

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections



H

First letter of the provider's last name.

Posted June 2025

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 6/05/2024	Time In: 1:30pm	Time Out: 2:28pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Joyce	Last Name: Hansberry	Provider ID: 543744
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/3/2023	6 months	/	N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	NO CLEANING ITEMS KEPT IN THE HOME
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

Item Specification (if needed):

- 2 emergency bags

To be observed for compliance on :

- 

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name Joyce

Last Name Hansberry

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

**Shelter In Place Procedures:**

The Provider will [REDACTED]. The [REDACTED] 2 door(s) 1 window(s)). The provider will contact the parent after ensuring that the children are safe.

**Evacuation Procedures:**

The Provider will place one bag on her back one in her arms and holding the child while carrying the child to the car. The child will be secured in a rear facing car seat and the parents of the child will be contacted. The Provider will then drive [REDACTED] where she will receive instruction from the [REDACTED] of a secure location to shelter in.

The Provider will place one bag on her back one in her arms and holding the child while carrying the child to the car. The child will be secured in a rear facing car seat and the parents of the child will be contacted. The Provider will then drive [REDACTED] where she will receive instruction from the [REDACTED] of a secure location to shelter in.

**CARE HOURS:**

**Signatures & Date**

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

**PROVIDER**

Printed Name:

Joyce E. Hansberry

Signature:

Date:

6/5/24

Phone:

**INSPECTOR**

Printed Name:

Signature:

Date: 6/05/2024

Phone: 1-877-227-0125



☒ Virtual Inspection  
☐ In-person  
Inspection

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

Return to:  
ccs.informalproviders@maryland.gov

Inspection Date: 5/10/2024

Time In: 5:30pm

Time Out: 6:31pm

Result: Passed

**Informal Care**

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

**Provider Information**

First Name: Denise

Provider ID #: [REDACTED]

Last Name: Hardrick

Provider ID: 513401

Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]

City [REDACTED]

County [REDACTED]

State [REDACTED]

Zip Code [REDACTED]

Address Verified?: Yes

Name of Children in Care (add pages if needed)

Scholarship

Date of Birth

Age /

Present (Y/N)

1/6/2023

1 / Y

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.

Additional pages may be used for comments.

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

**Health and Safety Training:**

Standard Met  
Y/N

Comments/Notes  
Corrective Action /Timeframe if needed

Basic Health and Safety Training Completed?

Y

**Home is free of health and safety hazards:**

Standard Met  
Y/N

Comments/Notes  
Corrective Action /Timeframe if needed

• Is in good repair

Y

• Is free of insect or rodent infestation

Y

• Is well-lit and well-ventilated

Y

• Has hot and cold running water

Y

• Has a working inside toilet

Y

• Has utilities for cooking, lighting and heating

Y

• Has a working and safe heating system

Y

• Has a working refrigerator and stove

Y

• Has a working telephone

Y

• Has operational smoke detector(s)

Y

• Has first aid kit/supplies

Y

• Has protective coverings on any electrical outlet that is accessible to children

Y

**Harmful items are stored appropriately and away from children:**

Standard Met  
Y/N

Comments/Notes  
Corrective Action /Timeframe if needed

• Sharp or pointed items

Y

• Medications of any kind

Y

• Matches, lighters and flammable products

Y

• Alcoholic beverages

Y

• Guns

Y

• Cleaning agents

Y

• Poisonous substances

Y

**GENERAL CLEANLINESS STANDARDS**

Standard Met  
Y/N

Comments/Notes  
Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.

Y



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit.</u></b>	Y	

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

**To be observed for compliance on :**

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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 [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedures:**

THE EMERGENCY BAG IS [REDACTED] IF THE PROVIDER ANDDD CHILD ARE IN A DIFFERENT AREA OF THE HOME SHE [REDACTED] (2 WINDOW 1 DOOR). THE PROVIDER WILL INFORM THE PARENT OF THE EMERGNENCY AS SOON AS IT OCCURS.

**Evacuation Procedures:**

THE PROVIDER WOULD THER THE CHILD AND THE BAG AND SECURE THE CHILD IN A REAR FACING CAR SEAT. THE PROVIDER WOULD CALL THE PARENT BEFORE [REDACTED] ONCE THERE SHE WILL [REDACTED] THE PROVIDER WOULD [REDACTED] FOR EVACUATION AND WILL GAIN INSTRUCTION FROM [REDACTED]

THE PROVIDER WOULD THER THE CHILD AND THE BAG AND SECURE THE CHILD IN A REAR FACING CAR SEAT. THE PROVIDER WOULD CALL THE PARENT BEFORE DRIVING [REDACTED] ONCE THERE SHE [REDACTED] THE PROVIDER WOULD INFORM [REDACTED] FOR EVACUATION AND WILL GAIN INSTRUCTION FROM STAFF ON WHERE TO SHELTER. IF THERE IS NO OPTION TO VISIT THE [REDACTED]

**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:	Dennis R. Hardwick	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	5/10/24	Date:	5/10/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/25/2023</b>	Time In: <b>9:30AM</b>	Time Out: <b>10:24AM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Denice</b>	Last Name: <b>Hardrick</b>	Provider ID: <b>513401</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		<b>(01/06/2023)</b>	<b>3mos.</b>	<b>/ Y</b>	

### Safety of the Home

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

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



	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Area well-organized and cleaned with all supplies
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Provider uses trash bin to dispose daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit.</u></b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

**Location of The Emergency Ready to go Pack:** Stored on shelf in closet of the basement living room

**Item Specification (if needed):**

- 1 duffle bag (carrying case), 1 thermometer, 1 blanket, 1 outfit (top/bottom), 5 diapers w/ 1 pk of wipes, 1 first aid kit, no spec meds, 1 pair of scissors, 1 roll of duct tape, 6 heavy duty trash bags, 2 bottled waters, 3 canned foods, fold w/ EPP and ECMA, 1 flashlights, 3 extra AAA batteries, and 1 toy

Items to be reviewed on xx/xx/xxxx: N/A

### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

### Planning and Maintenance

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

First Name

Denice

Last Name

Hardrick

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

#### Shelter In Place Procedure:

The provider will gather the child and the ERTG and head into the laundry room (1 door 1 window) for shelter. The provider would use the sealing plastic and tape to seal the window and door if the need arose. Then she will call the parent to give updates about the emergency of what the next steps are and if evacuation is necessary.

#### Evacuation Location(s) Procedures:

**Primary:** The provider will account for the child and ERTG and head to the provider's vehicle. The provider will secure the child in his rear-facing car seat and drive to the evacuation site, [REDACTED]. If the provider could not drive she would grab the ERTG and secure the child in his stroller and [REDACTED]. Upon arrival the provider must speak [REDACTED] to receive instruction about where to shelter and then call the parents to inform them of their safety at the location and provide updates.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTG and the provider will secure the child in her vehicle in his rear-facing car seat and drive to [REDACTED] and if she needed to walk with the child she would secure him in his stroller and [REDACTED]. Upon arrival, the provider will speak with an [REDACTED] and be directed of where she and the child can shelter. The provider will call or text the 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:

Denice R. Hardrick

Printed Name: [REDACTED]

Signature: [REDACTED]

Date:

5/10/23

Phone: [REDACTED]

Date: 04/25/2023

Phone: 1-877-227-0125

**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>5/9/2025/4:00pm/120 minutes</b>
APPLICANT ID: <b>N/A</b>
PROVIDER ID: <b>513401</b>
APPLICATION DATE: <b>05/01/2025</b>
COUNTY: <b>Baltimore County</b>

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

☐ Follow-Up

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

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Driver License</b>	EXP. DATE: <b>03/06/2026</b>
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: <b>Denice Hardrick and Joy Howell</b>			
PERSON(S) INTERVIEWED: <b>Denice Hardrick</b>			



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

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

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

## Part 1 – Safety of Home

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

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

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

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## Part 2 – General Cleanliness

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

### 9. Rest Area and Furnishings

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

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

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

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

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

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

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

#### 12. A child in care is not subjected to mistreatment

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

#### 13. Immediate child abuse reporting



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

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

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### **Part 4 – Vehicular Traffic and Transportation Safety**

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

### **Part 5 – Outdoor Activity Area**

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

**20. Pool Safety**

a) 4 ft. fence that surrounds the pool

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

c) Secured Lock

d) Sensor or alarm on the access door

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

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

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## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

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

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

### 22. Emergency Documents

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

### 23. Planning and Maintenance

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

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

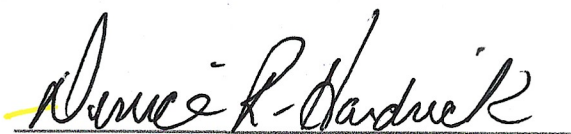
- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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### Part 7 – Health & Safety Review

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

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

  
Signature of Informal Child Care Provider

5/10/25  
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

Date

18:00

Time

Date	Start Time	End Time	Duration	Follow-Up
05/09/2025	16:00	18:00	120	

Total Duration:

120

Minutes

**SUMMARY OF CORRECTION**

PROVIDER ID: <b>513401</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>21117</b>	COUNTY: <b>Baltimore County</b>
INFORMAL PROVIDER NAME: <b>Denice Hardrick</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Denice Hardrick and Joy Howell</b>			
VISIT TYPE: <b>Renewal Application</b>		INSPECTION TIME/DATE/DURATION: <b>5/9/2025/400:pm/120 minutes</b>	

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

Liliana Martinez

Date

ICCP Form SOC108c



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/16/2022	Time In: 1:45PM	Time Out: 2:49PM	Result: Passed if returned by 5PM on 6/16/2022
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### Informal Care

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

#### Provider Information

First Name: Ethel	Last Name: Harper	Provider ID: 487759
Provider ID # [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		2/15/2017	5 / Yes
[REDACTED]		5/28/2018	4 / Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider registered, pending completion.
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Out bound call on Landline observed.
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, alcohol wipes gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to higher cabinet
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions



GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

☒ 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**

☒ 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 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 [REDACTED] where they will shelter. [REDACTED] 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 [REDACTED] Provider will call parent 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 [REDACTED] 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 [REDACTED] 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:	Ethel HARPER	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	6/16/22	Date:	06/16/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/23/2023</b>	Time In: <b>2:30PM</b>	Time Out: <b>3:58PM</b>	Result: <b>PASSED</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Michelle</b>	Last Name: <b>Harrington</b>	Provider ID: <b>527106</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(09/22/2022)	1yr.	/	Y

**Safety of the Home**

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	2 knife blocks on the back of counter
• Medications of any kind	Y	Stored in high cabinet of kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Cleaning products moved to top shelf of hallway closet
• 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	Changing area in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via trash cans
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering supplies in changing bag
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Stored by exit door	
<b>Item Specification (if needed):</b>	
: 1 backpack (carrying case), 1 flashlight, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no specific meds, 2 bottled waters, 1 canned food, 2 pk baby food, 4 diapers, 1 pk of wipes, 1 outfit (top/bottom), 1 med blanket, 1 book/1 toy, 1 roll duct tape, 2 trash bags, 1 pair of scissors, and folder w/ EPP and ECMA docs per child	
: Items to be reviewed on xx/xx/xxxx: N/A	
:	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Michelle</b>	Last Name <b>Harrington</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b>	
<b>Shelter In Place Procedure:</b>	
The provider will account for the child and grab the ERTG and go into the lower storage area (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. Once secured the provider will call and text the parent with emergency updates.	
<b>Evacuation Procedures</b>	
<b>Primary:</b> 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 [REDACTED]. Upon arrival the provider will receive instruction [REDACTED] about where to shelter specifically. Once secured the provider will call or text the parent with emergency updates.	
<b>Alternate:</b> 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 [REDACTED] Upon arrival the provider [REDACTED], once inside the provider and child would shelter [REDACTED] (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.	
<b>Care Hours:</b> [REDACTED]	

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: <b>Michelle Harrington</b>		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: <b>12/13/23</b>	Phone: [REDACTED]	Date: 10/23/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 8/30/2024	Time In: 10:30am	Time Out: 11:13am	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Ronisa	Last Name: Harrison	Provider ID: 523330
Provider ID # [REDACTED]		Email [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		4/30/2020	4yrs/ N
[REDACTED]		6/28/2017	7yrs/ N

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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: Basement room

Item Specification (if needed):

To be observed for compliance on :

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name Ronisa

Last Name Harrison

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

#### Shelter In Place Procedures:

The Provider will gather the ready to go bag and the children, take them to the [REDACTED] #1 of door, no window(s) and one vent). The provider will contact parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by [REDACTED]. The provider will travel to the evacuation location of a [REDACTED] and gaining access [REDACTED] shelter in [REDACTED] #1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering.

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by [REDACTED]. The provider will travel to the evacuation [REDACTED] and gaining access by [REDACTED] #2 of doors, #3 of window(s)). The provider will contact parent before, during and after sheltering.

#### CARE HOURS:

- Monday-Friday 5:30am-6pm

#### 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	Ronisa Harrison	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 8/30/24	Phone: [REDACTED]	Date: 8/30/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/01/2023	Time In: 9:30AM	Time Out: 10:41AM	Result: PASSED
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### Informal Care

Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>		
First Name: <b>Ronisa</b>	Last Name: <b>Harrison</b>	Provider ID: <b>523330</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(06/28/2017)	6yr.	/	N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Stored on kitchen cabinet (Band-Aids, Alcohol, Gauze, First Aid Kit)
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife holder on the back of cabinet
• Medications of any kind	Y	Stored in high cabinet in provider's bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Moved to higher shelf
• Poisonous substances	Y	Moved to higher shelf

<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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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	Trash taken out daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding	Y	
Diapering procedures are followed	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Stored in downstairs playroom

Item Specification (if needed):

- = 1 duffle bag (carrying case), 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no spec meds, 6pk bottled water, 3 canned good, 1 jar of peanut butter, crackers and chips, 1 outfit (top/bottom/socks/underwear), 1 blanket, 1 pair of scissors, heavy duty trash bags/roll of trash bags, 1 roll of duct tape, 1 toy, and folder with EPP and ECMA docs
- = Items to be reviewed on xx/xx/xxxx: N/A
- =

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name  
**Breanna**

Last Name  
**Liggins**

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 ERTG and head to the basement bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if the need should arise. The provider will call, text or face time the parent with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the child and grab the ERTG and head to her vehicle. The provider will ensure the child is secured in his booster seat and [REDACTED] Upon arrival the provider [REDACTED] and go into the [REDACTED] 1 door 0 windows). The provider will call or text the parent once she and the child are secured.

**Alternate:** If they could not access the primary location, the provider will account for the child and grab the ERTG. The provider will ensure the child is secured in his booster seat and [REDACTED] Upon arrival the provider and child will go to the [REDACTED] or receive instruction from staff of where to shelter. The provider will call or text the parent before and once she and the child are secured.

Care Hours:

[REDACTED]

**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:	<b>Ronisa Harrison</b>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: <b>8-31-23</b>	Phone: [REDACTED]	Date: <b>08/01/2023</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/18/2024	Time In: 9:30 AM	Time Out: 10:12 AM	Result: Passed
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### Informal Care

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

#### Provider Information

First Name: Katherine	Last Name: Hartman	Provider ID: 503195
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		4/27/2021	3 years old/ N
[REDACTED]		10/24/2019	5 years old/ N

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<p><b><u>Location of Emergency Ready to go Pack: Behind the chair in the living room</u></b></p> <p><b><u>Item Specification (if needed):</u></b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b><u>To be observed for compliance on :</u></b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Katherine</b>	Last Name <b>Hartman</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, taking them to the basement [REDACTED] <b>1 doors, 0 window(s)</b> . The provider will <b><u>text the parent before, during and after sheltering.</u></b>	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <b><u>securing</u></b> [REDACTED] The provider will [REDACTED] <b><u>and gain access</u></b> [REDACTED] <b>doors, 0 window(s)</b> . The provider will <b><u>text the parent before, during and after sheltering.</u></b>	
The Provider will gather the children and the ready to go bag, <b><u>securing the</u></b> [REDACTED] The provider will [REDACTED] <b><u>and gain access by</u></b> [REDACTED] <b><u>to shelter in the</u></b> [REDACTED] <b>doors, 0 window(s)</b> . The provider will <b><u>text the parent before, during and after sheltering.</u></b>	
<b><u>CARE HOURS:</u></b>	
- M-F 2:00PM-10:00PM	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <i>Katherine Hartman</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <i>11/12/24</i>	Phone: [REDACTED]	Date: 11/18/2024	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/14/2022	Time In: 10:30AM	Time Out: 11:30AM	Result: Failed. Needs Follow Up.
Follow Up Scheduled: 12/16/2022	Time In: 10:00AM	Time Out: 10:14AM	Result: PASSED

### Informal Care

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

### Provider Information

First Name: Katherine	Last Name: Hartman	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		10/24/2019	3 / No
[REDACTED]		04/27/2021	1 / No

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, gauze, glove, tape, alcohol wipes,
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered or in use
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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



GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> </ul> </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 Department of Social Services Child Protective Services Unit</u> .	Y	

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b><u>Location of The Emergency Ready to go Pack:</u></b> In the play room on a hook .	
<b><u>Item Specification (if needed):</u></b>	
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	
<b><u>Items to review on 12/16/2022 if needed:</u></b> Observed 12/16/2022	
Emergency Preparedness Plan and Emergency Care and Medication Authorization for both children in the emergency to-go bag.	
<b><u>Emergency Documents</u></b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b><u>Planning and Maintenance</u></b>	
Person responsible for updating the Disaster Supply 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	
<b><u>Shelter In Place Procedure:</u></b>	
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.	
<b><u>Evacuation Procedures:</u></b>	
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 [REDACTED]. Once at 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 [REDACTED] and then again after they are secure in the evacuation location.	
If they couldn't shelter at the primary location, they will go to the alternate evacuation location, which is [REDACTED]. The provider will grab the children and fasten them into the stroller and then grab the emergency bag and cell phone and walk over to [REDACTED]. They 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 [REDACTED] and then after they are secure [REDACTED].	

<b><u>Signatures &amp; Date</u></b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Katherine Hartman		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 12/19/2022	Phone: [REDACTED]	Date: 12/16/2022	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/12/2023	Time In: 2:30PM	Time Out: 3:42PM	Result: PASSED
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### Informal Care

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

### Provider Information

First Name: Taundra	Last Name: Hayes-Turner	Provider ID: 482490
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(12/29/2014)	8yr.	/	N

### Safety of the Home

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

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

	Y/N	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	Trash is emptied daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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



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

**Location of The Emergency Ready to go Pack:** Stored in hallway closet near exit

**Item Specification (if needed):**

- 1 flashlight, 1 pk of D extra batteries, 1 first aid kit, eczema ointment, 2 bottled waters, 2 dried food meals, 1 outfit (top/bottom/underwear), blanket, folder w/ EPP and ECMA 1 duffle bag (carrying case), 1 toy and makeup set, 1 pair of scissors, 2 heavy duty trash bags/insulation kit, 1 thermometer, and 1 roll of duct tape
- Items to be reviewed on xx/xx/xxxx: N/A

#### Emergency Documents

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

#### Planning and Maintenance

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

First Name

Tandra

Last Name

Hayes-Turner

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 ERTG and go into the hallway bathroom (1 door 0 windows) or master bathroom (1 door 0 windows), roll call for the child and say their code. Once secured in either location, the provider use the sealing plastic and tape to secure the doors and vents. The provider will call or text the parent with emergency updates throughout.

#### Evacuation Procedures

**Primary:** The provider will account for the child, and use their code word as well as grab the child's hand and grab the ERTG bag. The provider and child will go into her vehicle. She will place the ERTG in the passenger seat and then ensure the child is secured in her car seat belt. The provider will drive to [REDACTED] and call [REDACTED] and parent along her way to inform her [REDACTED]. Upon arrival the provider has [REDACTED] they will shelter in the [REDACTED] (1 door 1 window). Once secured she will call the parent or text to give emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, grab the ERTG and call [REDACTED] to inform them that [REDACTED]. Provider will ensure the child is calm and secured at all times. The provider along with the child and ERTG will be secured in the provider's vehicle and they will drive [REDACTED]. The provider will call the parent along the way. Upon arrival [REDACTED] and they would shelter in [REDACTED] (1 door 0 windows). Once secured she will call the parent or text to give emergency updates.

Care Hours:

[REDACTED]

[REDACTED]

#### 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:	TANDRA HAYES-TURNER	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	8/9/2023	Date:	07/12/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/21/2023</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:15PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

#### Provider Information

First Name: <b>LaToya</b>	Last Name: <b>Herbert</b>	Provider ID: <b>525880</b>
Provider ID #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>		Email: <span style="background-color: black; color: black;">XXXXXXXXXX</span>

#### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>(01/24/2023)</b>	<b>7mos.</b>	<b>/</b>	<b>Y</b>

### Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in locked kitchen pantry on top shelf
• Medications of any kind	Y	Stored in high cabinet in the bathroom
• Matches, lighters and flammable products	Y	Stored in locked hallway pantry
• Alcoholic beverages	Y	Stored in locked kitchen pantry on top shelf
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in bathroom and kitchen cabinet with lock
• 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	Child is changed in changing station in providers bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via diaper genie
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all necessary supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

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



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

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

Location of The Emergency Ready to go Pack: Stored in hallway closet near exit door

Item Specification (if needed):

- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 4 canned foods, 1 pk of diapers and 1 bag of wipes, 1 onesie, 2 blankets, folder w/ EPP and ECMA docs, 1 book, 1 roll of duct tape, 1 pair of scissors, and 1 roll of trash bags
- Items to be reviewed on xx/xx/xxxx: N/A

#### Emergency Documents

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

#### Planning and Maintenance

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

First Name  
LaToya

Last Name  
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 ERTG and go into the master bedroom (2 doors 1 window). The provider will use the sealing plastic and tape to seal the door, window and vents if the need arises. The provider will call the parent once secured with emergency updates.

#### Evacuation Procedures

**Primary:** The provider will account for the child, grab the ERTG and head to the provider's vehicle and drive [REDACTED]. The provider will ensure the child is secured in her rear-facing car seat by locking the car seat into its base. Upon arrival, the provider will receive instruction from [REDACTED] of where to shelter specifically. The provider will call and text the parent once secured with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, grab the ERTG and head to the provider's vehicle and drive to [REDACTED]. The provider will ensure the child is secured in her rear-facing car seat by locking the car seat into its base. Upon arrival the provider will contact [REDACTED] 1 door 3 windows) [REDACTED] (1 door 0 window). The provider will call and text the parent once secured with emergency updates.

Care Hours:  
[REDACTED]

#### 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:	LaToya Herbert	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9-21-23	Date:	09/21/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/15/2022	Time In: 9:26 AM	Time Out: 10:24 AM	Result: APPROVED
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<b>Informal Care</b>			
Type of Care (check one):	<input checked="" type="checkbox"/> Non-relative Informal Provider Care	<input type="checkbox"/> Relative Informal Provider Care	

<b>Provider Information</b>			
First Name: Hemawatie	Last Name: Hemraj	Provider ID: 486271	
Provider ID #: [REDACTED]		Email: [REDACTED]	

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(10/22/2021)	7mos.	/ Y
			/	
			/	
			/	
			/	
			/	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and ventilated
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Everyone has working cellphones
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered

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



• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Clean changing area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed in nearest trash bin
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



<input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Blanket(s)	packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y, in hallway closet</b>		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name: _____ Last Name: _____		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Item Specification (If needed):</b> - 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		
<b>Shelter-in-Place Procedures:</b> 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.		
<b>Evacuation Locations Procedures:</b> <b>Primary</b> – 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 _____ to the evacuation location, _____ will let them in the apartment and will stay in the living room area (2 doors and 1 window), provider will call or text the parent before going to the evacuation location and upon arrival to the evacuation site.  <b>Alternate</b> – 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.		
<b>Signatures &amp; Date</b>		
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. 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.		
<b>PROVIDER</b>	<b>INSPECTOR</b>	
Printed Name: <i>Hemawatie Hemrat</i>	Printed Name: _____	
Signature: _____	Signature: _____	
Date: <i>06-15-2022</i> Phone: _____	Date: 06/15/2022	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a>
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Inspection Date: 11/22/2024	Time In: 3:30pm	Time Out: 4:10pm	Result: Passed
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### Informal Care

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

#### Provider Information

First Name: Marta	Last Name: Hernandez-Osorio	Provider ID: 530005
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

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

Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
[REDACTED]		10/10/2015	9yrs/	N
[REDACTED]		10/27/2020	4yrs/	N

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<u>Location of Emergency Ready to go Pack: near the main entrance door</u>	
<u>Item Specification (if needed):</u>	
•	
<u>To be observed for compliance on :</u>	
•	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Marta	Last Name Hernandez Osorio
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, take them to sheltering location [REDACTED] (#2 of doors, #0 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <u>they will be traveling</u> [REDACTED] <u>children secured</u> [REDACTED]. [REDACTED] The provider will <u>travel to the evacuation location</u> [REDACTED] <u>gaining access by</u> [REDACTED] <u>to shelter</u> [REDACTED] (#1 of doors, #2 of window(s)). The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, <u>they will be traveling</u> [REDACTED] <u>children secured</u> [REDACTED]. [REDACTED] The provider will <u>travel to the evacuation location</u> [REDACTED] <u>gaining access by</u> [REDACTED] <u>to shelter in</u> [REDACTED] (#1 of doors, #2 of window(s)). The provider will contact parent before, during and after sheltering	
<b><u>CARE HOURS:</u></b>	
- Sunday-Thursday 7am-5pm	

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: Marta Hernandez Osorio		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 11/25/2024	Phone: [REDACTED]	Date: 11/22/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 8/13/2024	Time In: 1:30PM	Time Out: 2:15PM	Result: Passed
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**Informal Care**

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

First Name: Melissa	Last Name: Herring	Provider ID: 520941
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/6/2021	3 years old/ Y
[REDACTED]		10/31/2022	1 year old/ Y

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	[REDACTED]

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

**GENERAL CLEANLINESS STANDARDS**

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

Location of Emergency Ready to go Pack: Hall closet by the front door

### 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 Melissa

Last Name Herring

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

#### Shelter In Place Procedures:

The Provider will gather children and ready to go pack. Take [REDACTED] (1 door, 1 window(s)). The provider will call the parent during/after and text during sheltering.

#### Evacuation Procedures:

The Provider will gather the children and ready to go pack. Placing them in the car, the oldest child will be placed in a front facing car seat and the youngest will be placed in a rear facing car seat. The provider will drive [REDACTED] the will [REDACTED] (1 of doors, # of window(s)). The provider will call the parent during/after and text during sheltering.

The Provider will gather the children and ready to go pack. Placing them in the car, the oldest child will be placed in a front facing car seat and the youngest will be placed in a rear facing car seat. The provider [REDACTED] will [REDACTED] (1 of doors, 0 of window(s)). The provider will call the parent during/after and text during sheltering.

#### CARE HOURS:

### Signatures & Date

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

#### PROVIDER

Printed Name: Melissa Herring

Signature: [REDACTED]

Date: 8/13/24

Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 8/13/2024

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/25/2023 Follow-up Inspection Date: 07/28/2023	Time In: 2:30PM Time In: 2:00PM	Time Out: 3:45PM Time Out: 2:29PM	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Melissa</b>	Last Name: <b>Herring</b>		Provider ID: <b>520941</b>
Provider ID # [REDACTED]			Email: [REDACTED]
<b>Care Location Inspected</b>			
Street Address: 1926 Park Beach Dr. City: <b>Aberdeen</b> County: <b>Harford</b> State <b>MD</b> Zip Code: <b>21001</b> Address Verified? <b>Yes.</b>			
<b>Name of Children in Care (add pages if needed)</b>	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
[REDACTED]		(08/06/2021)	1yr. / Y
[REDACTED]		(10/31/2022)	8mos./ Y

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Stored on kitchen cabinet (Band-Aids, Alcohol, Gauze, First Aid Kit)
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Knife holder on the back of cabinet
• Medications of any kind	Y	Stored in high cabinet in provider's bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Locks added to master bathroom drawers and cabinets
• 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	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
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Stored by front exit in foyer closet	
<b>Item Specification (if needed):</b>	
- 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 food, 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 blankets, 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 drawers and cabinets	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Melissa	Last Name Herring
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<b>Shelter In Place Procedure:</b>	
The provider will gather the children and ERTG bags and go to the basement (1 door 1 window). Once in the basement she will use the sealing plastic and tape to seal the door, window and vent if the need should arise. The provider will call or text the parent with emergency updates.	
<b>Evacuation Procedures</b>	
<b>Primary:</b> The provider will account for the children and grab the ERTGs and each child will be secured in their rear-facing car seats in the provider's vehicle. They will drive to [REDACTED] and [REDACTED] arrival. Upon arrival the provider and children will be instructed of where to shelter [REDACTED]. They will stay together until the emergency has ended.	
<b>Alternate:</b> If they could not access the primary location, the provider will account for the children and grab the ERTGs and secure both children in their rear-facing car seats. She would drive to [REDACTED]. Along the way the provider will call the parent and inform them of the emergency, upon arrival the Provider and children will communicate with the [REDACTED] and receive instruction about where to shelter. Once secured the provider will call the a parent with emergency updates.	
Care Hours: [REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. 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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Melissa Herring		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 8/14/2023	Phone: [REDACTED]	Date: 07/28/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/26/2025	Time In: 1:15pm	Time Out: 1:53pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Rosetia	Last Name: Hill	Provider ID: 539027
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		2/19/2014	11yrs/ Y
[REDACTED]		11/16/2018	6yrs/N

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of Emergency Ready to go Pack:</b> Dining room  <b>Item Specification (if needed):</b> • <b>To be observed for compliance on :</b> •	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Rosetta	Last Name Hill
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take them to the [REDACTED] #1 of doors, #2 of window(s)). The provider will <u>call, text and email</u> parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, <u>they will be traveling</u> [REDACTED] children secured by [REDACTED] and [REDACTED]. The provider will <u>travel to</u> [REDACTED] <u>gaining access by</u> [REDACTED] to shelter in [REDACTED] #1 of doors, #1 of window(s)). The provider will call, text, and email parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, <u>they will be tra</u> [REDACTED] children secured by [REDACTED] and [REDACTED]. The provider will <u>travel to</u> [REDACTED] <u>gaining access by the</u> [REDACTED] to shelter in [REDACTED] #1 of doors, #0 of window(s)). The provider will call, text, and email parent before, during and after sheltering	
<b>CARE HOURS:</b>	
- Monday-Friday 7am-9am & 4pm-6pm	

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: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: 2/26/25	Phone: [REDACTED]	Date: 2/26/2025	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection  <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>02/05/2024</b> <b>&amp; 2/06/2024</b>	Time In: <b>1:30PM</b> <b>11:30am</b>	Time Out: <b>2:48PM</b> <b>&amp; 12:00pm</b>	Result: <b>Follow-up Required Passed.</b>
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<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Rosetta</b>	Last Name: <b>Hill</b>	Provider ID: <b>539027</b>	
Provider ID #: [REDACTED]		Email: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED]    City: [REDACTED]    County: [REDACTED]    State: [REDACTED]    Zip Code: [REDACTED]			
Address Verified? <b>Yes.</b>			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(02/19/2014)	9yr. / N

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <div style="text-align: right;">Y – Yes, N – No, D – Discussed, n/a – Not Applicable</div>		
<b>Health and Safety Training:</b>	<b>Standard Met</b> Y/N	<b>Comments/Notes</b> <b>Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met</b> Y/N	<b>Comments/Notes</b> <b>Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Lots of artificial and access to natural lighting
• Has hot and cold running water	Y	Tested by provider and observed ice melting
• Has a working inside toilet	Y	Tested by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Tested the digital thermostat and observed
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in basement play room
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Required: All outlets observed and occupied or covered needed in all areas of home
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met</b> Y/N	<b>Comments/Notes</b> <b>Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Knives stored in holder on back of counter
• Medications of any kind	Y	Stored on a high shelf in bathroom cabinet and hallway closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Required: All cleaning products not stored properly all cabinets need locks (kitchen, bathrooms) or to be moved higher locations
• Poisonous substances	Y	Stored in locked shed outside
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met</b> Y/N	<b>Comments/Notes</b> <b>Corrective Action /Timeframe if needed</b>



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age child in care
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 child in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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



**Location of The Emergency Ready to go Pack:** In the front closet near exit  
**Item Specification (if needed):**

- 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.
- **Items to be reviewed on 02/06/2024: Reviewed 2/06/2024**
- All outlets observed and occupied or covered needed in all areas of home
- All cleaning products not stored properly all cabinets need locks (kitchen, bathrooms) or to be moved higher locations

#### 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  
**Rosetta**

Last Name  
**Hill**

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

#### Shelter In Place Procedure:

The provider will grab the ready to go bag and the child and head to the basement (1 door 2 windows). Once downstairs the Provider will seal the door, windows and vent with sealing plastic and tape if needed. She will ensure all areas are locked before sealing. The Provider will call, text or email if needed to communicate emergency updates to the Parent.

#### Evacuation Procedures:

**Primary:** 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 [REDACTED]. Upon entry the child and Provider will [REDACTED] (1 door 2 windows). The Provider will call, text or email if needed to communicate emergency updates to the Parent.

#### 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 [REDACTED]. Upon entry the child and Provider will [REDACTED]. The Provider will call, text or email if needed to communicate emergency updates to the Parent.

#### Care Hours:

[REDACTED]

#### 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:	<b>Rosetta Hill</b>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	<b>2/26/24</b>	Date:	<b>2/06/2024</b>
Phone:	[REDACTED]	Phone:	<b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/13/2025	Time In: 1:30 pm	Time Out: 2:20 pm	Result: Follow Up Needed
Inspection Date: 1/15/2025	Time In: 1:00 pm	Time Out: 1:19 pm	Result: Passed

### Informal Care

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

### Provider Information

First Name: Syncere	Last Name: Hobbs	Provider ID: 566961
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		7/18/2015	9 years old/ Y

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> </ul> </li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

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



Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b><u>Location of Emergency Ready to go Pack: Next to the door</u></b>	
<b><u>To be observed for compliance on 01/15/2025 @1:00pm :</u></b>	
<ul style="list-style-type: none"> <li><b><u>Outlet Covers</u></b></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Syncere</b>	Last Name <b>Hobbs</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the child. [REDACTED] <b>1 doors, 2 window(s)</b> . The provider will <b>call/text</b> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the child and the ready to go bag, <b>taking her to the car securing the child in a booster seat</b> . The provider will [REDACTED] <b>(1 doors, 1 window(s))</b> . The provider will <b>call/text</b> parent before, during and after sheltering.	
The Provider will gather the child and the ready to go bag, <b>taking her to the car securing the child in a booster seat</b> . The provider will [REDACTED] <b>(# of doors, # of window(s))</b> . The provider will <b>call/text</b> parent before, during and after sheltering.	
<b><u>CARE HOURS:</u></b>	
[REDACTED]	

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: <b>Syncere Hobbs</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>1-16-25</b>	Phone: [REDACTED]	Date: 1/15/2025	Phone: 1-877-227-0125







<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/29/2025	Time In: 1:30 pm	Time Out: 2:20 pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Bridget	Last Name: Hoelscher	Provider ID: 538224
Provider ID # [REDACTED]		Email [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		10/14/2016	8 years old/ N
[REDACTED]		11/29/2019	5 years old/ N
[REDACTED]		04/03/2021	3 years old/ N

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </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 <b>911</b> and your <u>local Department of Social Services Child Protective Services Unit</u> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

#### 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

Bridget

Last Name

Hoelscher

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, [REDACTED] 1 doors, 0 window(s). The provider will call parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, securing the youngest in a forward facing car seat, the middle child in a forward facing car seat and the oldest in a seat belt. The provider will [REDACTED] 1 doors, 0 window(s). The provider will call parent before, during and after sheltering.

The Provider will gather the children and the ready to go bag, securing the youngest in a forward facing car seat, the middle child in a forward facing car seat and the oldest in a seat belt. The provider will [REDACTED] 1 doors, 0 window(s). The provider will call parent before, during and after sheltering.

#### CARE HOURS:

#### Signatures & Date

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

#### PROVIDER

Printed Name: Bridget Hoelscher

Signature: [REDACTED]

Date: 1/29/2025

Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 1/29/2025

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/22/2024	Time In: 3:30PM	Time Out: 4:39PM	Result: PASSED
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### Informal Care

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

### Provider Information

First Name: <b>Bridget</b>	Last Name: <b>Hoelscher</b>	Provider ID: <b>538224</b>
Provider ID: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(11/06/2011)	12yr.	/	N
[REDACTED]		(10/14/2014)	7yr.	/	N
[REDACTED]		(11/29/2016)	4yr.	/	Y
[REDACTED]		(04/03/2021)	2yr.	/	Y

### Safety of the Home

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

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



• Cleaning agents	Y	All cleaning products moved to top shelf of laundry room
• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Stored in the hallway closet near exit

**Item Specification (if needed):**

- 1 flashlight, 6 extra AA batteries, 1 first aid kit, 1 thermometer, suitcase (carrying case), no specific medications, 15 bottled waters, 1 canned, 4 packed foods, 2 pks of nuts, 4 outfits (top/bottom/socks/underwear), 2 large blankets, 1 toy, 2 family games, folder w/ EPP and ECMA docs per child, 3 trash bags, 1 pair of scissors and 1 roll of duct tape
- Items to be corrected on xx/xx/xxxx: N/A

#### Emergency Documents

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

#### Planning and Maintenance

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

First Name

Bridget

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 plastic 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. [REDACTED] The provider will ensure [REDACTED] Upon arrival the provider will call the [REDACTED] in the [REDACTED] (1 door 2 windows) with the kids. The provider will call or text the parent to inform them of emergency updates.

**Alternate:** If they could not access the primary location, the provider will gather the children, perform a head count and grab the ERTG, they will [REDACTED] The provider will ensure [REDACTED] Upon arrival the provider will call [REDACTED] and shelter in the [REDACTED] (1 door 2 windows) with the kids. The provider will call or text the parent to inform them of emergency updates.

[REDACTED]

#### Signatures & Date

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

##### PROVIDER

Printed Name:

Bridget Hoelscher

Signature:

[REDACTED]

Date:

1-23-24

Phone:

[REDACTED]

##### INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 01/22/2024

Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>5/29/2025/1:30pm/170minutes</b>
APPLICANT ID: <b>N/A</b>
PROVIDER ID: <b>290320</b>
APPLICATION DATE: <b>4/28/2025</b>
COUNTY: <b>Montgomery County</b>

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

☐ Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds	1	1	1	
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				
TOTAL	1	1	1	
Overnight				

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Driver's License</b>	EXP. DATE: <b>8/4/2029</b>
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: <b>Roberta Holland</b>			
PERSON(S) INTERVIEWED: <b>Roberta Holland</b>			



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

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

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

## Part 1 – Safety of Home

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



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- Instructions:
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## Part 2 – General Cleanliness

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

### 9. Rest Area and Furnishings

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



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### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

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

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

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

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

#### **12. A child in care is not subjected to mistreatment**

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

#### **13. Immediate child abuse reporting**



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

- Instructions:
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  3. Enter finding notes as appropriate.

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## Part 4 – Vehicular Traffic and Transportation Safety

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

## Part 5 – Outdoor Activity Area

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

**20. Pool Safety**

a) 4 ft. fence that surrounds the pool

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

c) Secured Lock

d) Sensor or alarm on the access door

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- 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 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

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

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

### 22. Emergency Documents

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

### 23. Planning and Maintenance

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



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

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

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## Part 7 – Health & Safety Review

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

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

Roberta Holland

05/29/2025

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

5/29/2025

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Liliana Martinez

Date

Time Out:

5/29/2025

Date

2:50PM

Time

Date	Start Time	End Time	Duration	Follow-Up
05/29/2025	1:30pm	2:50PM	170MINUTES	

Total Duration:

170

Minutes



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>290320</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>20877</b>	COUNTY: <b>Montgomery County</b>
INFORMAL PROVIDER NAME: <b>Roberta Holland</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Roberta Holland</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>5/29/2025/1:30pm/170minutes</b>	

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

Liliana Martinez

Date

ICCP Form SOC108c

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a>
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Inspection Date: 6/18/2024	Time In: 1:30pm	Time Out: 2:50pm	Result: Passed
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**Informal Care**

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

**Provider Information**

First Name: Cynthia	Last Name: Houser	Provider ID: 554206
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/29/2023	5 months	/	Y

**Safety of the Home**

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

<b>Emergency Ready-to-Go Pack</b>		
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) <b>and</b> Emergency Documents.		
<b>Disaster Supply Kit</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? 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: Near the front door**

**Item Specification (if needed):**

- Oragel for teething, Gas relief and vitamins
- Empty bottle, individual formula, baby food

**To be observed for compliance on :**

•

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name Cynthia

Last Name Houser

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 baby and place her in the car seat/ stroller. If the older child is present he will walk. She would then contact the parent to inform her of the emergency and will try to keep the parent on the line until the emergency is over. The Provider will grab the emergency bag from near the entrance of the home. The Provider would shelter with the child [REDACTED] (2 doors 0 Windows) and lock/seal the shelter area. The Provider would contact the Parent to inform her of the emergency and that they are secured.

**Evacuation Procedures:**

The Provider will contact the parent to inform her of the emergency and will try to keep her on the line until the emergency is over. She would then place the baby in harness, if the oldest child is present the provider will grab the child's hand, the ERTG bag and walk to the car. The baby would be secured in their rear facing car seat while the oldest child will be secured in their booster seat. The Provider would drive [REDACTED] (0 doors 3 windows). The Provider would contact the parent if not still on the line to inform them that they are secure and again when the emergency is over.

The Provider will contact the parent and [REDACTED]. The Provider would try to keep the parent on the line until the emergency is over. She would then place the baby in harness, if the oldest child is present the provider will grab the child's hand, the ERTG bag and walk to the car. The baby would be secured in their rear facing car seat while the oldest child will be secured in their booster seat. The Provider would [REDACTED]. The Provider would [REDACTED]. If needed, the Children and Provider would shelter in [REDACTED] (1 door 2 windows). The Provider would contact the parent if not still on the line to inform them that they are secure and again when the emergency is over.

**CARE HOURS:**

- [REDACTED]

**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:	Cynthia Houser	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 6/18/24	Phone: [REDACTED]	Date: 6/18/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 6/10/2024	Time In: 3:30pm	Time Out: 4:55pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Yan	Last Name: Huang	Provider ID: 547046
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/1/2023	7 months / No

### Safety of the Home

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

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



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> </ul> </li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

Item Specification (if needed):

To be observed for compliance on :

#### Emergency Documents

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

#### Planning and Maintenance

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

First Name Yan

Last Name Huang

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

#### Shelter In Place Procedures:

1. The Provider will grab the baby and contact the parent to inform her of the emergency. She will then grab the emergency bag from the kitchen and carry them [REDACTED] (0 doors 1 window).

#### Evacuation Procedures:

2. The Provider will gather the child and carry the emergency bag to the car. The Provider will secure the child in a rear facing car seat and relocate to [REDACTED]. The Provider will [REDACTED] to the this location, call the Parent to inform her of the emergency and she and the child will [REDACTED] (1 door(s) 1 window(s)).
3. The Provider will gather the child and carry the emergency bag to the car. The Provider will secure the child in a rear facing car seat, call the child's parents to inform them of the emergency and relocate to [REDACTED]. The Provider will [REDACTED] to the this location where she will shelter on [REDACTED] (1 door(s) 2 window(s)).

#### 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:	Yan Hong Huang	Printed Name:	[REDACTED]
Signature	[REDACTED]	Signature	[REDACTED]
Date: 06/11/24	Phone: [REDACTED]	Date: 6/10/2024	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/10/2022</b> Follow-up Scheduled: <b>08/11/2022</b>	Time In: <b>9:30AM</b> Time In: <b>10:00AM</b>	Time Out: <b>10:57AM</b> Time Out: <b>10:22AM</b>	Result: Follow-up needed Result: <b>Passed</b>
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<b>Informal Care</b>	
Type of Care (check one)	<input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care

<b>Provider Information</b>	
First Name: <b>Frances</b> Provider ID #: [REDACTED]	Last Name: <b>Hutchinson</b> Provider ID: <b>102832</b> Email: [REDACTED]

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		07/14/2017	5 / No

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed down to 73
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Landline called out
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, gloves, scissors, ointment
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	In gun box locked in cabinet
• Cleaning agents	Y	Under sink need to be moved
• Poisonous substances	Y	Moved to higher shelf <b>Raid</b> insect killer



GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.		Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner		Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		Y	
Diapering procedures are followed		Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting,</li> <li>Diapering,</li> <li>Before food preparation and eating,</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>		Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>		Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm,</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>		Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>		Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.		Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>	
<b>Location of The Emergency Ready to go Pack: By the front door</b>	
<b>Item Specification (if needed):</b> 8 AAA Batteries, gauze band aids, gloves, cold compress, tape, ointment, alcohol swabs, Tylenol, cortisone cream, 3 8oz bottles of water, 4 chef Boyardee cans, 2 books, Disney classic, Dr. Seuss Dress, panties, shorts.	
<b>Items to review on 08/11/2022 if needed: Observed 08/11/2022</b> <ul style="list-style-type: none"> <li>Cleaning supplies under sink moved to higher cabinet. Observed 8/11/2022</li> <li>Knives moved high shelf or cabinet. Observed 8/11/2022</li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Carried.</b>	
<b>Shelter In Place Procedure:</b> The provider will grab Ryleigh, the ERTB and head to the upstairs bathroom that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. Once secure, the provider will call, text or email the parent and let her know that they are sheltering in place	
<b>Evacuation Procedures:</b> The provider will grab [REDACTED] the ERTB and head to the provider's vehicle where she will [REDACTED] is secure in her booster seat before driving to the primary evacuation location which [REDACTED]. Once at the location, the provider will gain entry with spare key and head to the main bathroom that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the [REDACTED]. Provider will [REDACTED] before leaving and let her know they are on the way. Either [REDACTED] let them into the house or the provider will use her spare key to gain entry to the home. They will shelter in the basement that has one small 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 before leaving the care location and after they are secure in the alternate evacuation location.	
<b>Signatures &amp; Date</b>	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. 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.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: <i>FRANCES HUTCHINSON</i>	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: <i>8/11/2022</i>	Date: 08/11/2022
Phone: [REDACTED]	Phone: 1-877-227-0125