproviders@maryland.go
Inspection Date: 8/13/2024	Time	In: 1:30PM	Time Out: 2:15P	M Res	sult: Pas	sed
Informal Care						
Type of Care (check one):	Non-relative Info	mal Provider Ca	are BRelative	Informal	Provider	Care
Provider Information						
First Name: Melissa	Last	Name: Herring		Pro	vider ID	: 520941
Provider ID #:				Em	all:	
Care Location Inspected						
<u>Street Address:</u> <u>Address Verified?</u> : Yes	<u>City</u> :		County:	State:	Zip Co	de:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			8/6/2021	3 years	old/Y	
			10/31/2022	1 year		
		4				
Safety of the Home						
	d determine complianc					
Additional pages may	be used for comments.			The second second		a - Not Applicable
Health and Safety Training:			Standard Met Y/N		ents/Not	es on /Timeframe if needed
Basic Health and Sa	fety Training Complete	ed?	Y		-	
Home is free of health and a	safety hazards:		Standard Met Y/N		ive Acti	es on /Timeframelf needed
Is in good repair	-		Y			
Is free of insect or ro	dent infestation		Y			
Is well-lit and well-ve	ntilated		Y		_	
Has hot and cold run	ning water		Y	-		
Has a working inside	toilet		Y		_	
Has utilities for cook	ing, lighting and heatin	ng	Y			
<ul> <li>Has a working and s</li> </ul>	afe heating system		Y			
Has a working refrige			Y			
Has a working telept			Y			
Has operational smo			Y	-		
Has first aid kit/supp		Constanting of the second	Y	-		
Has protective cover accessible to childre	ings on any electrical n	outlet that is	Y	-		
Harmful items are stored ap children:	propriately and away	y from	Standard Met Y/N	Commen		s n /Timeframe if needed
Sharp or pointed iter	ns		Y			
Medications of any k	ind		Y			
	d flammable products		Y	-		
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents			Y			
Poisonous substance GENERAL CLEANLINESS S	The second s		Y Standard Met Y/N	Commer		s n /Timeframe if needed

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	¥	
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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	¥	
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	

 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.

 ØFlashlight
 ØBottled water
 ØBottled wat

 
 ⊠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-N/A
 ⊠Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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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	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	¥	
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	
<ul> <li>ncluding:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including: <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul></li></ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local	Y	

 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.

 ØFlashlight
 ØBottled water
 ØFolder or binder for EPP document

SFolder or binder for EPP documents ⊠Flashlight Bottled water ⊠Batteries XNon-perishable food Backpack(s) or carrying case(s) Diapers SPortable First Aid Kit Consider special toys or games B Heavy Duty Scissors, Duct Tape/ Change of clothes Packing Tape & Sealing Plastic/ Trash Thermometer Bags □Medications-N/A Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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Emergency Ready-to-Go Pack is ava	ilable and easily accessible	in the event of an emergency (Y	Y/N)?
Location of Emergency Ready to g	to Pack: Hall closet by the f	front door	
Emergency Documents			
⊠Informal Provider Emergency ⊠Authorization for emergency		completed form)	
Planning and Maintenance			
Person responsible for updating the I First Name Melissa	Disaster Supply Kit and the Last Name H		larly:
Shelter In Place Procedures: The Provider will gather children and parent during/after and text during sh		(1 door, 1	window(s)). The provider will call the
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed [1 of doors, 0 of [1 of	and ready to go pack. Pla in a rear facing car seat. <sup>-</sup> window(s)). The provider and ready to go pack. Pla in a rear facing car seat. <sup>-</sup>	The provider will drive will call the parent during/after will call the parent during/after cing them in the car, the oldest	t child will be placed in a front facing car
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed (1 of doors, 0 of CARE HOURS:	and ready to go pack. Pla in a rear facing car seat. <sup>-</sup> window(s)). The provider and ready to go pack. Pla in a rear facing car seat. <sup>-</sup>	The provider will drive will call the parent during/after cing them in the car, the oldest The provider	the will is and text during sheltering. t child will be placed in a front facing car will is a shell be placed in a front facing car will is a shell be placed in a front facing car will is a shell be placed in a front facing car will is a shell be placed in a front facing car will is a shell be placed in a front facing car will is a shell be placed in a shell be placed in a front facing car will be placed in a shell be placed
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed (1 of doors, 0 of CARE HOURS: - Signatures & Date Acknowledgement: By signing below th been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed.	and ready to go pack. Pla in a rear facing car seat. " window(s)). The provider and ready to go pack. Pla in a rear facing car seat. " of window(s)). The provid	The provider will drive will call the parent during/after cing them in the car, the oldest The provider the parent during/after ler will call the parent during/after all standards have been reviewed	the will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed (1 of doors, 0 of CARE HOURS: - Signatures & Date Acknowledgement: By signing below th been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed. The parties also acknowledgement: By signing below the been discussed.	and ready to go pack. Pla in a rear facing car seat. T window(s)). The provider and ready to go pack. Pla in a rear facing car seat. T of window(s)). The provid	The provider will drive will call the parent during/after cing them in the car, the oldest The provider the parent during/after ler will call the parent during/after all standards have been reviewed	the will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed (1 of doors, 0 of CARE HOURS: 	and ready to go pack. Pla in a rear facing car seat. T window(s)). The provider and ready to go pack. Pla in a rear facing car seat. T of window(s)). The provid	The provider will drive will call the parent during/after cing them in the car, the oldest The provider the parent during/after ler will call the parent during/after all standards have been reviewed	the will in a front facing car will in the will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in a front facing car will in the placed in the placed in a front facing car will in the placed in the placed in a front facing car will in the placed
Evacuation Procedures: The Provider will gather the children seat and the youngest will be placed (1 of doors, # of The Provider will gather the children seat and the youngest will be placed (1 of doors, 0 of CARE HOURS: 	and ready to go pack. Pla in a rear facing car seat. " window(s)). The provider and ready to go pack. Pla in a rear facing car seat. " of window(s)). The provid of window(s)). The provid	The provider will drive will call the parent during/after cing them in the car, the oldest The provider the parent during/after will call the parent during will call th	the will in a front facing car will in the will in the placed in a front facing car will in the rand text during sheltering.

SVirtual Inspection	State Department of Child Care Scho INFORM	larship Program	f Child Care	Return to: ccs.informalproviders@maryland. ov	
	INSPECTION	and the second			
Inspection Date: 07/25/2023 Follow-up Inspection Date: 07/28/2023	Time Out: 3:45 Time Out: 2:29		: Follow-up Required. -up Result: PASSED		
Informal Care					
	ative Informal Provider	Care Relativ	e Informal Prov	vider Care	
Provider Information					
First Name: Melissa	Last Name: Herrin	ng		er ID: <u>520941</u>	
Provider ID #:	1		Email:		
Care Location Inspected		Hard of Otata MD	Tin Cada: 2	1001	
Street Address: 1926 Park Beach Dr. City: Address Verified? Yes.	Aberdeen County:	Hartord State MD	Zip Code: 2	1001	
Name of Children in Care (add pages if nes	eded) Scholarship	Date of Birth	Age	/ Present (Y/N)	
		(08/06/2021)	1yr. / Y		
		(10/31/2022)	8mos./Y		
0.64					
Safety of the Home			the section	a seeded Additional	
Directions: Review and determine compliance pages may be used for comments.	with each standard. No	Y – Yes, N – No,	D - Discussed	I, n/a – Not Applicable	
Health and Safety Training:		Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed	
Basic Health and Safety Training Completed	?	Y	Relative In	formal Care – Certificate Submittee	
Home is free of health and safety hazards:		Standard Met	Comments/Notes Corrective Action /Timeframe if needed		
		Y/N Y	Collective	All areas were clean	
Is in good repair		Y		No evidence of infestation	
Is free of insect or rodent infestation			All lights were turned on and natural window		
<ul> <li>Is well-lit and well-ventilated</li> </ul>		Y		lighting	
Has hot and cold running water		Y	Tested by provider and steam observed on camera		
<ul> <li>Has a working inside toilet</li> </ul>		Y	Flus	hed by provider and observed	
<ul> <li>Has utilities for cooking, lighting and</li> </ul>	heating	Y		· · · · · · · · · · · · · · · · · · ·	
<ul> <li>Has a working and safe heating systematic</li> </ul>	em	Y	Thermos	tat tested by provider for cooling & heating	
the standard stars		Y	Tes	ted by provider and observed	
Has a working reingerator and stove     Has a working telephone		Y	Outbound call made to provider's phone		
<ul> <li>Has operational smoke detector(s)</li> </ul>		Y	Tested by provider and observed		
Has first aid kit/supplies		Y	Stored on kitchen cabinet (Band-Aids, Alcoh Gauze, First Aid Kit)		
<ul> <li>Has protective coverings on any elect accessible to children</li> </ul>	trical outlet that is	Y	All	outlets covered or occupied	
multitems are stored appropriately and Idren:	away from	Standard Met Y/N	Comments/N Corrective A	lotes ction /Timeframe if needed	
Sharp or pointed items		Y		holder on the back of cabinet	
Medications of any kind		Y	Stored in I	high cabinet in provider's bathroom	
Matches, lighters and flammable prod	ucts	Y		Does not own	
Alcoholic beverages		Y		Does not own	
		Y		Does not own	
Guns     Cleaning agents			Corrective Action Completed: Locks added master bathroom drawers and cabinets		
Guns     Cleaning agents		Y			

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing station in the child's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily in garage
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available in child's bedroom
<ul> <li>Handwashing procedures are followed. Provider and child's har washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread or disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARI	DS Standard Met	Comments/Notes
A child is not subject to any form of abuse, including: <ul> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	Corrective Action /Timeframe if needed
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstanc that indicate that the child's health or welfare is harmed placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care a attention to a child.</li> </ul>	lor Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit	Y	
mergency Ready-to-Go Pack		
ne Emergency Ready-to-Go Pack must be available and easily access seded medications) and Emergency Documents.	ible in the event of an en	nergency. This contains a Disaster Supply Kit (including
isaster Supply Kit		
rections: Review and determine that each item is adequately included nough supplies for each child in care. Also the items are clean, organiz		
S Flashlight Southed was	ater	Selder or binder for EPP documents
Batteries for Flashlight	shable food	Backpack(s) or carrying case(s)
Portable First Aid Kit     Diapers		Consider special toys or games
⊠Thermometer ⊠Change o	of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications Blanket(s	)	
ISDE OCC Informal Care Inspection Checklist	Page 2 of 3	Revised 10/2021

Items in the Disaster Supply Kit are clean,	
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	o Pack: Stored by front exit in foyer closet
Item Specification (if needed):	
- 2 ERTG duffle bags (carrying case),	, 4 extra AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 bottled waters, 2 canned
food, 5 dried foods, 2 pk of baby for	od, 20 diapers w/ 1 pk of wipes, 1 roll of trash bags, 1 roll of duct tape, 1 pair of scissors, 4
outfits(2 per child) (top/bottom), 3 b	plankets, 1 book, 1 stuffed animal and folder w/ EPP and ECMA per child
- Items to be reviewed on 07/28/2023	Corrected on 07/28/2023
Locks added to master bathroom d	
Emergency Documents	
⊠Informal Provider Emergency Pre	paredness Plan (this completed form)
Authorization for emergency medi	
Planning and Maintenance	
First Name	ter Supply Kit and the Emergency Documents regularly:
Melissa	Last Name Herring
Description of how the Emergency Ready-	to-Go Pack will be transported to an evacuation location: carried by the provider.
Shelter In Place Procedure:	
	vindow and vent if the need should arise. The provider will call or text the parent with
emergency updates. Evacuation Procedures	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and arrival. Upon arrival the provider and
emergency updates. Evacuation Procedures Primary: The provider will account for the the provider's vehicle. They will drive to children will be instructed of where to shelt Alternate: If they could not access the prin- thildren in their rear-facing car seats. She form them of the emergency, upon arrival bout where to shelter. Once secured the prin-	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and arrival. Upon arrival the provider and ther arrivation arrivation and the secure both many location, the provider will account for the children and grab the ERTGs and secure both
emergency updates. Evacuation Procedures Primary: The provider will account for the the provider's vehicle. They will drive to whildren will be instructed of where to shelt Nternate: If they could not access the prin- hildren in their rear-facing car seats. She mill form them of the emergency, upon arrival bout where to shelter. Once secured the prin-	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and arrival. Upon arrival the provider and the many location, the provider will account for the children and grab the ERTGs and secure both would drive to Along the way the provider will call the parent and if the Provider and children will communicate with the arrival and receive instruction
emergency updates. Evacuation Procedures Primary: The provider will account for the he provider's vehicle. They will drive to hildren will be instructed of where to shelt uternate: If they could not access the prin hildren in their rear-facing car seats. She prin form them of the emergency, upon arrival bout where to shelter. Once secured the p	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and arrival. Upon arrival the provider and the many location, the provider will account for the children and grab the ERTGs and secure both would drive to Along the way the provider will call the parent and if the Provider and children will communicate with the arrival and receive instruction
emergency updates. Evacuation Procedures Primary: The provider will account for the he provider's vehicle. They will drive to hildren will be instructed of where to shelt Uternate: If they could not access the prin hildren in their rear-facing car seats. She prin hildren in their sear-facing car seats. She prin hildren in their rear-facing car seats. She prin hildren in their sear-facing car seats. She prin hildren in their sear-fac	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and arrival. Upon arrival the provider and arrival. Upon arrival the provider and the grant of the secure of the mergency has ended.
emergency updates. Evacuation Procedures Primary: The provider will account for the he provider's vehicle. They will drive to thildren will be instructed of where to shelt Nternate: If they could not access the prin- hildren in their rear-facing car seats. She prin- hildren in their sear-facing car seats. She prin- hildren in their seats. She prin- hildren in their sear-facing car sear-facing ca	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and and arrival. Upon arrival the provider and the gravitation of the provider and the gravitation of the provider will stay together until the emergency has ended.
emergency updates. Evacuation Procedures Primary: The provider will account for the he provider's vehicle. They will drive to hildren will be instructed of where to shelt Atternate: If they could not access the prin- hildren in their rear-facing car seats. She prin- hildren in their seats. She prin- hildren in their seats. She prin- seats and seats and sea	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and and and arrival. Upon arrival the provider and the gravitation of the provider and the gravitation of the provider will stay together until the emergency has ended.
emergency updates. Evacuation Procedures Primary: The provider will account for the the provider's vehicle. They will drive to children will be instructed of where to shelt Alternate: If they could not access the print children in their rear-facing car seats. She on form them of the emergency, upon arrival about where to shelter. Once secured the print care Hours: ignatures & Date cknowledgement: By signing below the part een discussed. The parties also acknowled op up visit which will be conducted virtually	children and grab the ERTGs and each child will be secured in their rear-facing car seats in and arrival. Upon arrival the provider and the many location, the provider will account for the children and grab the ERTGs and secure both would drive to and children will communicate with the secure will call the parent and if the Provider and children will communicate with the secure both provider will call the a parent with emergency updates.

Date: 8/14/2023

Phone:

Date: 07/28/2023

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				Retum to: ccs.informalproviders@maryland.gov	
Inspection Date: 2/26/2025		Time	in: 1:15pm	Time Out: 1:53p	m Re	esult: Passed	
Informal Care	l						
Type of Care (check one):	D Non-relativ	e Info	mal Provider Ca	are SRelative	Informal	Provider Care	
Provider Information							
First Name: Rosetta Provider ID #:		Last N	lame: Hili			ovider ID: 539027 nail:	
Care Location Inspected							
	Chu		Count	: State	_	Zip Code:	
Street Address: Address Verified?: Yes	<u>City</u> :		County	State	2	ZIP Code.	
Name of Children in Care (a	and names if needs	d)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
	ida pages il liceae	•/	concidionip	2/19/2014	11yrs/	· · · · · · · · · · · · · · · · · · ·	
				11/16/2018	6yrs/N		
			<u> </u>	11/10/2010	Oyisin		
Safety of the Home		Stark.			nista gan Gan gang		
Directions: Review a	nd determine com	oliance	with each stand:	ard. Note any comm	nents or co	prrective actions needed.	
Additional pages may						issed, n/a - Not Applicable	
Health and Safety Training:				Standard Met Y/N		ents/Notes tive Action /Timeframe if needed	
Basic Health and Sa	fety Training Cor	nplete	d?	Y			
Home is free of health and	safety hazards:			Standard Met Y/N		ents/Notes tive Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>				Y			
<ul> <li>Is free of insect or ro</li> </ul>	dent infestation			Y			
<ul> <li>Is well-lit and well-vell-vell-vell-vell-vell-vell-vell-</li></ul>	entilated	1002019100		Y			
<ul> <li>Has hot and cold rule</li> </ul>	nning water			Y			
Has a working inside	e toilet			Y			
Has utilities for cook	ing, lighting and l	neating	)	Y	T		
<ul> <li>Has a working and s</li> </ul>	afe heating syste	m		Y			
<ul> <li>Has a working refrig</li> </ul>	erator and stove			Y			
<ul> <li>Has a working telept</li> </ul>	hone			Y			
Has operational smo	oke detector(s)			Y			
<ul> <li>Has first aid kit/supp</li> </ul>	lies			Y			
<ul> <li>Has protective cover accessible to children</li> </ul>		trical o	utlet that is	Ŷ			
Harmful items are stored ap children:	propriately and	away	from	Standard Met Y/N		nts/Notes ive Action /Timeframe if needed	
Sharp or pointed iter	ms			Y			
Medications of any I	and			Y			
<ul> <li>Matches, lighters an</li> </ul>	d flammable prov	lucts		Y	1		
Alcoholic beverages	;			Y	1		
Guns				Y		ATT	
Cleaning agents				Ŷ			
<ul> <li>Poisonous substance</li> </ul>	es			Y			
GENERAL CLEANLINESS		•		Standard Met Y/N		nts/Notes ive Action /Timeframe if needed	
All areas of the home are kep	t clean, including	diane	ring area.	Y			

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	2
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Ŷ	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Eme	ergency Ready-to-Go Pack			
	The Emergency Ready-to-Go Pack must be a (including needed medications) and Emergence		ole in the event of an emerge	ency. This contains a Disaster Supply Kit
Disa	ster Supply Kit			
	Directions: Review and determine that each it contains enough supplies for each child in care			
	⊠ Flashlight	Bottled water		SFolder or binder for EPP documents
	⊠Batteries	⊠Non-perishable food	3	Sackpack(s) or carrying case(s)
	⊠Portable First Aid Kit	ØDiapers N/A		Consider special toys or games
	⊠Thermometer	⊠Change of clothes		<ul> <li>Heavy Duty Scissors, Duct Tape/</li> <li>Packing Tape &amp; Sealing Plastic/ Trash</li> <li>Bags</li> </ul>
	⊠Medications	⊠Blanket(s)		
MSDE	OCC Informal Care Inspection Checklist 2020-03-26	I	Page 2 of 3	

g						
Items in the Disaster Supply Kit are clean, organize	Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y					
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y						
Location of Emergency Ready to go Pack: Dinn Item Specification (if needed):	ing room					
•						
<u>To be observed for compliance on :</u> •						
Emergency Documents						
Sinformal Provider Emergency Preparedne	ess Plan (this completed form)					
Authorization for emergency medical care	3					
Planning and Maintenance	······································	• • • • • • • • • • • • • • • • • • •				
Person responsible for updating the Disaster Sup	bly Kit and the Emergency Documents	s regularly:				
First Name Rosetta	Last Name Hill					
Description of how the Emergency Ready-to-Go F	ack will be transported to an evacuati	on location:				
Sheiter in Place Procedures:						
The Provider will gather the ready to go bag and t will call, text and email parent before, during and		#1 of doors, #2 of window(s)). The provider				
Evacuation Procedures:						
The Provider will gather the children and the ready and in #1 of doors, #1 of window(s)).	. The provider will travel to	bildren secured by have to shelter gaining access by to shelter arent before, during and after sheltering				
The Provider will gather the children and the read		hildren secured by				
o shelter in before, during and after sheltering	, The provider will <u>travel to</u> #1 of doors, #0 of window(s)). T	paining access by the provider will call, text, and email parent				
<u>CARE HOURS</u> : - Monday-Friday 7am-9am & 4pm-6pm						
Signatures & Date		na pana na pan Na pana na pana				
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: Rosetta Hil	Printed Name					
Signature	Signature:					
Date: 2/2/0/2 5 Phone:	Date: 2/26/2025	Phone: 1-877-227-0125				

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⊠ ⊐Virtual Inspection In-person Inspection	Maryland Sta	te Department of Ed Child Care Scholar INFORMAL INSPECTION C	ship Program CARE	child Care	Return to: ccs.informalproviders@maryland.g ov	
Inspection Date: 02/05/20 & 2/06/2024	: 02/05/2024 Time In: 1:30PM 11:30am		Time Out: 2:48PM & 12:00pm		lt: Follow-up Required Passed.	
Informal Care	10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				est all sea heater, a beau	
Type of Care (check one)	: 🗆 Non-rela	tive Informal Provider	Care Relativ	e Informal Pr	ovider Care	
Provider Information	And the state of	Mar Vale + S. A.	a a sha ta sh	1000		
First Name: Rosetta Provider ID #:		Last Name: Hill		Provi	der ID: 539027	
Care Location Inspected		and a start was as	an an Maria and Andreas	1.18 . 182-		
Street Address: Address Verified? Yes.	City:	County:	State	Zip	Code:	
Name of Children in Car	e (add pages if need	ded) Scholarship	Date of Birth	Age	/ Present (Y/N)	
			(02/19/2014)	9yr. / N	The second se	
Calater of the offer						
Safety of the Home	네이 네 네 세 ~	a the second second second				
Directions: Review and de pages may be used for con		with each standard. No	Y-Yes, N-No,	Corrective act D - Discuss	ions needed. Additional red, n/a – Not Applicable	
Health and Safety Train	ing:		Standard Met Y/N	Commen Correctiv	ts/Notes re Action /Timeframe if needed	
Basic Health and Safety 7	Fraining Completed	?	Y	Relative Informal Care - Certificate Sub		
Home is free of health a	nd safety hazards		Standard Met Y/N	Commen Correctiv	ts/Notes ve Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>			Y			
Is free of insect of	or rodent infestation	1	Y		No evidence of infestation	
Is well-lit and well-ventilated			Y	Lots of	fartificial and access to natural lighting	
Has hot and cold	Has hot and cold running water		Y	Tested by provider and observed ice m		
<ul> <li>Has a working in</li> </ul>	side tollet		Y	Tested by provider and observed		
<ul> <li>Has utilities for one</li> </ul>	ooking, lighting and	d heating	Y			
<ul> <li>Has a working a</li> </ul>	nd safe heating sys	stem	Y	Teste	d the digital thermostat and observed	
<ul> <li>Has a working re</li> </ul>	efrigerator and stov	9	Y			
<ul> <li>Has a working te</li> </ul>	elephone		Y	Outl	bound call made to provider's phone	
<ul> <li>Has operational</li> </ul>	smoke detector(s)		Y	Tested by provider and observed		
<ul> <li>Has first aid kit/s</li> </ul>	supplies		Y	First ald kit stored in basement play roo		
<ul> <li>Has protective c accessible to chi</li> </ul>		ectrical outlet that is	Y		ve Action Required: All outlets observe cupied or covered needed in all areas o home	
larmful items are stored children:	appropriately and	l away from	Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe if needed	
Sharp or pointed	items		Y	Knives stored in holder on back of counter		
<ul> <li>Medications of an</li> </ul>	ly kind		Y	Stored on a high shelf in bathroom cabinet hallway closet		
<ul> <li>Matches, lighters</li> </ul>	and flammable pro	ducts	Y		Does not own	
<ul> <li>Alcoholic beverage</li> </ul>	jes		Y	_	Does now own	
• Guns			Y		Does not own	
• Cleaning agents			Y	not stored p	Action Required: All cleaning products properly all cabinets need locks (kitchen ms) or to be moved higher locations	
Polsonous substa	inces		Y	5	Stored in locked shed outside	
GENERAL CLEANLINES	S STANDARDS		Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe If needed	

Trash, garbage and wet and solled diapers are disponent solit and manner.	osed of in a Y	No diaper age child in care
Child is changed immediately when s/he has a soile diaper, clothing or bedding.	d or wet Y	
Diapering procedures are followed.	Y	No diaper age child in care
<ul> <li>Handwashing procedures are followed. Provider an washed thoroughly with soap and warm running wat</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent t disease.</li> </ul>	ter after: Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS Standard Met	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, incluse</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neincluding:</li> <li>The failure to give proper care and attentio including leaving a child unattended under that indicate that the child's health or welfa placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk injury that is caused by the failure to give p attention to a child.</li> </ul>	n to a child circumstances re is harmed or Y < of mental	
<ul> <li>A child in care is not subjected to mistreatment,</li> <li>Any daliberate act that hurts a child physic emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful child's mouth</li> <li>Requiring a child to stand on one foot as p</li> <li>Tying child to a cot or other equipment</li> </ul>	ally or Y items in a	
The provider immediately reports any suspected neglect or mistreatment by calling 911 and you Department of Social Services Child Protect Unit.	r <u>local</u>	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and needed medications) and Emergency Documents.	easily accessible in the event of an er	mergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequenough supplies for each child in care. Also the items are		
⊠Flashlight	Bottled water	☑Folder or binder for EPP documents
⊠Batterles for Flashlight	⊠Non-perishable food	Backpack(s) or carrying case(s)
⊠Portable First Ald Kit	⊠Diapers	Consider special toys or games

⊠ Thermometer

⊠Medications

Change of clothes

⊠Blanket(s)

⊠Consider special toys or games ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

······································				•
Items in the Disaster Su	pply 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: In the front closet r	ear exit					
<ul> <li>Item Specification (if needed):         <ul> <li>1 backpack (carrying case), 1 flashlight, 1pk of AAA batteries, 1 first aid kit, 1 thermometer, prescription breathing medicine and general medicine, 2 bottled waters, 3 canned foods, 1 bag of granola, 1 blanket, 1 outfit (top/bottom/underwear), 1 jumbo playing game, 1 pair of scissors, 1 roll of duct tape, 3 large trash bags and folder w/ EPP and ECMA docs.</li> <li>Items to be reviewed on 02/06/2024: Reviewed 2/06/2024</li> <li>All outlets observed and occupied or covered needed in all aress of home</li> <li>All cleaning products not stored properly all cabinets need locks (kitchen, bathrooms) or to be moved higher locations</li> </ul> </li> </ul>						
Emergency Documents	eted form)					
⊠Authorization for emergency medical care	olou lonny					
Planning and Maintenance						
Person responsible for updating the Disaster Supply Kit and the Eme	gency Documents regular	ly:				
First Name Last Name Hill						
Description of how the Emergency Ready-to-Go Pack will be transpo	ted to an evacuation locat	on: Carried by provider.				
Shelter in Place Procedure:						
The provider will grab the ready to go bag and the child and head to t seat the door, windows and vent with sealing plastic and tape if need will call, text or email if needed to communicate emergency updates t	ed. She will ensure all area					
Evacuation Procedures:						
<b>Primary:</b> The provider will grab the emergency bag, the child and here seat belt and the seat belt an	1 :	ider will ensure the child is secured in his 1 door 2 windows). The Provider will				
Alternate: If the primary location was not accessible, the provider will grab the emergency bag, the child and head to her vehicle. The Provider will ensure the child is secured in his seat belt and the emergency bag, the child and Provider will The Provider will call, text or email if needed to communicate emergency updates to the Parent.						
Care Hours:						
Signatures & Date						
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.						
PROVIDER		INSPECTOR				
Printed Name: Rosetta Hill	Printed Name					
Signature:	Signature:					
Date: 2/26/24 Phone:	Date: 2/06/2024	Phone: 1-877-227-0125				
<u>, ,,, , , , , , , , , , , , , , , , , </u>	······································					

⊠Virtual Inspection ⊡In-person Inspection	Maryland State Department of E Care Child Care Scholars INFORMAL ( INSPECTION CH	hip Program CARE	Child	Return to: ccs.informalproviders@maryland.gov
Inspection Date: 1/13/2025	Time In: 1:30 pm	Time Out: 2:20 p	m Res	sult: Follow Up Needed
Inspection Date: 1/15/2025	Time In: 1:00 pm	Time Out: 1:19 p	m Res	sult: Passed
Informal Care				
Type of Care (check one):	Non-relative Informal Provider C	are ⊠Relative	Informal I	Provider Care
Provider Information				
First Name: Syncere Provider ID #:	Last Name: Hobbs		Pro	vider ID: 566961 ail:
Care Location Inspected				
<u>Street Address:</u> <u>Address Verified?</u> : Yes	<u>City</u> :	County:		State: Zip Code:
Name of Children in Care (a	dd pages if needed) Scholarship	Date of Birth	Age	/ Present (Y/N)
		7/18/2015	9 years	old/ Y
			1 -	
Safety of the Home				
	nd determine compliance with each stand be used for comments.	dard. Note any comm Y – Yes, N – No, I	ents or co D – Discu:	rrective actions needed. ssed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N		ents/Notes live Action /Timeframe If needed
Basic Health and Sa	fety Training Completed?	Y		·····
Home is free of health and	safety hazards:	Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
<ul> <li>Is in good repair</li> </ul>		Y		
<ul> <li>Is free of insect or re</li> </ul>		Y		
Is well-lit and well-ve		Y		
Has hot and cold rul		Y		
Has a working insid		Y		
· · ·	ing, lighting and heating	Y		
Has a working and s		Y		
Has a working refrig		Y	-	
Has a working telep     Has operational smo				
Has operational smo     Has first aid kit/supp		Y		
	rings on any electrical outlet that is	Y		
Harmful items are stored a children:	ppropriately and away from	Standard Met Y/N		nts/Notes ve Action /Timeframe If needed
<ul> <li>Sharp or pointed ite</li> </ul>	ms	Y		
<ul> <li>Medications of any I</li> </ul>	kind	Y		
<ul> <li>Matches, lighters ar</li> </ul>	d flammable products	Y		
<ul> <li>Alcoholic beverages</li> </ul>	\$	Y		
<ul> <li>Guns</li> </ul>		Y		
<ul> <li>Cleaning agents</li> </ul>		Y		
Poisonous substance	æs	Y		
GENERAL CLEANLINESS		Standard Met Y/N		nts/Notes ve Action /Timeframe if needed
All areas of the home are kep	ot clean, including diapering area.	Y		

			· · · · · · · · · · · · · · · · · · ·
Trash, garbage and wet and soiled diapers are disp sanitary manner.		Y	
Child is changed immediately when s/he has a soile diaper, clothing or bedding.	ed or wet	Y	
Diapering procedures are followed.		Y	
<ul> <li>Handwashing procedures are followed. Provider an washed thoroughly with soap and warm running wat</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent t disease.</li> </ul>	ter after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, includ</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	ding:	Y	
<ul> <li>A child in care is not subjected to any form of neincluding:         <ul> <li>The failure to give proper care and attention including leaving a child unattended under that indicate that the child's health or welfar placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk injury that is caused by the failure to give prattention to a child.</li> </ul> </li> </ul>	n to a child circumstances re is harmed or c of mental roper care and	Y	
<ul> <li>A child in care is not subjected to mistreatment, i</li> <li>Any deliberate act that hurts a child physical emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful i child's mouth</li> <li>Requiring a child to stand on one foot as pu</li> <li>Tying child to a cot or other equipment</li> </ul>	ally or items in a	Y	
The provider immediately reports any suspected of neglect or mistreatment by calling 911 and your Department of Social Services Child Protective Unit.	local	Y	
Emergency Ready-to-Go Pack			
	able and easily acce Documents.		of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit			i terre en
Directions: Review and determine that each item contains enough supplies for each child in care. A	is adequately includ	ded in the Disaster S	Supply Kit. Be certain that the Disaster Supply Kit
	Bottled water	, •, gamzou,	Solder or binder for EPP documents
	⊠Non-perishable t	food	Backpack(s) or carrying case(s)
	Diapers-N/A		,
	Change of clothe	es	⊠Consider special toys or games ⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
□Medications- N/A ⊠Blanket(s)			~

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

Yes

Contraction of the second s	and easily accessible in the event of an emergency	(Y/N)? Yes
Location of Emergency Ready to go Pac	k: Next to the door	
<u>To be observed for compliance on 01/15</u> <u>Outlet Covers</u>	/2025 @1:00pm :	
Emergency Documents		
⊠Informal Provider Emergency Pre	paredness Plan (this completed form)	
⊠Authorization for emergency medi	cal care	
Planning and Maintenance		
Person responsible for updating the Disast	er Supply Kit and the Emergency Documents re-	gularly:
First Name Syncere	Last Name Hobbs	
	to-Go Pack will be transported to an evacuation I	location:
Shelter In Place Procedures:		
parent before, during and after sheltering. Evacuation Procedures:		
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering.	eady to go bag, taking her to the car securing	the child in a booster seat. The provider will call/text
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering.	(1 doo eady to go bag <u>, taking her to the car securing</u> (# of do	ors, 1 window(s)). The provider will <u>call/text</u>
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering. The Provider will gather the child and the r	(1 doo eady to go bag <u>, taking her to the car securing</u> (# of do	the child in a booster seat. The provider will call/text
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering. The Provider will gather the child and the r	(1 doo eady to go bag <u>, taking her to the car securing</u> (# of do	the child in a booster seat. The provider will call/text
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering. The Provider will gather the child and the r call/text parent before, during and after sh	(1 doo eady to go bag <u>, taking her to the car securing</u> (# of do	the child in a booster seat. The provider will call/text
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering. The Provider will gather the child and the r <u>call/text</u> parent before, during and after she <u>CARE HOURS</u> : <u>Signatures &amp; Date</u>	(1 doc eady to go bag <u>, taking her to the car securing</u> (# of de eltering.	ors, 1 window(s)). The provider will <u>call/text</u> the child in a booster seat. The provider will oors, # of window(s)). The provider will
Evacuation Procedures: The Provider will gather the child and the r parent before, during and after sheltering. The Provider will gather the child and the r <u>call/text</u> parent before, during and after sh <u>CARE HOURS:</u> <u>Signatures &amp; Date</u> Acknowledgement: By signing below the part	(1 doc eady to go bag <u>, taking her to the car securing</u> eltering. ies acknowledge that all standards have been revie ge that, if approved, the home in which care is provi	the child in a booster seat. The provider will call/text the child in a booster seat. The provider will oors, # of window(s)). The provider will
Evacuation Procedures: The Provider will gather the child and the reparent before, during and after sheltering. The Provider will gather the child and the reconstruction of the child and the reconstruction of the provider will gather the provider will gather the child and the reconstruction of the provider will gather the child and the reconstruction of the provider will gather the provider will gather the provider will gather the provider will gather th	(1 doc eady to go bag <u>, taking her to the car securing</u> eltering. ies acknowledge that all standards have been revie ge that, if approved, the home in which care is provi	the child in a booster seat. The provider will <u>call/text</u> the child in a booster seat. The provider will oors, # of window(s)). The provider will wed, and any corrections if needed have
Evacuation Procedures: The Provider will gather the child and the reparent before, during and after sheltering. The Provider will gather the child and the recall/text parent before, during and after shelter shelter in the child and the rest of the shelter is the construction of the shelter is the shelter is the shelter is the construction of the shelter is the construction of the shelter is the s	(1 doc eady to go bag <u>, taking her to the car securing</u> (# of de eltering. ies acknowledge that all standards have been revie ge that, if approved, the home in which care is provi or in-person.	the child in a booster seat. The provider will call/text the child in a booster seat. The provider will oors, # of window(s)). The provider will wed, and any corrections if needed have ded is subject to random, unan nounced
Evacuation Procedures: The Provider will gather the child and the reparent before, during and after sheltering. The Provider will gather the child and the recall/text parent before, during and after sheltering. CARE HOURS: Signatures & Date Acknowledgement: By signing below the particle and scussed. The parties also acknowledge pop up visit which will be conducted virtually PROVIDER Printed Names	(1 doc eady to go bag <u>, taking her to the car securing</u> (# of de eltering. ies acknowledge that all standards have been revie ge that, if approved, the home in which care is provi or in-person.	the child in a booster seat. The provider will call/text the child in a booster seat. The provider will oors, # of window(s)). The provider will wed, and any corrections if needed have ded is subject to random, unan nounced



⊠Virtual Inspection □In-person Inspection	Ch	Department of E Care ild Care Scholars INFORMAL ( NSPECTION CH	Return to ccs informalproviders@maryland gov				
Inspection Date: 1/29/2025	Ті	me In: 1:30 pm	Time Out: 2:20 pm Res		sult. Passed		
Informal Care			-				
Type of Care (check one)	Non-relative	Informal Provider (	are Relative	a Informal P	Provider Care		
Provider Information	Li Horriciative	intornal Provider c		e miorinar r	Tovider Cale		
First Name: Bridget Provider ID #	La	ast Name: Hoelsch	er	Pro	vider ID: 538224		
Care Location Inspected					311		
Street Address Address Verified? Yes		City	County		State Zip Code		
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)		
			10/14/2016	8 years			
			11/29/2019				
			04/03/2021	5 years old/ N 3 years old/ N			
			- HOULDET	Joyears	Server d'E		
Safety of the Home							
Directions: Review a Additional pages may	nd determine complia	ance with each stand	dard. Note any comm	nents or con	rective actions needed. sed, n/a – Not Applicable		
Health and Safety Training	:		Standard Met Y/N	Comme	nts/Notes ve Action /Timeframe if needed		
Basic Health and Sa	afety Training Comp	leted?	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				
<ul> <li>Is free of insect or n</li> </ul>	odent infestation		Y				
<ul> <li>Is well-lit and well-v</li> </ul>	entilated		Y				
<ul> <li>Has hot and cold ru</li> </ul>			Y				
<ul> <li>Has a working insid</li> </ul>			Y				
Has utilities for cool			Y				
Has a working and			Y	1			
Has a working refrig			Y				
Has a working telep			Y	-			
Has operational sm			Y				
<ul> <li>Has first aid kit/supp</li> <li>Has protective cove</li> </ul>		al outlet that is	Y	-			
<ul> <li>has protective cove accessible to childre</li> </ul>		An owner undt 15	Y				
Harmful items are stored a children:		way from	Standard Met Y/N	Comment	ts/Notes re Action /Timeframe if needed		
Sharp or pointed ite			Y				
Medications of any I			Y				
Matches, lighters an		as	Y				
Alcoholic beverages	1		Y	-			
• Guns			Y				
Cleaning agents			Y	-			
			Y				
Cleaning agents     Poisonous substance	es		Charles 1 and 1	0	4.04.4		
		1	Standard Met Y/N Y	Commen Correctiv	ts/Notes re Action /Timeframe if needed		

Trash, garbage and wet and soiled diapers are dis sanitary manner.	sposed of in a	Y		
Child is changed immediately when s/he has a so fiaper, clothing or bedding.	iled or wet	Y		
Diapering procedures are followed.		Y		
<ul> <li>Handwashing procedures are followed. Provider a vashed thoroughly with soap and warm running w</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to preven disease.</li> </ul>	vater after:	Y		
CHILD ABUSE, NEGLECT AND MISTREATMEN	IT STANDARDS	Standard Met Y/N	Commen	ts/Notes re Action /Timeframe if needed
A child is not subject to any form of abuse, incl Physical injury Any sexual abuse Mental injury	luding:	Y		
<ul> <li>A child in care is not subjected to any form of including:</li> <li>The failure to give proper care and attenti including leaving a child unattended under that indicate that the child's health or welf placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risinjury that is caused by the failure to give attention to a child.</li> </ul>	ion to a child er circumstances fare is harmed or sk of mental proper care and	Y		
<ul> <li>A child in care is not subjected to mistreatment</li> <li>Any deliberate act that hurts a child physi emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distastefu child's mouth</li> <li>Requiring a child to stand on one foot as p</li> <li>Tying child to a cot or other equipment</li> </ul>	ul items in a	Y		
he provider immediately reports any suspected eglect or mistreatment by calling 911 and you legariment of Social Services Child Protect int.	ur local	Y		
mergency Ready-to-Go Pack				
The Emergency Ready-to-Go Pack must be ava (including needed medications) and Emergency	ailable and easily acces y Documents.	ssible in the event	of an emerge	ency. This contains a Disaster Supply Kit
isaster Supply Kit				
Directions: Review and determine that each iter contains enough supplies for each child in care.	m is adequately include Also that the items are	ed in the Disaster S clean, organized,	Supply Kit. B and usable.	e certain that the Disaster Supply Kit Comment and note below if needed
⊠Flashlight	Bottled water			Selder or binder for EPP documents
⊠Batteries	Non-perishable for	bod		Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	Diapers- N/A			Consider special toys or games
⊠ Thermometer	Change of clothes	5		Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Medications	Blanket(s)			
DE OCC Informal Care Inspection Checklist 2020-03-26		Page 2 of 3		

Emergency Ready-to-Go Pack is available and easily accessible in Location of Emergency Ready to go Pack: Coat Closet		
Emergency Documents		
Informal Provider Emergency Preparedness Plan (this c	completed form)	
Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the	Emergency Documents regula	arly
First Name Last Name Bridget Hoelscher		
Description of how the Emergency Ready-to-Go Pack will be tran	nsported to an evacuation loc	ation:
Shelter In Place Procedures:		
parent before, during and after sheltering.		
a forward facing car seat and the oldest in a seat belt. The pr 1 doors, 0 window(s)). The provider wi The Provider will gather the children and the ready to go bag, se a forward facing car seat and the oldest in a seat belt. The pr 1 doors, 0 window(s)). The provider wi CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties acknowledge that a	rovider will	nd after sheltering. ward facing car seat, the middle chil nd after sheltering. d, and any corrections if needed have
The Provider will gather the children and the ready to go bag, se a forward facing car seat and the oldest in a seat belt. The provider will 1 doors, 0 window(s)). The provider will CARE HOURS: Signatures & Date Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	rovider will	nd after sheltering. ward facing car seat, the middle chil nd after sheltering. d, and any corrections if needed have d is subject to random, unannounced
a forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will the provider will gather the children and the ready to go bag, sea forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will doors, 0 window(s). The provider will doors, 0 window(s). The provider will doors, 0 window(s). The provider will be a seat belt. The provider will be a seat belt of the provider will be conducted virtually or in-person. PROVIDER	Il standards have been reviewe	nd after sheltering. ward facing car seat, the middle chil nd after sheltering. d, and any corrections if needed have
a forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will the provider will gather the children and the ready to go bag, seat a forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will doors, 0 window(s). The provider will be provider will be a seat belt. The provider will be conducted virtually or in-person. PROVIDER	rovider will	nd after sheltering. ward facing car seat, the middle chil nd after sheltering. d, and any corrections if needed have d is subject to random, unannounced
a forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will the provider will gather the children and the ready to go bag, sea forward facing car seat and the oldest in a seat belt. The provider will doors, 0 window(s)). The provider will doors, 0 window(s)). The provider will doors, 0 window(s)). The provider will be conducted virtually or in-person.	Il standards have been reviewe	nd after sheltering. ward facing car seat, the middle chil nd after sheltering. d, and any corrections if needed have d is subject to random, unannounced

⊠Virtual Inspection □Iл-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
	I	Time in: 3:30PM			
Inspection Date: 01/22/2024		Time Out: 4:39F	M Result	PASSED	
Informal Care		······································	·	L	<b></b>
Type of Care (check one):	D Non-relative	e Informal Provider C	are 🖾 Relative	Informal Pro	vider Care
Provider Information					
First Name: Bridget Provider ID		Last Name: Hoelsch	er	Provid Email	er ID: <u>538224</u>
Care Location Inspected		•••••••	· · · · · · · · · · · · · · · · · · ·		* • • • • • • • • • • • • • • • • • • •
Street Address: Address: Address Verified? Yes.	<b>.</b>	City: Cou	unty Sta	ate Zip (	Code:
Name of Children in Care (a	add pages if needed	d) Scholarship	Date of Birth	Age	/ Present (Y/N)
	··········		(11/06/2011)	12yr. / N	······
			(10/14/2014)	7yr. / N	
			(11/29/2016)	4yr. / Y	
	········		(04/03/2021)	2yr. / Y	n - Arest - a
Safety of the Home					
Directions: Review and determ pages may be used for comme		h each standard. Note	any comments or o Y – Yes, N – No,	orreclive actio D – Discusse	ns needed. Additional d, n/a Not Applicable
Health and Safety Training			Standard Met Y/N	Comments Corrective	/Notes Action /Timeframe if needed
Basic Health and Safety Trail	ning Completed?		Y	Relative II	nformal Care – Certificate Submitted
Home is free of health and	safety hazards:		Standard Met Y/N	Comments Corrective	Notes Action /Timeframe if needed
Is in good repair			Y		All areas were clean
<ul> <li>Is free of insect or ro</li> </ul>	odent infestation		Y		No evidence of infestation
Is well-lit and well-ve	entilated		Y	All lights	s were turned on and natural window lighting
<ul> <li>Has hot and cold rule</li> </ul>	nning water		Y	Tested b	by provider with kitchen thermometer
<ul> <li>Has a working inside</li> </ul>			Y	Flu	shed by provider and observed
<ul> <li>Has utilities for cook</li> </ul>	ting, lighting and h	eating	Y		······································
Has a working and s		m 	Y		estat tested by provider for cooling & heating
<ul> <li>Has a working refrig</li> </ul>	erator and stove	····	Y		sted by provider and observed
Has a working telep			Y		call made by informal team to provider's phone
<ul> <li>Has operational smoothing</li> </ul>	oke detector(s)		Y		sted by provider and observed
<ul> <li>Has first aid kit/supp</li> </ul>	·		Y	Band-Aids,	Alcohol and Gauze in bathroom closet
Has protective cove accessible to childre		ical outlet that is	Y	A	Il outlets covered or occupied
Harmful Items are stored a children:	ppropriately and	away from	Standard Met Y/N	Comments/ Corrective /	Notes Action /Timeframe if needed
<ul> <li>Sharp or pointed ite</li> </ul>	ms		Y	Store	d in knife holder on back counter
<ul> <li>Medications of any l</li> </ul>	kind		Y	Stored o	n top shelf of bathroom and kitchen cabinets
<ul> <li>Matches, lighters an</li> </ul>	id flammable prodi	ucts	Y		On top kitchen shelf
Alcoholic beverages			Y	Bottle of	alcohol in high level kitchen cabinet
Guns			Y		Does not own

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

#### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

🛛 Flashlight

Batteries for Flashlight

Portable First Aid Kit

Bottled water ⊠Non-perishable food

⊠Diapers (N/A)

Beckpack(s) or carrying case(s) Consider special toys or games

bags	
Medications	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	[
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	[
Location of The Emergency Ready to go Pack: Stored in the hallway closet near exit <u>Item Specification (if needed):</u> <u>1 flashlight, 6 extra AA batteries, 1 first aid kit, 1 thermometer, suitease (carrying case), no specific medications, 15 bottled</u> waters, 1 canned, 4 packed foods, 2 pks of nuts, 4 outfits (top/bottom/socks/underwear), 2 large blankets, 1 toy, 2 family gar folder w/ EPP and ECMA docs per child, 3 trash bags, 1 pair of scissors and 1 roll of duot tape Items to be corrected on xx/xx/xxxx: N/A	105,
Emergency Documents	
⊠Informal Provider Emergency Preparedness Plan (this completed form)	
Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Last Name Hoelscher	
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 ERTG and go into basement room (1 door 0 windows). The provider will use the sealing pla	stic
and tape to secure the door if needed. The provider will call or text the parent to inform them of emergency updates. Evacuation Procedures	
Primary: The provider will gather the children, perform a head count and grab the ERTG, The formation of the second s	
provider will ensure	
in the provider will call the <b>second second second</b> in the provider will call the <b>second second second second</b> in the second s	the
Alternate: If they could not access the primary location, the provider will gather the children, perform a head count and grab the ER	rG,
they will the provider will ensure Upon arrival the provider will call	
the second and shelter in the second of (1 door 2 windows) with the kids. The provider will call or text the parent to inform	
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, unannounce pop up visit which will be conducted virtually or in-person.	ve d
PROVIDER INSPECTOR	
Printed Name: Bridget HOCISCHEr Printed Name:	
Signature: Signature:	
Date: 23-24 Phone: Date: 01/22/2024 Phone: 1-877-227-0125	

# INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: INS 5/29/2025/1:30pm/170minutes		PECTION TYPE	AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	~	Initial Application	0-23 months				
N/A		Renewal Application	2 year olds	I	I	I	
PROVIDER ID:		Complaint Investigation	3 year olds				
290320 Monitoring		Monitoring	4 year olds				
APPLICATION DATE:		Other	5's (pre-school)				
4/28/2025		· · · · · · · · · · · · · · · · · · ·	5-12 (school age)				
COUNTY:	Follow-Up		13-19 year olds				
Montgomery County			TOTAL	I	I	I	
			Overnight				

FATALITY: N/A	SERIOUS INJURY: N/A	COMPLAINT #: N/A			
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes     No	ID TYPE: Driver's License	EXP. DATE: 8/4/2029		
CARE LOCATION: O Child's I	Home Informal Child Care	Provider's Home			
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care					
INFORMAL PROVIDER NAME: Roberta He	olland				
PERSON(S) INTERVIEWED: Roberta Ho	olland				

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

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

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

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Part 2 – General Cleanliness					
С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	est Area and Furnishings
с	5.	Trash garbage and wet or soiled diapers are disposed	С	a)	SIDS prevention review
		of in a sanitary manner.	С	b)	Infant/toddler rest furnishings
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	С	C)	Crib safety
С	7.	Diapering procedures are followed.	С	d)	Individual rest place
	8.	Handwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.
С		a) Toileting	С		ei) Younger than 12 months old, a crib, portable crib,
С		b) Diapering	С		or playpen eii) At least 12 months old and younger than 5 years
С		c) Food preparation and eating	L		old, a bed, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

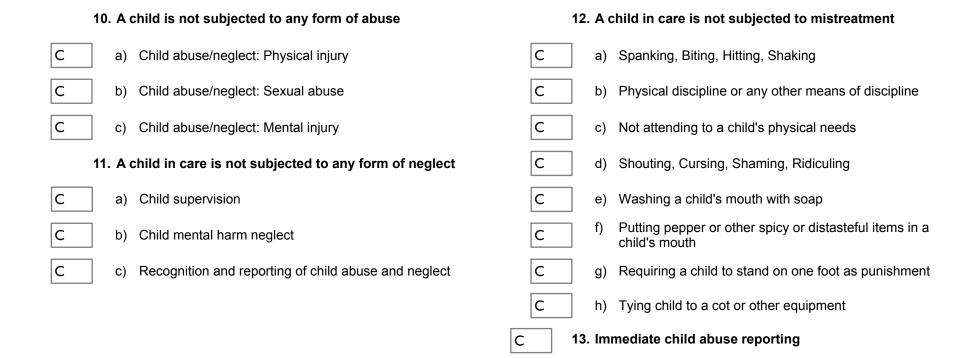
#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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## Part 3 – Child Abuse, Neglect and Mistreatment Standards

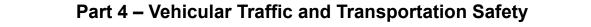


#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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 C
 14. Vehicle safety awareness
 C
 15. Individual child vehicle safety

 C
 16. Child seat safety compliance

## Part 5 – Outdoor Activity Area

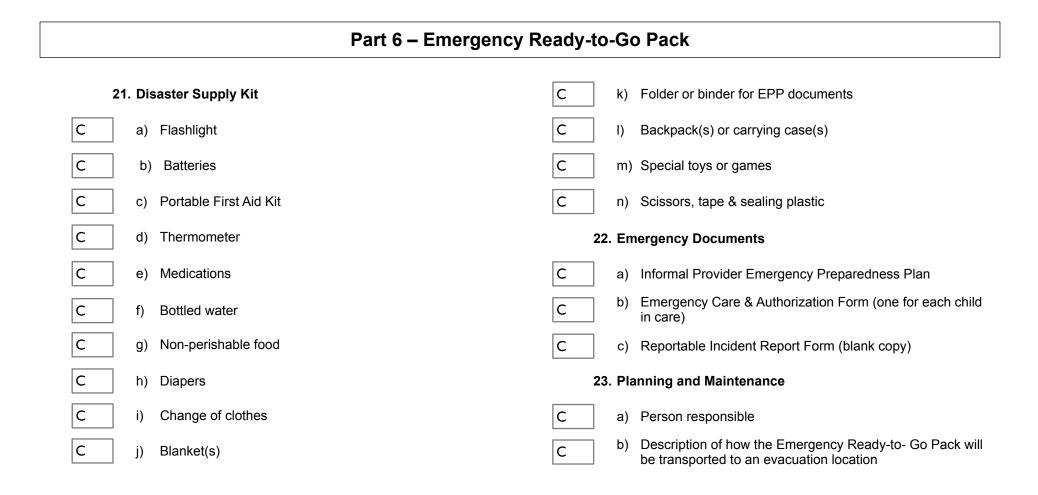
С	17. Safe outdoor play area	20	. Po	ol Safety
С	18. Enclosed safe play area	С	a)	4 ft. fence that surrounds the pool
С	19. Traffic and congested areas assessment	С	b)	Self-closing and self-latching mechanism on the entry/exit way
		С	c)	Secured Lock
		С	d)	Sensor or alarm on the access door

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

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- 2. Select the Standard that requires documentation and enter the compliance status.
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#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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

consistent with standards for parental consent



Time Out:	5/29/2025	2:50PM
	Date	Time

Time

Date	Start Time	End Time	Duration	Follow-Up
05/29/2025	I:30pm	2:50PM	<b>170MINUTES</b>	

Total Duration:	170
	Minutes

# SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:
290320	N/A	20877	Montgomery County
INFORMAL PROVIDER NAME:		CARE LOCATION:	
Roberta Holland		Child's H	ome Informal Child Care Provider's Home
PERSON(S) INTERVIEWED:			
Roberta Holland			
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:	
Initial Application		5/29/2025/1:30pm/170mi	nutes

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS WERE MET		

Liliana Martinez	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Liliana Martinez				

⊠Virtual Inspection □In-person Inspection		Department of E Care Care Scholars INFORMAL O SPECTION CH	nip Program CARE	of Child	Return to: ccs.informalpr	roviders@maryland.gov
Inspection Date: 6/18/2024	Time	e In: 1:30pm	Time Out: 2:50	pm Re	sult: Passed	
Informal Care	1	· · · · · · · · · · · · · · · · · · ·	1	I		
Type of Care (check one):	□ Non-relative Info	ormal Provider C	ara MDalativ	o lufe	Provider Care	
Provider Information				e mormar	Provider Care	
First Name: Cynthia						
Provider ID #:	Last	Name: Houser			ovider ID: 5542(	J6
Care Location Inspected				En	nail:	
Street Address:		City:	County:		States	7-0-1-
Address Verified?: Yes	20.3	<u>Ony</u> .	<u>county</u> .		State:	Zip Code:
Name of Children in Care (ad	d pages if needed)	Scholarship	Date of Birth	Age	/ Prese	ent (Y/N)
			12/29/2023	5 mont		
Safety of the Home		· · · · · · · · · · · · · · · · · · ·	L			
Directions: Review and Additional pages may b	e used for comments.		Y – Yes, N – No,	D – Discu	ssed, n/a – Not	eeded. Applicable
Health and Safety Training:			Standard Met		ents/Notes	frame if needed
Basic Health and Safe	ety Training Complete	ed?	Y			
Home is free of health and sa	ifety hazards:		Standard Met Y/N		ents/Notes live Action /Time	frame if needed
Is in good repair			Y			
Is free of insect or rod	· · · · · · · · · · · · · · · · · · ·		Y			
<ul> <li>Is well-lit and well-ven</li> </ul>			Y			
Has hot and cold runn			Y		·····	
Has a working inside t			Y			
Has utilities for cookin	······	<u>a</u>	Y			
<ul> <li>Has a working and sat</li> <li>Has a working refriger</li> </ul>			Y	_		
Has a working telepho			Y Y			
Has operational smoke			Y			
Has first aid kit/supplie		der et a	Y			
Has protective coverin accessible to children	and the second	outlet that is	Y	-		
Harmful items are stored app children:	ropriately and away	from	Standard Met Y/N	Commen Correctiv	ts/Notes /e Action /Timefr	ame if needed
<ul> <li>Sharp or pointed items</li> </ul>			Ŷ			
Medications of any kin			Y			
Matches, lighters and t	ammable products		Y			
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents     Poincous substances			Y			
Poisonous substances			Y			
GENERAL CLEANLINESS STA All areas of the home are kept c		ring area	Standard Met Y/N	Comment Correctiv	ts/Notes e Action /Timefr	ame if needed
	жан, якличну шаре	nig 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	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Profective Services Unit.	Y	

The Emergency Ready-to-Go Pack (including needed medications) and	must be available and easily accessible in the event	t of an emergency. This contains a Disaster Supply Kit
lisaster Supply Kit		
Directions: Review and determine contains enough supplies for each of	that each item is adequately included in the Disaster child in care. Also that the items are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit I, and usable. Comment and note below if needed.
⊠ Flashlight	⊠Bottled water	SFolder 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	⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Medications	⊠Blanket(s)	
	n, organized, and usable (Y/N)? Yes	······································

Location of Emergency Ready to go Pack: Near the front door		
Item Specification (if needed):		
Oragel for teething, Gas relief and vitamins		
<ul> <li>Empty bottle, individual formula, baby food</li> </ul>		
To be observed for compliance on :		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this com	pleted form)	
Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly:	
First Name Cynthia Last Name House		
Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation location	):
Shelter In Place Procedures:		
The Provider will gather the baby and place her in the car seat/ strol the parent to inform her of the emergency and will try to keep the pa	rent on the line until the emer	ency is over The Provider will areh
the emergency bag from near the entrance of the home. The Provid and lock/seal the shelter area. The Provider would contact the f	er would shelter with the child	(2 doors 0 Mindown)
Evacuation Procedures:		
The Provider will contact the parent to inform her of the emergency a would then place the baby in harness, if the oldest child is present the car. The baby would be secured in their rear facing car seat while the would drive (0 doors 3 will to inform them that they are secure and again when the emergency	e provider will grab the child's e oldest child will be secured in ndows). The Provider would o	hand the EPTC has and walk to the
The Provider will contact the parent and to keep the parent on the line until the emergency is over. She would provider will grab the child's hand, the ERTG bag and walk to the ca oldest child will be secured in their booster seat. The Provider would If needed, the Children and Provider w would contact the parent if not still on the line to inform them that the	t then place the baby in hame The baby would be secured The i	in their rear facing car seat while the Provider would (1 door 2 windows) The Provider
CARE HOURS:		
Simulting 9 D.4		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that all sta been discussed. The parties also acknowledge that, if approved, the horr pop up visit which will be conducted virtually or in-person.	ndards have been reviewed, an le in which care is provided is su	d any corrections if needed have ubject to random, unannounced
PROVIDER	41	SPECTOR
Printed Name: Cynthia Houser	Printed Name:	
Signature:	Signature:	
Date: 6/18/24 Phone:	Date: 6/18/2024	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection		epartment of E Care Care Scholars INFORMAL C SPECTION CH	nip Program ARE	of Child	Return to: ccs.informalproviders@maryland.gov
Inspection Date: 6/10/2024	Time	e In: 3:30pm	Time Out: 4:55	pm F	Result: Passed
Informal Care					
Type of Care (check one):	Non-relative Inf	ormal Provider C	are Relativ	e Informa	al Provider Care
Provider Information				e interne	
First Name: Yan Provider ID #:	Last	Name: Huang		-	Provider ID: 547046
Care Location Inspected				E	mail:
Street Address: Address Verified?: Yes	<u>City</u> :	Count	μX:	State:	Zip Code:
Name of Children in Care (a	dd pages if peeded)	Cabalanchin	Data of Dirth	0.0	Procent (V/N)
and the standard (a	ad pages it needed)	Scholarship	Date of Birth 11/1/2023	Ag	e / Present (Y/N) nths / No
			11/1/2023	7 mol	
Safety of the Home					
Directions: Review ar Additional pages may	nd determine complianc be used for comments.	e with each stand	ard. Note any comr Y – Yes, N – No,	ments or o D – Disc	corrective actions needed. ussed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N		nents/Notes ctive Action /Timeframe if needed
Basic Health and Sa	fety Training Complete	ed?	Y		
Home is free of health and s	safety hazards:		Standard Met Y/N		nents/Notes ctive Action /Timeframe if needed
Is in good repair			Y		
Is free of insect or ro			Y	-	
Is well-lit and well-ve			Y	-	
Has hot and cold run			Y	-	
Has a working inside			Y	-	
	ing, lighting and heatin	g	Y		
Has a working and s     Has a working refrige			Y		
Has a working teleph			Y		
Has operational smo			Y	-	
Has first aid kit/suppl			Y		
	ings on any electrical of	outlet that is	Y		
Harmful items are stored ap children:	propriately and away	from	Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
Sharp or pointed item	IS		Y		
<ul> <li>Medications of any ki</li> </ul>	nd		Y		
· Medications of any ki	flammable products		Y		
Matches, lighters and			Y		
			V		
Matches, lighters and			Y		
Matches, lighters and     Alcoholic beverages			Y Y		
<ul> <li>Matches, lighters and</li> <li>Alcoholic beverages</li> <li>Guns</li> </ul>	s				
<ul> <li>Matches, lighters and</li> <li>Alcoholic beverages</li> <li>Guns</li> <li>Cleaning agents</li> </ul>			Y		ents/Notes tive Action /Timeframe if needed

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
<ul> <li>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</li> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	5
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including: <ul> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accurate (including needed medications) and Emergency Documents.	essible in the event	of an emergency. This contains a Disaster Supply Kit
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	☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean	, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is availabl	e and easily accessible in the event of an emerge	ency (Y/N)? Yes

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Location of Emergency Ready to go P	ack: Kept in the kitchen		
Item Specification (if needed):			
• To be observed for compliance on :			
e			
Emergency Documents			
Informal Provider Emergency P	reparedness Plan (this o	completed form)	
Authorization for emergency me	edical care		
Planning and Maintenance			
Person responsible for updating the Disa			arly:
First Name Yan	Last Name Hu	ang	
Description of how the Emergency Read	lv-to-Go Pack will be tra	nsported to an evacuation loc	ation:
from the kitchen and carry then Evacuation Procedures:	n	<u>0 doors 1 window)</u> .	cy. She will then grab the emergency bag
from the kitchen and carry then <u>Evacuation Procedures:</u> 2. The Provider will gather the chi <u>car seat</u> and relocate to Parent to inform her of the eme	n ild and carry the emerge the Provid ergency and she and the	0 doors 1 window). ancy bag to <b>the car</b> . The Provi er will child will :	ider will <u>secure the child in a rear facing</u> to the this location, call the (1 door(s) 1 window(s)).
from the kitchen and carry then <u>Evacuation Procedures:</u> 2. The Provider will gather the chi <u>car seat</u> and relocate to Parent to inform her of the eme	id and carry the emerge the Provid ergency and she and the old and carry the emerge s to inform them of the e	0 doors 1 window). ancy bag to the car. The Provi er will child will : ancy bag to <u>the car</u> . The Provi	ider will <u>secure the child in a rear facing</u> to the this location, call the
from the kitchen and carry then Evacuation Procedures: 2. The Provider will gather the chi car seat and relocate to Parent to inform her of the eme 3. The Provider will gather the chi car seat, call the child's parent CARE HOURS: - Signatures & Date	n Id and carry the emerge greency and she and the id and carry the emerge is to inform them of the e to the this location wh	0 doors 1 window). ancy bag to the car. The Provi er will e child will : ancy bag to <u>the car</u> . The Provi emergency and relocate to here she will shelter on	ider will <u>secure the child in a rear facing</u> to the this location, call the (1 door(s) 1 window(s)). ider will <u>secure the child in a rear facing</u> The Provider will (1 door(s) 2 window(s)).
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SVirtual Inspection □In-person Inspection	Maryland St	Child	Care Scholars INFORMAL PECTION CH	CARE	Child	Care	Return to: ccs.informalproviders@maryland. ov
Inspection Date 08/10/2022	2	Time In	9:30AM	Time Out: 10:57	AM		Follow -up needed
Follow -up Scheduled 08/		Time In	10:00AM	Time Out: 10:22	MA	Result	Passed
Informal Care							
Type of Care (check one)	Non-relati	ive Inform	nal Provider Ca	are ØRelative	e Inform	nal Prov	nder Care
Provider Information							
First Name: Frances		Last Na	me: Hutchin	son		Provide	er ID: 102832
Provider ID #		C. S. S. S. S.	and a second second			Email: I	in Calescer
Care Location Inspected							
Street Address Address Address Verified? Yes	C	City	County		State		Zip Code
Name of Children in Care	(add pages if need	led)	Scholarship	Date of Birth	A	Age	/ Present (Y/N)
				07/14/2017	5	I No	
					-		
					-		
and the second					-		
Safety of the Home							
Directions: Review and deter	mine compliance w	with anch	standard Note	any commants or o	orractio	ve action	as needed. Additional
pages may be used for comm	nents	with each	Standard. Note	Y - Yes, N - No,	D - Di	scussed	d, n/a – Not Applicable
pages may be used for comm Health and Safety Training	g:		Standard. Note	Y - Yes, N - No, Standard Met Y/N	D – Di: Cor Cor	nments/ rective	d, n/a – Not Applicable /Notes Action /Timeframe if needed
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MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments
All areas of the home are kept clean, including diapeni	Y/N	Corrective Action /Timeframe if needed
	Y	
Trash, garbage and wet and soiled diapers are dispose sanitary manner	T	
Child is changed immediately when s/he has a soiled of diaper, clothing or bedding.	r wet Y	
Diapering procedures are followed.	Y	
<ul> <li>Handwashing procedures are followed. Provider and it washed thoroughly with soap and warm running water</li> <li>Toileting.</li> <li>Diapering.</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the disease.</li> </ul>	after:	
CHILD ABUSE, NEGLECT AND MISTREATMENT S	TANDARDS Standard Met	Comments/Notes
A child is not subject to any form of abuse, includir		Corrective Action /Timeframe if needed
<ul> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglincluding:</li> <li>The failure to give proper care and attention the including leaving a child unattended under clinthat indicate that the child's health or welfare placed at substantial risk of harm.</li> <li>Mental injury to a child, or a substantial risk of injury that is caused by the failure to give provattention to a child.</li> </ul>	to a child roumstances is harmed or Y of mental per care and	
<ul> <li>A child in care is not subjected to mistreatment, in</li> <li>Any deliberate act that hurts a child physicall emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful its child's mouth</li> <li>Requiring a child to stand on one foot as pur</li> <li>Tying child to a cot or other equipment</li> </ul>	y or Y ems in a hishment	
The provider immediately reports any suspected c neglect or mistreatment by calling 911 and your lo Department of Social Services Child Protective Se	cal .	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and en needed medications) and Emergency Documents	asily accessible in the event of an e	mergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are clip	tely included in the Disaster Supply ean, organized, and usable. Comm	Kit. Be certain that the Disaster Supply Kit contains
MElachlight	Bottled water	Sector of the below if needed.
Batteries for Flashlight	Non-perishable food	Backpack(s) or carrying case(s)

Portable First Aid Kit

Thermometer

Diapers N/A

Change of clothes

Consider special toys or games Heavy Duty Scissors, duct tape/

packing tape & sealing plastic/trash

bags

Medications	Blanket(s)	
Contraction of the second	clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is av	allable and easily accessible in the event of an emerge	incy (Y/N)? Y
Location of The Emergency Ready	y to go Pack: By the front door	
Item Specification (if needed):		Fulazal confisone cream
and a state the second and a state of	loves, cold compress, tape, ointment, alcohol swabs, T	yiendi, contactic crossing
3 8oz bottles of water, 4 chef Boyard	ee cans, 2 books, Disney classic, Dr. Seuss	
Dress, panties, shorts,		
Items to review on 08/11/2022 if ne	eded: Observed 08/11/2022	
<ul> <li>Cleaning supplies under sin</li> <li>Knives moved high shelf or</li> </ul>	nk moved to higher cabinet. Observed 8/11/2022	
Knives moved high shelf or	cabinet Observed of 12022	
Emergency Documents	Descriptions Plan (this completed form)	
	cy Preparedness Plan (this completed form)	
⊠Authorization for emergency	y medical care	
Planning and Maintenance	Piecele Rit and the Emergency Documents	regularly
	Disaster Supply Kit and the Emergency Documents	
First Name	Last Name	
Shelter In Place Procedure: The provider will grab Ryleigh, the El he provider will use plastic and tape	RTB and head to the upstairs bathroom that has no to seal the shelter. Once secure, the provider will c	windows and one door. If the need should arise
Shelter In Place Procedure: The provider will grab Ryleigh, the El he provider will use plastic and tape hey are sheltering in place Evacuation Procedures: The provider will grat metry with spare key and head to the plastic and tape to seal the shelter. The vacuation location. If they couldn't shelter at the primary loose. Provider will	RTB and head to the upstairs bathroom that has no to seal the shelter. Once secure, the provider will c e ERTB and head to the provider's vehicle where s mary evacuation location which main bathroom that has no windows and one door, he provider will call the parents before leaving the c location, they will go to the alternate evacuation loc pefore leaving and let her know they are on the wa	windows and one door. If the need should arise all, text or email the parent and let her know that be will is secure in her Once at the location, the provider will gain If the need should arise, the provider will use care location and after they are secure in the ation which is the I let them into the n the basement that has one small window and
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