

## Child Care Scholarship Program

## **Informal Child Care Monitoring Inspections**



First letter of the provider's last name.

Posted January 2024

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⊠Virtual Inspection
 □In-person Inspection

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

INSTECTION CITEOREIST				
Inspection Date: 04/25/2023	Time	In: 9:30AM	Time Out: 10:24A	M Result: PASSED
Informal Care				
Type of Care (check one):	Non-relative Info     ■ Non-relative Info	rmal Provider Ca	are	Informal Provider Care
Provider Information				
First Name: Denice	Last I	Last Name: Hardrick		Provider ID: <u>513401</u>
Provider ID #:	2331	200171011011011011		Email:
Care Location Inspected				
Street Address: Address Verified? Yes.	City:	Cour	nty:	State Zip Code:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(01/06/2023)	3mos./Y

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	ote any comments or or Y - Yes, N - No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	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
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets were occupied or 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	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
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes

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

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**

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

Items in the Disaster Supply Kit are clean, organize	ed, and usable (Y/N	)? Y			
Emergency Ready-to-Go Pack is available and ea	asily accessible in the	event of an emergency (Y/N)	? Y		
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 Prepared	ness Plan (this com	pleted form)			
	re				
Planning and Maintenance					
Person responsible for updating the Disaster Sup	ply Kit and the Eme	ergency Documents regularly	:		
First Name Denice	Last Name				
	Hardrick				
Description of how the Emergency Ready-to-Go Shelter In Place Procedure:	Pack will be transpo	orted to an evacuation location	n: carried by the provider.		
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, secure the child in his stroller and upon arrival the provider must speak 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 and if she needed to walk with the child she would secure him in his stroller and 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	PROVIDER INSPECTOR				
Printed Name: Denice R. Hardri	K	Printed Name:			
	Signature:				
Date: 5/10/23 Phone:		Date: 04/25/2023	Phone: 1-877-227-0125		

☐ In-person Inspection

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

Inspection Date: 06/16/2022	Time	e In: 1:45PM	Time Out: 2:49PM	Result: Passed if returned by 5PM on 6/16/2022
Informal Care				
Type of Care (check one):	relative Info	ormal Provider C	are ⊠Relative I	Informal Provider Care
Provider Information	1001500	the size	11111111111	No. of the Control of
First Name: Ethel Provider ID #:	Last	Last Name: Harper Provider ID: 487759 Email:		
Care Location Inspected				(2)
0.	ity:	County:	Stat	e Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth	Age / Present (Y/N)
the same and the same			2/15/2017	5 / Yes
			5/28/2018	4 / Yes

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	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
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	and a language
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	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### Disaster Supply Kit

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

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

Page 2 of 3

Medications N/A	⊠Blanket(s)		
Items in the Disaster Supply Kit are cle	an, organized, and usable ()	(/N)? Y	
Emergency Ready-to-Go Pack is availa	able and easily accessible in	the event of an emergency (	(N)? Y
Location of The Emergency Ready to	o go Pack: By the front do	oor	
Location of The Emergency Ready to	ygor don.	,01	
Item Specification (if needed):	terios band aids alcohol v	ings gauze 2 Chof Royard	ee, 2 16oz water bottles, graham crackers.
Cookies, 2 pants, 2 shirts, 2 socks,			e, 2 1002 water bottles, granam crackers.
Items to review on xx/xx/xxxx if need	led: N/A		
Emergency Documents			
⊠Informal Provider Emergency I	Preparedness Plan (this co	mpleted form)	
	nedical care		
Planning and Maintenance			
Person responsible for updating the Dis	saster Supply Kit and the E	mergency Documents regula	arly:
First Name Ethel	Last Name Har		
Description of how the Emergency Rea		1001	
family sitting room that has 2 doors and but if driving, the provider will secure the	imary evacuation location.  4 windows. The alternate	Once there they will gain enterexecuation location is before heading there. Once	Provider will call parent ry with a spare key and will shelter in the there the provider will take the children to
Si			
Signatures & Date  Acknowledgement: By signing below the been discussed. The parties also acknow pop up visit which will be conducted virtue.	wledge that, if approved, the		wed, and any corrections if needed have ded is subject to random, unannounced
PROVIDER	ing of its persons		INSPECTOR
D	1821	Printed Name:	
Signature:		Signature:	147
Date: 6/16/22 Phone:		Date: 06/16/2022	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/23/2023	Time In: 2:30PM	Time Out: 3:58P	M Result: PASSED	
Informal Care				
Type of Care (check one): ☐ Non-relat	ive Informal Provider Ca	are ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Michelle Provider ID #:	Last Name: Harringt	ion	Provider ID: <u>527106</u> Email:	
Care Location Inspected				
Street Address: Co. Address Verified? Yes.	ity: Cou	nty:	State Zip Code:	
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)	
		(09/22/2022)	1yr. / Y	
Safety of the Home				
Directions: Review and determine compliance of pages may be used for comments.			orrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Name of State of	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	
<ul> <li>Has utilities for cooking, lighting and</li> </ul>	heating	Y		
Has a working and safe heating system	tem	Y	Thermostat tested by provider for cooling & heating	
<ul> <li>Has a working refrigerator and stove</li> </ul>	<u> </u>	Y	Tested by provider and observed	
Has a working telephone		Y	Outbound call made by informal team to provider's phone	
<ul> <li>Has operational smoke detector(s)</li> </ul>	<u></u>	Y	Tested by provider and observed	
Has first aid kit/supplies		Y	Alcohol, Peroxide, and Band-Aids	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>		Y	All outlets were covered or occupied	
Harmful items are stored 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	
<ul> <li>Matches, lighters and flammable pro</li> </ul>	ducts	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	

Does not own

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

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**

			The state of the s
⊠Flashlight		⊠ Bottled water	⊠Folder or binder for EPP documents
⊠Batteries f	or Flashlight	⊠Non-perishable/ food	⊠Backpack(s) or carrying case(s)
⊠Portable F	irst Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermome	oter	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medication	ns (N/A)	⊠ Blanket(s)	

Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y	//N)? Y
	extra AA batteries, 1 first aid kit, 1 thermom pk of wipes, 1 outfit (top/bottom), 1 med bia	
Emergency Documents		
☑Informal Provider Emergency Preparedr ☑Authorization for emergency medical car	, , ,	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regul	arly:
First Name Michelle	Last Name Harrington	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation loc	ation: carried by the provider.
Shelter in Place Procedure:		
The provider will account for the child and grab the sealing plastic and tape to seal the door and updates.		
Evacuation Procedures		
Primary: The provider will account for the child, gin her rear-facing car seat. The provider will about where to shelter specifically. Once secured	. Upon arrival the provider	will receive instruction
Alternate: If they could not access the primary le provider's vehicle. The provider will secure the chapter the provider secured the provider will call or text the parent will care Hours:	hild in her rear-facing car seat. The provider with inside the provider and child would shelter	
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the home in which care is pro-	
PROVIDER		INSPECTOR
PrintègName: le HARRINGTO	Printed Name:	
	Signature:	
Date: 13/33 Pho	Date: 10/23/2023	Phone: 1-877-227-0125

☐In-person Inspection

Guns

Cleaning agents

Poisonous substances

**GENERAL CLEANLINESS STANDARDS** 

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

ccs.informalproviders@maryland.g

Does not own

Does not own

Moved to higher shelf

Moved to higher shelf

Corrective Action /Timeframe if needed

Comments/Notes

	INSPI	ECTION C	HECKLIST		
Inspection Date: 08/01/2023	Date: 08/01/2023 Time In: 9:30AM Tim		Time Out 10:	41AM Resu	uit PASSED
Informal Care					
Type of Care (check one):	on-relative Informa	Provider C	are ⊠Relati	ve Informal Pr	ovider Care
Provider Information					
First Name: Ronisa Provider ID #:	Last Nam	e: Harrisor	1	Provi	der ID: <u>523330</u>
Care Location Inspected	randa a continuo y milya				
	City:	County:	State	Zip Code	e:
Name of Children in Care (add pages	if needed) Sc	holarship	Date of Birth	Age	/ Present (Y/N)
			(06/28/2017)	6yr. / N	
Safety of the Home				d surried	
Directions: Review and determine completes may be used for comments.	iance with each sta	ndard. Note	any comments or Y – Yes, N – No,	corrective action	ons needed. Additional ed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed
Basic Health and Safety Training Comp	pleted?		Υ	Relative Informal Care – Certificate Submitt	
Home is free of health and safety ha	zards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>			Υ	All areas were clean	
<ul> <li>Is free of insect or rodent infes</li> </ul>	station		Y		No evidence of infestation
Is well-lit and well-ventilated			Υ	All lights were turned on and natural win lighting	
Has hot and cold running water	er		Υ	Tested by provider and steam observed of camera	
<ul> <li>Has a working inside toilet</li> </ul>			Υ	Flu	shed by provider and observed
<ul> <li>Has utilities for cooking, lighting</li> </ul>	g and heating	111	Υ		
Has a working and safe heating system		10707	Y	Thermos	stat tested by provider for cooling & heating
<ul> <li>Has a working refrigerator and</li> </ul>	stove		Υ	Tes	sted by provider and observed
<ul> <li>Has a working telephone</li> </ul>			Y	Outbou	and call made to provider's phone
<ul> <li>Has operational smoke detector</li> </ul>	or(s)		Υ	Tes	sted by provider and observed
Has first aid kit/supplies			Υ	Stored on	kitchen cabinet (Band-Aids, Alcohol, Gauze, First Aid Kit)
<ul> <li>Has protective coverings on an accessible to children</li> </ul>	y electrical outlet t	hat is	Υ	All outlets covered or occupied	
larmful items are stored appropriate hildren:	ly and away from		Standard Met Y/N	Comments/N Corrective A	lotes ction /Timeframe if needed
Sharp or pointed items			Y	Knife	holder on the back of cabinet
<ul> <li>Medications of any kind</li> </ul>			Y	Stored in h	nigh cabinet in provider's bathroom
<ul> <li>Matches, lighters and flammabl</li> </ul>	e products		Y		Does not own
<ul> <li>Alcoholic beverages</li> </ul>			Y		Does not own

Y

Standard Met

Y/N

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

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

I MMING DUM IGGI	rying case), 1 flashligi	t, 1 pk of AAA batteries, 1 first aid kit, 1 thern	nometer, no spec meds, opk bottled water,
canned good, 1	iar of peanut butter, cr	ackers and chips, 1 outfit (top/bottom/socks/t	underwear), 1 blanket, 1 pair of scissors,
		s, 1 roll of duct tape, 1 toy, and folder with Ef	PP and ECMA docs
- Items to be revie	ewed on xx/xx/xxxx: N	A	
mergency Documen	its		
		adness Blan (this completed form)	
		edness Plan (this completed form)	
	for emergency medica	care	
Planning and Mainter		a Life All Faces and Decuments and	whathe
	updating the Disaster	Supply Kit and the Emergency Documents reg	ulany.
First Name Breanna		Last Name Liggins	
	Emergency Ready-to-	Go Pack will be transported to an evacuation lo	ocation: carried by the provider.
helter In Place Proc			
lastic and tape to sea	er the child and ERTG a Il the door and vent if the	and head to the basement bathroom (1 door 0 vie need should arise. The provider will call, text	windows). The provider will use the sealing t or face time the parent with emergency
pdates.			
pdates.			
	will account for the ch	ld and grab the ERTG and head to her vehicle Upon arrival the provider	. The provider will ensure the child is secure and go into the
Primary: The provider in his booster seat and 1 door 0 with the provider in his booster seat and 1 door 0 with the provider in his section in the provider in the child is section in the provider in the child is section.	will account for the ch ndows). The provider v	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child	and go into the dare secured.
Primary: The provider in his booster seat and in 1 door 0 will alternate: If they could be supported by the child are secured.  Care Hours:	will account for the character will account for the character will not access the prima ured in his booster sea receive instruction from	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child and Upon arrival the n staff of where to shelter. The provider will call	and go into the dare secured.  Ild and grab the ERTG. The provider will provider and child will go to the large or text the parent before and once she and
Primary: The provider in his booster seat and in his b	will account for the character will account for the character will access the primary ured in his booster sea receive instruction from	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child and Upon arrival the staff of where to shelter. The provider will call be acknowledge that all standards have been received that, if approved, the home in which care is provider will call be acknowledged.	and go into the dare secured.  Ild and grab the ERTG. The provider will provider and child will go to the large or text the parent before and once she and once s
rimary: The provider his booster seat and 1 door 0 will ternate: If they counsure the child is second child are secured.  Care Hours:  Signatures & Date becknowledgement: By the provider of	will account for the character will account for the character will not access the prima ured in his booster sea receive instruction from signing below the particularities also acknowledge	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child and Upon arrival the staff of where to shelter. The provider will call be acknowledge that all standards have been received that, if approved, the home in which care is provider will call be acknowledged.	and go into the dare secured.  Ild and grab the ERTG. The provider will provider and child will go to the large or text the parent before and once she and once s
Primary: The provider in his booster seat and in his b	will account for the character will account for the character will not access the prima ured in his booster sea receive instruction from signing below the partial arties also acknowledgible conducted virtually conducted virtua	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child and Upon arrival the provider will call the staff of where to shelter. The provider will call be acknowledge that all standards have been refer that, if approved, the home in which care is pur in-person.	and go into the dare secured.  Ild and grab the ERTG. The provider will provider and child will go to the large the parent before and once she and or text the parent before and once she and eviewed, and any corrections if needed have rovided is subject to random, unannounced
Primary: The provider in his booster seat and in 1 door 0 will 1 door 0	will account for the character will account for the character will not access the prima ured in his booster sea receive instruction from signing below the partiarties also acknowledge conducted virtually co	Upon arrival the provider will call or text the parent once she and the child by location, the provider will account for the child and Upon arrival the provider will call the staff of where to shelter. The provider will call be acknowledge that all standards have been refer that, if approved, the home in which care is pur in-person.	and go into the dare secured.  Ild and grab the ERTG. The provider will provider and child will go to the large or text the parent before and once she and once she and eviewed, and any corrections if needed have rovided is subject to random, unannounced

⊠Virtual Inspection □In-person Inspection

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

Time In: 10:30AM	Time Out: 11:304	AM Result: Failed. Needs Follow Up.
Time In: 10:00AM	Time Out: 10:144	AM Result: PASSED
		Informal Provider Care
Last Name: Hartma	ın	Provider ID:
		Email:
City:	County:	State Zip Code:
led) Scholarship	Date of Birth	Age / Present (Y/N)
	10/24/2019	3 / No
	04/27/2021	1 / No
		1000000
	Time In: 10:00AM ive Informal Provider C Last Name: Hartma	Time In: 10:00AM Time Out: 10:14A  ive Informal Provider Care ⊠Relative  Last Name: Hartman  City: County:  led) Scholarship Date of Birth  10/24/2019

Safety of	the Home		
	Review and determine compliance with each standard. Note be used for comments.	e any comments or o	orrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Health and	Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Healti	th and Safety Training Completed?	Y	Certificate submitted
Home is fre	ee of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Isi	in good repair	Y	
• ls t	free of insect or rodent infestation	Y	No sign of infestation
• Is v	well-lit and well-ventilated	Y	
• Ha	as hot and cold running water	Y	Steam Observed
<ul> <li>Ha</li> </ul>	as a working inside toilet	Υ	Flush Observed
• Ha	as utilities for cooking, lighting and heating	Υ	
• Ha	as a working and safe heating system	Y	Thermostat dialed up
<ul> <li>Ha</li> </ul>	as a working refrigerator and stove	Y	
• Ha	as a working telephone	Y	Provider's cell called
• Ha	as operational smoke detector(s)	Y	
<ul> <li>Ha</li> </ul>	as first aid kit/supplies	Y	Band aids, gauze, glove, tape, alcohol wipes,
• Ha	as protective coverings on any electrical outlet that is cessible to children	Y	Covered or in use
Harmful ite children:	ms are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sha	parp or pointed items	Y	Back of counter
<ul> <li>Me</li> </ul>	edications of any kind	Y	Upper cabinet
• Ma	atches, lighters and flammable products	Y	
• Alc	coholic beverages	Y	Locked in cabinet
• Gu	ins	Y	None
• Cle	eaning agents	Y	Locked in lower cabinet of kitchen and bathroom
• Poi	isonous substances	Υ	Other than medications and cleaning solutions

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

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

#### **Disaster Supply Kit**

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

Items in the Disaster Supply Kit are clean, organized, and usable	(Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible	in the event of an emergency (Y/	N)? Y
Location of The Emergency Ready to go Pack: In the play ro	om on a hook.	
Item Specification (if needed):		
Eczema cream, Band aids, Gauze, Tape, Neosporin, alcohol wip underwear, 2 blanket, non-refrigerated chocolate milk carton, Chef Boyardee		
Items to review on 12/16/2022 if needed: Observed 12/16/202		,
Emergency Preparedness Plan and Emergency Care and Me	dication Authorization for both	children in the emergency to-go bag.
Emergency Documents		ACTION TO THE RESIDENCE OF THE STATE OF THE
⊠Informal Provider Emergency Preparedness Plan (this	completed form)	
⊠Authorization for emergency medical care		
Planning and Maintenance	1. 11 1a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Person responsible for updating the Disaster Supply Kit and the First Name Katherine Last Name H		rly:
First Name Katherine Last Name H	artman	
Description of how the Emergency Ready-to-Go Pack will be tra	ansported to an evacuation loca	lion: Carried
Shelter In Place Procedure:		
The provider will grab the ERTB and put them in the bathroom to behind locked door. There is one door and no windows in the baseal the shelter. The provider will call the parent once they are	athroom. If the need should aris	her cell phone and shelter in the bathroom e the provider will use plastic and tape to
Evacuation Procedures:		
The provider will grab the children and fasten them into their do and walk across the field over to no windows. The provider will call the parents while they are was secure in the evacuation location.	Once at the location, they will s	rab the emergency bag and cell phone shelter in the bathroom that one door and and then again after they are
The provider will grab the children and fasten and walk over to provider will use plastic and tape to seal the shelter. The provider secure	them into the stroller and then	which is grab the emergency bag and cell phone a door. If the need should arise the and then after they are
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge the been discussed. The parties also acknowledge that, if approved, pop up visit which will be conducted virtually or in-person.		
PROVIDER		INSPECTOR
Printed Name: Katherine Hartman	Printed Name:	
Signature:	Signature:	
Date: 12/19/2022 Phone:	Date: 12/16/2022	Phone: 1-877-227-0125

## ☑ Virtual Inspection☑ In-person Inspection

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

Inspection Date: 07/12/2023	Time	In: 2:30PM	Time Out: 3:42Pi	M Result: PASSED
Informal Care				
Type of Care (check one):	on-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Taundra	Last	Name: Hayes-1	urner	Provider ID: 482490
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes.	City:	Coun	ty:	State Zip Code:
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(12/29/2014)	8yr. / N

(12/29/2014)	8yr. / N
any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	Relative Informal Care – Certificate Submitted
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	All areas were clean
Y	No evidence of infestation
Y	All lights were turned on and natural window lighting
Y	Tested by provider and steam observed on camera
Y	Flushed by provider and observed
Y	
Υ	Thermostat tested by provider for cooling & heating
Y	Tested by provider and observed
Y	Outbound call made by informal team to provider's phone
Y	Tested by provider and observed
Y	First aid kit stored in cabinet of master bathroom
Υ	All outlets covered or occupied
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	Stored in high level kitchen cabinet in bag
Y	Stored in high cabinet of kitchen
Y	Stored in high level kitchen cabinet in bag
Y	Does not own
Y	Does not own
Υ	Cleaning products stored on high shelf in hallway closet and in locked kitchen/bathroom cabinets
Y	Does not own
Standard Met	Comments/Notes
	Y - Yes, N - No,  Standard Met Y/N  Y  Standard Met Y/N  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y

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

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**

⊠Flashlight	Bottled water	□ Folder or binder for EPP documents
⊠Batteries for Flashlight		⊠Backpack(s) or carrying case(s)
	⊠ Diapers (N/A)	□ Consider special toys or games
⊠Thermometer	⊠ Change of clothes	⊠ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	

Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an emergency (	Y/N)? Y	
Location of The Emergency Ready to go Pack:	Stored in bollway sleept		
Item Specification (if needed):	Stored in nailway closet near exit		
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 th	hermometer, and 1 roll of duct tape		
tems to be reviewed on xx/xx/xxxx: N/A			
Emergency Documents			
	ness Plan (this completed form)		
Authorization for emergency medical ca	re		
Planning and Maintenance			
Person responsible for updating the Disaster Sup	pply Kit and the Emergency Documents regu	ularly:	
First Name Taundra	Last Name		
	Hayes-Turner		
Description of how the Emergency Ready-to-Go Shelter In Place Procedure:	Pack will be transported to an evacuation to	cation: carried by the provider.	
	lesiste the bellion bellion of decision		
The provider will gather the child and ERTG and windows), roll call for the child and say their code	e. Once secured in either location, the provide	der use the sealing plastic and tage to secure	
the doors and vents. The provider will call or text	t the parent with emergency updates through	nout.	
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 w			
	and call and parent along her wa		
parent or text to give emergency updates.	they will shelter in the	oor 1 window). Once secured she will call the	
Alternate: If they could not access the primary	location, the provider will account for the chil	d, grab the ERTG and call	
inform them that	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 provide		The provider will call the parent	
along the way. Upon arrival windows). Once secured she will call the parent	and they	would shelter in [1 door 0	
windows). Once seeding site will call the parent	or text to give enlergency apadies.		
Care Hours:			
Signatures & Date			
Acknowledgement: By signing below the parties	acknowledge that all standards have been re-	viewed, and any corrections if needed have	
been discussed. The parties also acknowledge		ovided is subject to random, unannounced	
pop up visit which will be conducted virtually or i	n-person.	INSPECTOR	
Printed Name:		INOPECTOR	
TAVNORA HAYES-TURI	VER Printed Name:		
Signature:	Signature:		
Date: 8/4/2022 Phone	Date: 07/12/2023	Phone: 1-877-227-0125	
1/10/20			

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

Inspection Date: 02/15/2022	Time In: 3:30	om Time Out: 4:45p	Result: Passed fi form is returned by 2/17/2022
Informal Care			
Type of Care (check one):	on-relative Informal Pro	ovider Care Relative	Informal Provider Care
Provider Information			
First Name: Taundra	Last Name: H	ayes-Turner	Provider ID: N/A
Provider ID #:		and the second	Email:
Care Location Inspected			
Street Address: Address Verified? YES	City	County	State Zip Code
Name of Children in Care (add page	s if needed) Schol	arship Date of Birth	Age / Present (Y/N)
		12/29/2014	7 / No At school
		11/16/2021	3 mos. / Yes

Safety of the Home		
Directions: Review and determine compliance with each standard. N pages may be used for comments.		D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Ŷ	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No sign of infestation
Is well-lit and well-ventilated	Y	Lots of natural and artificial lighting.
Has hot and cold running water	Y	Steam observed on the mirror
Has a working inside toilet	Y	Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	Stove burners observed
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Turned up from 70 to 71 degrees
Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
Has a working telephone	Y	Cell phone. Outbound call observed.
<ul> <li>Has operational smoke detector(s)</li> </ul>	Υ	Test button pressed. The alarm sounded.
Has first aid kit/supplies	Y	Band aids, gauze, compress wipes, gloves
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Υ	In all rooms outlets that were not in use are covered. Most outlets behind heavy furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Top Of the counter
Medications of any kind	Υ	Upper cabinets
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	None in the household
Alcoholic beverages	Y	Upper cabinet
Guns	Υ	None in the household
Cleaning agents	Y	In master bath, under sink both locked. Upper cabinets

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

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**

	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	□ Consider special toys or games

⊠Thermometer	□ Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠ Medications Naomi	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean,	organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available  Location of The Emergency Ready to go  Kept in the corner by the front door.	e and easily accessible in the event of an emerge o Pack:	ency (Y/N)? Y
Item Specification (if needed): A diaper bag for Nicco AAA batteries 3, 2 chicken noodle soup	e including Band aids gauze, Q-tips, tweezer, Alging mat.  3 outfits 3 pants, 3 tops and a bib and but t, toy rattle	alcohol pads, finger tourniquet, scissors, gloves, safe
Emergency Documents		
	eparedness Plan (this completed form) dical care	
Planning and Maintenance		
Person responsible for updating the Disas First Name	ster Supply Kit and the Emergency Documents  Last Name	s regularly:
Shelter In Place Procedure:  The provider will notify parent. Provider where all times. Will call emergency contact and Evacuation Procedures:  The provider call the parent. The provider baby in the carrier which is also a car seat secure the children in a car seat and a boom where she is heading to	will gather the baby, one of the front door, locking the oster seat using the seat belt before heading to let her know they are on the way. Once they she children and bag and head to bathroom with	grab the emergency ready to go bag lows and one door. Provider will update parent at the bags and provider will grab the other bag, put the door and head to the vehicle. Provider will be provider will call the get to emergency location the provider will gain ith no windows and one door. The provider will
Alternate Location:		

The provider will Go to

update parent.

and children will be let in by

one of the bags and provider will grab the other bag, put baby in the carrier which is also a car seat, before going out of the front door, locking the door and head to the vehicle. Provider will secure the children in a car seat and a booster seat using the seat belt before calling let her know they are on the way and heading to

patio window and one door. The provider will Calm the children playing soothing sounds while reassuring

The provider call the parent. The provider will gather the baby,

Provider will gather the children and bag and head to the basement that has a

Provider will call and

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, topo up visit which will be conducted virtually or in-person.	t all standards have been rev the home in which care is pro	iewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: TAUNDRA CHAYES-TURNER	Printed Name:	
Signature:	Signature:	and the same of
Date: 2/14/22	Date: 2/16/2022	Phone: 1-877-227-0125

## ✓ Virtual Inspection

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

- 1113	spection Date: 11/24/2021	Time In; 3:30 PM	Time Out; PM	Result: PASSED if returned to: ccs.informalproviders@maryland.gov by 11AM on 11/29/2021
Inf	formal Care			
Гуре	of Care (check one):   Non-relative	e Informal Provider Ca	re Relativ	e Informal Provider Care
Pro	ovider Information			
Fin	st Name: Lashan	Last Name: Hebron		Provider ID: NOT IN CCATS
				Email:
Car	re Location Inspected			
Str	eet Address:	City:	County:	State: Zip Code:
Na	me of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
			07/15/2021	4 mos. /
				1
				1
				1
				1
				1
	100		1	
Sa	fety of the Home			
	Directions: Review and determine co Additional pages may be used for co Applicable	ompliance with each star nments.	dard. Note any cor Y – Yes, N – No	nments or corrective actions needed. , D – Discussed, n/a – Not
	Additional pages may be used for co Applicable alth and Safety Training:	mments.	Y - Yes, N - No Standard Met Y/N	, D - Discussed, n/a - Not  Comments/Notes  Corrective Action /Timeframe if needed
	Additional pages may be used for cor Applicable	mments.	Y - Yes, N - No	, D - Discussed, n/a - Not  Comments/Notes
Hea	Additional pages may be used for co Applicable alth and Safety Training:	Completed?	Y - Yes, N - No Standard Met Y/N	, D - Discussed, n/a - Not  Comments/Notes  Corrective Action /Timeframe if needed
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training C	Completed?	Y - Yes, N - No Standard Met Y/N N/A Standard Met	, D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed  Relative Informal Care  Comments/Notes
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Comme is free of health and safety hazard	Completed?	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N	, D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed  Relative Informal Care  Comments/Notes
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard.  Is in good repair	Completed?	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N	, D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard  Is in good repair  Is free of insect or rodent infestation	Completed?	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y	, D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed  Relative Informal Care  Comments/Notes
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard:  Is in good repair  Is free of insect or rodent infestatio  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet	Completed?	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard:  Is in good repair  Is free of insect or rodent infestation Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting an	Completed? s:	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard:  Is in good repair  Is free of insect or rodent infestation Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and	Completed? s: d heating	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestatio  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has a working and safe heating sy  Has a working refrigerator and store	Completed? s: d heating	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and  Has a working and safe heating sy  Has a working refrigerator and store  Has a working telephone	completed? s: d heating stem	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard:  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and  Has a working and safe heating sy  Has a working refrigerator and store  Has a working telephone  Has operational smoke detector(s)	completed? s: d heating stem	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet  Tested thermostat
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and  Has a working and safe heating sy  Has a working refrigerator and store  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies	completed? s: d heating stem	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y Y Y Y Y Y Y	D - Discussed, n/a - Not  Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet  Tested thermostat  Working house and cellphone
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazard:  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and  Has a working and safe heating sy  Has a working refrigerator and store  Has a working telephone  Has operational smoke detector(s)	completed? s: d heating stem	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet  Tested thermostat  Working house and cellphone Provider tested the smoke detector
Hea	Additional pages may be used for con Applicable  alth and Safety Training:  Basic Health and Safety Training Come is free of health and safety hazards  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and Has a working and safe heating sy  Has a working refrigerator and story  Has a working telephone  Has operational smoke detector(s)  Has first aid kit/supplies  Has protective coverings on any eleacessible to children  ful items are stored appropriately and	completed?  s:  d heating stem re	Y - Yes, N - No Standard Met Y/N N/A Standard Met Y/N  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care  Comments/Notes Corrective Action /Timeframe if needed  Tested the lights in all common areas Tested the steam of the hot water and cold side  Flushed the toilet  Tested thermostat  Working house and cellphone Provider tested the smoke detector

Medications of any kind	Y	Stored in first aid kit in kitchen draw
Matches, lighters and flammable products	Y	Stored in kitchen draw
Alcoholic beverages	Y	Stored in the fridge
• Guns	Y	Gun stored in a lock box with a combination lock, and provider showed her permit as well (house and carry permits)
Cleaning agents	Y	Stored on a very high wall shelf
Poisonous substances	Y	Stored on top shelf in the basement
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Diapering area is in the baby pen
Trash, garbage and wet and solled diapers are disposed of in a sanitary manner.	Υ	Clean trash area
Child is changed immediately when s/he has a soiled or wet diaper, dothing or bedding.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	γ	Provider states she wipes her down throughout the da
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

## Disaster Supply Kit

	Directions: Review and determine that each enough supplies for each child in care. Also	n Item is , that th	adequately included in th/e Disaster e items are clean, organized, and usa	Supply Kit. Be able. Comment	certain that the Disaster Supply Kit contains and note below if needed.
1	Flashlight	1	Bottled water	1	Folder or binder for EPP documents
-	Batteries	1	Non-perishable food	1	Backpack(s) or carrying case(s)
-	Portable First Aid Kit	1	Diapers	<i>y</i>	Consider special toys or games Scissors, tape & sealing plastic
/	Thermometer	1	Change of clothes		
_ ′	Medications	✓	Blanket(s)		
items	in the Disaster Supply Kit are clean, organ	ized, a	nd usable (Y/N)? Y		
Emer	gency Ready-to-Go Pack is available and ∈	eastly a	ccessible in the event of an emerge	ncy (Y/N)? Y	
2 Flas Batter Portal Them No su 3 Bott	ble First Ald Kit nameter bscribed medicines led waters	stored	by the front door		
Diape 3 sets 3 blan Folde Stuffe	ed food/Baby food rs/Wipes of clothes/bibs skets r of EPP documents d animal ors, tape and sealing plastic (heavy duty tra	ash baç	s)		
Emerge	ency Documents	HAT! WE			
ſ	formal Provider Emergency Preparedne uthorization for emergency medical care		(this completed form)		
Plannir	ng and Maintenance				
Person	responsible for updating the Disaster Su	pply K	it and the Emergency Documents	regularly:	
First Na	me	Last	Name		
D					
	tion of how the Emergency Ready-to-Go				
Evacua	hem of the emergency  tion Location (Primary):  She has a spare key for easy access and	the car	seal, the to-go bags, her keys, a	ind buckle	windows) and call and text the parent to Into the car seat and go to via call or text if the parent is not already
Evacua	tion Location (Alternate): Grab the chi n the car seat, then contact the parent to	ld, the inforr	to-go and relocate to the open fien them of the emergency.	ld across the	street and would walk through with the
The state of	res & Date				
Acknowl been dis	edgement: By signing below the parties scussed.	ackno	wedge that all standards have be	en reviewed,	and any corrections if needed have
	PROVIDER			INS	PECTOR
Printed	Name: Lashan Hebron		Printed Name:		
			Signature:		
Date:	4-27-202/Phon		Date: 11/24/2021		Phone: 1-877-227-0125

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

Inspection Date: 09/21/2023	Time	In: 3:30PM	Time Out: 4:15P	M Result: PASSED
Informal Care				Company of the state of the sta
Type of Care (check one):	relative Inf	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: LaToya	Last	Name: Herbert		Provider ID: <u>525880</u>
Provider ID #:	Last	riamo. Honour		Email:
Care Location Inspected				
Street Address:	City		County:	State Zip Code:
Address Verified? Yes.				
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(01/24/2023)	7mos. / Y
Cofote of the Hame	T <sub>a</sub> to a		The second of	
Safety of the Home			*	
Directions: Review and determine complia pages may be used for comments.	nce with ea	ch standard. Note		orrective actions needed. Additional  D – Discussed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Comple	eted?		Y	Relative Informal Care – Certificate Submitte
Home is free of health and safety haza	ards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair			Y	All areas were clean
<ul> <li>Is free of insect or rodent infests</li> </ul>	ation		Y	No evidence of infestation
<ul> <li>Is well-lit and well-ventilated</li> </ul>			Y	All lights were turned on and natural window lighting
<ul> <li>Has hot and cold running water</li> </ul>			Y	Tested by provider and observed the ice melt in the clear glass
<ul> <li>Has a working inside toilet</li> </ul>			Y	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting</li> </ul>	and heating	ng	Y	
Has a working and safe heating	system		Y	Thermostat tested by provider for cooling & heating and utility bill submitted
<ul> <li>Has a working refrigerator and s</li> </ul>	stove		Y	Tested by provider and observed
Has a working telephone			Υ	Outbound call made by informal team to provide phone
Has operational smoke detector	r(s)		Y	Tested by provider and observed
Has first aid kit/supplies			Y	Alcohol and Band-Aids stored on high shelf in hallway closet
<ul> <li>Has protective coverings on any accessible to children</li> </ul>	y electrical	outlet that is	Y	All outlets were covered or occupied
Harmful items are stored appropriatel children:	y and awa	y from	Standard Met Y/N	Corrective Action /Timeframe if needed
<ul> <li>Sharp or pointed items</li> </ul>			Υ	Stored in locked kitchen pantry on top shelf
<ul> <li>Medications of any kind</li> </ul>			Υ	Stored in high cabinet in the bathroom
<ul> <li>Matches, lighters and flammable</li> </ul>	e products		Υ	Stored in locked hallway pantry
Alcoholic beverages			Υ	Stored in locked kitchen pantry on top shelf
• Guns			Y	Does not own
<ul> <li>Cleaning agents</li> </ul>			Υ	Stored in bathroom and kitchen cabinet with loc
<ul> <li>Poisonous substances</li> </ul>			Y	Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	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.	Υ	Changing station had all necessary supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:         <ul> <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> </li> </ul>	<b>Y</b>	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

enough supplies for each child in care. Also the	ilenis are clean, organized, and double. Common	
⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	
⊠ Medications (N/A)	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organi	zed, and usable (Y/N)? Y	
	asily accessible in the event of an emergency (Y/N)	? Y
Location of The Emergency Ready to go Pack  Item Specification (if needed):  1 flashlight, 1 pk of AA batteries, 1 first aidiapers and 1 bag of wipes, 1 onesie, 2 bland 1 roll of trash bags  Items to be reviewed on xx/xx/xxxx: N/A	: Stored in hallway closet near exit door id kit, 1 thermometer, no specific medications, 4 lankets, folder w/ EPP and ECMA docs, 1 book, 1	bottled waters, 4 canned foods, 1 pk of roll of duct tape, 1 pair of scissors,
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
⊠Authorization for emergency medical ca		
Planning and Maintenance		
Person responsible for updating the Disaster Sup	pply Kit and the Emergency Documents regularly:	
First Name	Last Name Herbert	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location	n: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the child and grab the El sealing plastic and tape to seal the door, window emergency updates.	RTG and go into the master bedroom (2 doors 1 vand vents if the need arises. The provider will ca	window). The provider will use the Il the parent once secured with
The provider will ensure the child is secured in he receive instruction from emergency updates.  Alternate: If they could not access the primary levelicle and drive to the provider will contact the provider will be provided to the provided	grab the ERTG and head to the provider's vehicle er rear-facing car seat by locking the car seat into ere to shelter specifically. The provider will call an ocation, the provider will account for the child, graph oction will ensure the child is secured in her rearcted provider will call and text the parent once secured to the child and text the child and te	its base. Upon arrival, the provider will ad text the parent once secured with the the ERTG and head to the provider's facing car seat by locking the car seat 1 door 3
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the home in which care is provided	d, and any corrections if needed have d is subject to random, unannounced
PROVIDER		NSPECTOR
Printed Name: La Toya Hechech	Printed Name:	
Signature	Signature:	
Date: 9-21-23 Phone:	Date: 09/21/2023	Phone: 1-877-227-0125

ZVirtual Inspectio	2
□ln-person	
Inspertion	

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

			The Control of the Co	1100	_		
Inspection Date: 09/14/2021 & 09/17/2021	Time 4 PM	n 03 35 PM	Time Out:5 PM	Re	sult. Ap	proved	
Informal Care			Total Bass				
Type of Care (check one)	tive Info	mal Provider Ca	ere ZRelative	Informal	Provide	r Care	
Provider Information					No. 1		
First Name Herminia	Last N	st Name: Hernandez			Provider ID N/A		
	1		10	Em	ail 🔙		
Care Location Inspected							
Street Address: Venfied Yes	-5	City Columbia	County	у	State	Zip Code	
Name of Children in Care (add pages if nee	ded)	Scholarship	Date of Birth	Age	1	Present (Y/N)	
			09/05/2019	2	/ Yes		
					1		
					1		
				58	1		
					1		
					1		

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

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	N/A		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y		
Is well-lit and well-ventilated	Y		
Fias hot and cold running water	Y		
Fias 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	Water dripped and all burners sizzled. Refrigerate	
Has a working telephone	Y	Phone works. Call made.	
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	2 Working fire detectors	
<ul> <li>Has first aid kit/supplies</li> </ul>	Y	Benadryl, Neosporin, Bandages, Gauze, & Alcoho pads	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	10 outlets 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	Under cabinet with cabinet lock	
Medications of any kind	Y	Top Cabinet in kitchen	
Matches, lighters and flammable products	Y	Not kept in the home	
Alcoholic beverages	Y	Not kept in the home.	
Guns	Y	Not kept in the home	
Cleaning agents	Y	In a locked cabinet in the kitchen.	

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

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

#### Disaster Supply Kit

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

ZFlashlight Z Bottled water ZFolder or binder for EPP documents
ZBatteries ZNon-perishable food ZBackpack(s) or carrying case(s)
ZPortable First Aid Kr. ZDiapers ZConsider special toys or games
ZThermometer ZChange of clothes ZScissors, tape & sealing plastic

☐Medications 図BI	⊠ Blankel(a)		
Items in the Disaster Supply Kit are clean, organized, and	usable (Y/N)? Yes		
Emergency Ready-to-Go Pack is available and easily acce	essible in the event of an emergency (Y	N)? Yes Hanging in Oliver's Room	
Disaster Supply Kit Comments/Notes 6 AAA Batteries			
Disper Rash Cream, Hand Sanitizer, Benadryl, Bandages,	Nessports modest tops stocket parts		
The child does not have the medications	Neosponii, medicai tape, alconoi pada		
Ganned Soup, Raviolis, Vienna Sausages			
Trash Bags, Duck Tape, and Heavy Duly Scissors.  2 8 ounce bottles of water			
The server server of Hale!			
Emergency Documents			
⊠Informal Provider Emergency Preparedness Plan	n (this completed form)		
NAuthorization for emergency medical care	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Planning and Maintenance			
Person responsible for updating the Disaster Supply Kit a	and the Emergency Documents regula	rly:	
First Name Last Na			
Description of how the Emergency Ready-to-Go Pack will	be transported to an evacuation loca	tion:	
Shelter in Place:			
The provider will grab the baby and the bag and go into emergency.	room. (1 door 1 window). The	provider will call the parent during the	
Evacuation: The provider will call the parent to inform of the emergent	Will grah the hen and the hely and	t no cinumptains where the will awall the	
parent to transport them to the tirst evacuation location	The child will	be secured in a car seal. If the provider	
cannot shelter at this location the provider will go to the separent to transport the provider and children to the secon	econd evacuation location which woul	d be a church. The provider will call the	
parent to transport the provider bits difficility life about	a evacuation location where the provide	der and Chkoren will snelter together.	
Signatures & Date			
Acknowledgement By signing below the parties acknowle been discussed.	dge that all standards have been revio	wed, and any corrections if needed have	
PROVIDER		INSPECTOR	
Printed Name Herminia Hernande	Printed Name		
Signature	Signature		
Date: 09/27/21   Phone.	Date: 09/14/2021	Phone: 1-877-227-0125	

N □Virtual Inspection In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 06/15/2022	Time	In: 9:26 AM	Time Out: 10:24 AM	Result: APPROVED	
Informal Care	WALSE	C. C. C.		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Type of Care (check one):   Non-	relative Info	ormal Provider C	are □Relative	Informal Provider Care	
Provider Information					
First Name: Hemawatle	Last	Name: Hemraj		Provider ID: 486271	
Provider ID #:	Lust	ivanio. Heiniaj		Email:	
Care Location Inspected					
	ity	County	Sta	ale Zip Code	
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			(10/22/2021)	7mos. /Y	
				1	
	26			1	
				1	
				1	
			0	1	
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Comple	ted?		Y	Non-Relative Informal Care	
Home is free of health and safety haza	rds:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Is in good repair</li> </ul>			Y		
<ul> <li>Is free of insect or rodent infesta</li> </ul>	ition		Y	No evidence of Infestation	
<ul> <li>Is well-lit and well-ventilated</li> </ul>			Y	All areas well-lit and ventilated	
<ul> <li>Has hot and cold running water</li> </ul>			Y		
Has a working inside toilet			Y		
<ul> <li>Has utilities for cooking, lighting</li> </ul>	and heating	g	Y		
<ul> <li>Has a working and safe heating</li> </ul>			Y		
<ul> <li>Has a working refrigerator and s</li> </ul>	tove		Y		
<ul> <li>Has a working telephone</li> </ul>	1		Y	Everyone has working cellphones	
<ul> <li>Has operational smoke detector</li> </ul>	(s)		Y		
<ul> <li>Has first aid kit/supplies</li> </ul>		F PYTE	Y		
<ul> <li>Has protective coverings on any accessible to children</li> </ul>	electrical	outlet that is	Y	All outlets were covered	
armful items are stored appropriately	and away	from	Standard Met	Comments/Notes	

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	
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Y	Locks were added to all cabinets

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021

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

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

## **Disaster Supply Kit**

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

ØFlashlight ØBatteries for Flashlight ØPortable First Aid Kit

⊠Thermometer

⊠Bottled water

⊠Non-perishable food

⊠Diapers ⊠Change of clothes ⊠Folder or binder for EPP documents

⊠Backpack(s) or carrying case(s) ⊠Consider special toys or games

MHeavy Duty Scissors, duct tape/

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021

		packing tape & sealing plastic/trash bags
⊠Medications (N/A) 53	Blanket(s)	
Items in the Disaster Supply Kit are clean, organized, and		
Emergency Ready-to-Go Pack is available and easily acc		(/N)? Y, in hallway closet
Emergency Documents		
SInformal Provider Emergency Preparedness Ples Authorization for emergency medical care	an (this completed form)	
Planning and Maintenance	3015	
Person responsible for updating the Disaster Supply Kit First Name Last N		larly:
Description of how the Emergency Ready-to-Go Pack w	vill be transported to an evacuation loc	eation:
Item Specification (If needed):		
<ul> <li>1 flashlight, AA batteries, 1 first aid kit, 2 bottled w medications, 1 outfit, 1 scissor, roll of tape, sea</li> </ul>	raters, 2 containers of baby food, diapolating plastic, carrying case, 1 toy, folds	ers & wipes, thermometer kit, no specific er with EPP and ECMA
Shelter-in-Place Procedures: Provider will call 911 an emergency to-go bag to the loft area (1 window 1 door), parents afterward.  Evacuation Locations Procedures:  Primary — Provider will grab the child and to-go bag, she to the evacuation location, window), provider will call or text the parent before going	, she will seal window if needed and st ne will take the child into her car seat a will let them in the apartment and will s	and strap her in, they will be stay in the living room area (2 doors and 1
Alternate – Provider will gather the to-go bag and child seat, and they will go to windows), and provider will contact parent before, during	will give entry to them, they v	provider will strap the child into the car vill stay in the living room (2 doors 3
Signatures & Date	-93 - W - 112	Supplied to the state of
Acknowledgement: By signing below the parties acknow been discussed. The parties also acknowledge that, if a pop-up visit which will be conducted virtually or in-person	pproved, the home in which care is pro	riewed, and any corrections if needed have ovided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Hemawatie Hemrat	Printed Name:	
Signature:	Signature:	
		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

Inspection Date: 07/25/2023 Follow-up Inspection Date: 07/28/2023	Time In: 2:30PM Time In: 2:00PM	Time Out: 3:45PI Time Out: 2:29PI	
Informal Care			
Type of Care (check one):   Non-rela	ative Informal Provider C	are   Relative	Informal Provider Care
Provider Information			
First Name: Melissa	Last Name: Herring		Provider ID: <u>520941</u>
Provider ID #:			Email:
Care Location Inspected			The second of th
Street Address: 1926 Park Beach Dr. City: Address Verified? Yes.	Aberdeen County: Ha	arford State MD	Zip Code: 21001
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(08/06/2021)	1yr. / Y
		(10/31/2022)	8mos./ Y

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	ote any comments or Y - Yes, N - No,	corrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Stored on kitchen cabinet (Band-Aids, Alcohol Gauze, First Aid Kit)
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets covered or occupied
rmful items are stored appropriately and away from	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
	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
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	To read of American Principles
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Υ	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local pepartment of Social Services Child Protective Services Unit.	Υ	

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

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

#### **Disaster Supply Kit**

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

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

	lean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is ava	ilable and easily accessible in the event of an en	nergency (Y/N)? Y
ltem Specification (if needed):  2 ERTG duffle bags (carrying food, 5 dried foods, 2 pk of ba outfits(2 per child) (top/botton	by food, 20 diapers w/ 1 pk of wipes, 1 roll of 1), 3 blankets, 1 book, 1 stuffed animal and for 2023: Corrected on 07/28/2023	ermometer, no spec meds, 6 bottled waters, 2 canned trash bags, 1 roll of duct tape, 1 pair of scissors, 4
Emergency Documents	on drawers and cabinets	
	v Preparedness Plan (this completed form)	
	Aug and	
Planning and Maintenance		
	Disaster Supply Kit and the Emergency Docum	nents regularly:
First Name	Last Name	
Melissa	Herring	
	eady-to-Go Pack will be transported to an eva-	cuation location: carried by the provider.
the provider will gather the children a ealing plastic and tape to seal the de mergency updates.  Vacuation Procedures  rimary: The provider will account for e provider's vehicle. They will drive	r the children and grab the ERTGs and each o	or 1 window). Once in the basement she will use the The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.
the provider will gather the children and tape to seal the description of the provider will account for the provider's vehicle. They will drive a provider's vehicle. They will drive a provider will be instructed of where to the provider. If they could not access the didren in their rear-facing car seats, form them of the emergency, upon a court where to shelter. Once secured	r the children and grab the ERTGs and each of to and and the should arise.  They will stay together the primary location, the provider will account for the primary location, the provider will account for the primary location.	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the
The provider will gather the children a ealing plastic and tape to seal the dismergency updates.  Evacuation Procedures  rimary: The provider will account for the provider's vehicle. They will drive hildren will be instructed of where to expect the provider of the provider's vehicle. They will drive hildren will be instructed of where to expect the provider of the	r the children and grab the ERTGs and each of to and and shelter They will stay together the primary location, the provider will account for She would drive to arrival the Provider and children will communication.	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the
the provider will gather the children a sealing plastic and tape to seal the demergency updates.  Vacuation Procedures  rimary: The provider will account for the provider's vehicle. They will drive hildren will be instructed of where to a liternate: If they could not access the form them of the emergency, upon a count where to shelter. Once secured are Hours:  In the provider's vehicle. They will drive hildren will be instructed of where to shelter are secured are Hours:	the children and grab the ERTGs and each of the primary location, the provider will account for the would drive to parrival the Provider and children will communicate the provider will call the a parent with emergence parties acknowledge that all standards have owledge that, if approved, the home in which	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the
the provider will gather the children a sealing plastic and tape to seal the discrete dealing plastic dealing plasti	r the children and grab the ERTGs and each of to and shelter.  They will stay together the primary location, the provider will account for She would drive to arrival the Provider and children will communicate provider will call the a parent with emergence parties acknowledge that all standards have owledge that, if approved, the home in which trually or in-person.	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the ency updates.  and receive instruction ency updates.
the provider will gather the children a sealing plastic and tape to seal the discovered provider.  Vacuation Procedures  rimary: The provider will account for the provider's vehicle. They will drive hildren will be instructed of where to state the provider will be instructed of where to state the provider will be instructed of where to state the provider will be instructed of where to state the provider will be instructed of where to state the provider will be instructed of where to state the provider will be conducted view of the provider will be conducted	r the children and grab the ERTGs and each of to and shelter.  They will stay together the primary location, the provider will account for She would drive to arrival the Provider and children will communicate provider will call the a parent with emergence parties acknowledge that all standards have owledge that, if approved, the home in which trually or in-person.	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the and receive instruction ency updates.  The provider will call the parent and receive instruction and receive instruction ency updates.  The provider will be secured in their rear-facing car seats in arrival. Upon arrival the provider and secure both and receive instruction ency updates.
Realing plastic and tape to seal the demergency updates.  Revacuation Procedures  Primary: The provider will account for the provider's vehicle. They will drive hildren will be instructed of where to alternate: If they could not access the hildren in their rear-facing car seats. Inform them of the emergency, upon about where to shelter. Once secured are Hours:  In the provider's vehicle. They will drive hildren in their rear-facing car seats. Inform them of the emergency, upon about where to shelter. Once secured are Hours:  In the provider's vehicle will be conducted view of the provider will be	the children and grab the ERTGs and each of the shelter They will stay together the primary location, the provider will account for the provider and children will communicate the provider will call the a parent with emergence parties acknowledge that all standards have owledge that, if approved, the home in which the triality or in-person.	The provider will call or text the parent with child will be secured in their rear-facing car seats in arrival. Upon arrival the provider and until the emergency has ended.  Or the children and grab the ERTGs and secure both Along the way the provider will call the parent and cate with the and receive instruction ency updates.  The provider will call the parent and receive instruction and receive instruction ency updates.  The provider will be secured in their rear-facing car seats in arrival. Upon arrival the provider and secure both and receive instruction ency updates.

☑ Virtual Inspection☐ In-person Inspection

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

nild	Care Scholarship Program		-0.0	
	INFORMAL CARE			
INS	PECTION CHECKLIST			

	ction Date:	Time		Time Out:	Result:
6/22/2		1:00	РМ	3:00 PM	APPROVED
Into	mai Care				
		lon-relativ	e Informal Provi	ider Care 🗵 Re	elative Informal Provider Care
Provi	der Information				
					Provider 382250
FIRST	lame: Tyreek	Last	Name: Hood		Email:
Care	Location Inspected			Marie Control of Marie	
Street	Address:		City	Cou	nty State Zip Code
		3	RECK!		State Zip code
Name	of Children in Care (add pages if ne	eded)	Scholarship	Date of Birth	Age / Present (Y/N)
				01/11/2012	9/ Y
20.00			2 22	08/22/2014	6/M Y
- 274					1Y
					/Y
					/Y
		-			/Y
pr vo. or					171
Safet	y of the Home				
	Directions: Review and determine of Additional pages may be used for co	ompliance	with each stand	ard. Note any com	ments or corrective actions needed.
Amount		innens.			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 (	Complete	d?	N/A	Relative care is exempt from this regulation
Home	is free of health and safety hazard	s:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	Is in good repair			Υ	
•	Is free of insect or rodent infestation	n		Υ	
•	ls well-lit and well-ventilated			Y	
•	Has hot and cold running water			Y	
•	Has a working inside toilet			Y	
•	Has utilities for cooking, lighting an		]	Υ	
•	Has a working and safe heating sy			Υ	
	Has a working refrigerator and stor	ve		Y	
•	Has a working telephone			Y	Mobile phones only
-	Has operational smoke detector(s)			Υ	
-	Has first aid kit/supplies			Y	
•	Has protective coverings on any el- accessible to children			Y	
Harmfu childre	ul items are stored appropriately a n:	nd away	from	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 pr	roducts		Y	
<u>.</u>	Alcoholic beverages			Y	
•	Guns			Y	

Cleaning agents	Υ	
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.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
child in care is not subjected to any form of neglect,	Υ	
The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.		
<ul> <li>Achild in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply
mergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily acc (including needed medications) and Emergency Documents.	essible in the event	of an emergency. This contains a Disaster Supply Kit
isaster Supply Kit		
Directions: Review and determine that each item is adequately inclu- contains enough supplies for each child in care. Also that the items a	ided in the Disaster	Supply Kit. Be certain that the Disaster Supply Kit
☑ Flashlight ☑ Bottled water		✓ Folder or binder for EPP document

Batteries

Portable First Aid Kit

☑ Non-perishable food

Diapers

☑ Backpack(s) or carrying case(s)

Consider special toys or games

	*4				
Ø TI	nermometer	Ø	Change of clothes	$ \mathbf{\nabla}$	Scissors, tape & sealing plastic
☑ M	edications	$\checkmark$	Blankel(s)		
Items in t	he Disaster Supply Kit are clean, organi	zed, a	nd usable (Y/N)? Y		
Emergen	cy Ready-to-Go Pack is available and e	asily a	ccessible in the event of an emergency	(Y/N)? Y	
	Supply Kit Comments/Notes:				
Ready-to-	Go will be stored in the bedroom down	in the	basement.		
Emergenc	y Documents				
☑ Inform	nal Provider Emergency Preparednes	s Plar	(this completed form)		
	orization for emergency medical care		, , , , , , , , , , , , , , , , , , , ,		
Planning a	nd Maintenance	5.15		8	
Person res	ponsible for updating the Disaster Sup	pply K	it and the Emergency Documents requ	ılariv:	
First Name		1	Name		
			will be transported to an evacuation lo		
The Provid	ler shared that he would get the Re	ady-to	o-Go kit from the front door area. A	nd then	grab the children's hand to walk
Then, they	would walk away from the house a	exit w	as compromised, he would walk ou ontact the mother by phone. The Pro	it the bac ovider ha	ck door as the alternative exit.
would con	tinue to walk until they reached the	: neial	nbor's residence at		This will be their final
The 2 <sup>nd</sup> eva	n until the mother comes to retrieve acuation location is the	the c	hildren after the emergency is over		t is a 10 minute walk from the
care locati					t is a 10 minute walk from the
Signatures	& Date	70000			
Acknowledg been discus	ement: By signing below the parties a seed.	cknov	vledge that all standards have been re-	viewed, a	and any corrections if needed have
	PROVIDER			INSI	PECTOR
Printed Nar	ne:		Printed Name:		
	Tyreek Hood				
Signatura		T FE	Signature:		
Date: 6-7	15-21 Phone:	N N	Date: 6/22/2021	F	Phone: 410-767-7832
The second secon	Note that the second se	7.0			

⊠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.informajoroviders@maryland.gov

	Time In: 3:30 PM	Time Out:	Result: PASS ccs.informal 5pm on 02/04	Graviders @	ned to maryland.gov by
Informal Care					
Type of Care (check one): Nor Provider Information	n-relative Informal Pro	vider Care	■ Relative	Informal Pro	ovider Care
First Name: Tyreek	Last Name: Hood		1		
	Cast Haille, Hoog		Provider ID: 38	32250	
			Email:	and the same	
Care Location Inspected					
Street Address: Address Verified?	City	Соц	nty State	Zip Code	
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	1	Dennis I Dini
		(01/11/2012			Present (Y/N)
Margaret 198		(08/22/2014			
		1		1	
				1	
				1	
				,	
rections: Review and determine compliance with each	standard. Note any com	nents or corre	the actions reads	4 8444	
irections: Review and determine compliance with each any be used for comments.  Y - Yes, N - No, Dealth and Safety Training:	J-Discussed, Ma-Ni	ot Applicable Standard Met	Comments/Notes		
irections: Review and determine compliance with each ay be used for comments. Y - Yes, N - No, I ealth and Safety Training:	J-Discussed, Ma-Ni	ot Applicable Standard Met Y/N	Comments/Notes Corrective Action	i //imeframe	If needed
irections: Review and determine compliance with each and be used for comments.  Y - Yes, N - No, I ealth and Safety Training:  asic Health and Safety Training Completed?	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A Standard Met	Comments/Notes Corrective Action Re Comments/Notes	/Timeframe	if needed
ay be used for comments.  **Parallel And Safety Training:**  **asic Health and Safety Training Completed?**	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A Standard Met Y/N	Comments/Notes Corrective Action Re Comments/Notes Corrective Action	Timeframe	If needed al Care If needed
rections: Review and determine compliance with each in ay be used for comments.  Y - Yes, N - No, I waith and Safety Training:  asic Health and Safety Training Completed?  One is free of health and safety hazards:	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A N/A Standard Met Y/N Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action	/Timeframe	If needed al Care If needed
irections: Review and determine compliance with each ay be used for comments.  Y - Yes, N - No, Dealth and Safety Training: asic Health and Safety Training Completed?  The same is free of health and safety hazards:  Is in good repair	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A N/A Standard Met Y/N Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action	i /Timeframe lative Inform /Timeframe ii areas were	If needed al Care If needed clean
irections: Review and determine compliance with each ay be used for comments. Y - Yes, N - No, [sealth and Safety Training: asic Health and Safety Training Completed?  oma is free of health and safety hazards:  solution is in good repair  solution is free of insect or rodent infestation	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A N/A Standard Met Y/N Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action	in/Timeframe lative Inform /Timeframe ii areas were	If needed al Care If needed clean
irections: Review and determine compliance with each a sy be used for comments. Y - Yes, N - No, Cealth and Safety Training: asic Health and Safety Training Completed? orne is free of health and safety hazards:  Is in good repair Is free of insect or rodont infestation Is well-lit and well-ventilated	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action	i /Timeframe lative Inform /Timeframe ii areas were	If needed al Care If needed clean
irections: Review and determine compliance with each ay be used for comments. Y - Yes, N - No, Cealth and Safety Training: asic Health and Safety Training Completed? ome is free of health and safety hazards:  Is in good repair Is free of insect or rodent infestation Is well-lift and well-ventilated Has hot and cold running water Has a working inside toilet	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action A	ATIMETRAME Lative Information Timetrame it areas were areas were Tested show	If needed al Care If needed clean well-lit
irections: Review and determine compliance with each ay be used for comments. Y - Yes. N - No. Cealth and Safety Training: asic Health and Safety Training Completed?  ome is free of health and safety hazards:  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and heating	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action A Ai	In /Timeframe lative Inform /Timeframe it areas were areas were areas were Tested show	If needed al Care If needed clean vell-lit er
irections: Review and determine compliance with each ay be used for comments. Y - Yes, N - No, Cealth and Safety Training: asic Health and Safety Training Completed?  The inguility of health and safety hazards:  Is in good repair  Is free of insect or rodent infestation  Is well-lift and well-ventilated  Has hot and cold running water  Has a working inside toilet	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action A Ai	ATIMETRAME Lative Information Timetrame it areas were areas were Tested show	If needed al Care If needed clean vell-lit er
irections: Review and determine compliance with each ay be used for comments. Y - Yes, N - No, Cealth and Safety Training: asic Health and Safety Training Completed?  ome is free of health and safety hazards:  Is in good repair  Is free of insect or rodent infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has a working and safe heating system	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action Al Al Pots an	Arrimeframe ative Inform Trimeframe it areas were areas were Tested show d pans in low	If needed al Care If needed clean well-lit er er cabinet
rections: Review and determine compliance with each ray be used for comments. Y - Yes, N - No, Cealth and Safety Training:  asic Health and Safety Training Completed?  ome is free of health and safety hazards:  Is in good repair  Is free of insect or rodont infestation  Is well-lit and well-ventilated  Has hot and cold running water  Has a working inside toilet  Has utilities for cooking, lighting and heating  Has a working and safe heating system  Has a working refrigerator and stove  Has a working telephone	7 - Discussed, n/a - No	ot Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action Al Pots an	In /Timeframe Lative Inform /Timeframe it areas were areas were areas were Tested show d pans in low ested thermo	If needed al Care If needed clean well-lit er er cabinet stat
irections: Review and determine compliance with each ray be used for comments. Y - Yes, N - No, Cealth and Safety Training: asic Health and Safety Training Completed? ome is free of health and safety hazards:  Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has a working and safe heating system Has a working refrigerator and stove	7 - Discussed, n/a - No	of Applicable Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action Re Comments/Notes Corrective Action Al Pots an	Arrimeframe ative Inform Trimeframe it areas were areas were Tested show d pans in low	If needed al Care If needed clean well-lit er er cabinet stat

Harmful Items are stored appropriately and away from children:	Standard Met	Comments/Notes
Sharp or pointed items		Corrective Action /Timeframe if needed
Medications of any kind	<u> </u>	Stored in higher level cabinet in kilcher
	Y	Stored on top of the fridge
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	
Alcoholic beverages		Does not own
	Y	Does not own
* Guns	Υ	Does not own
* Cleaning agents	v	
Poisonous substances	<u> </u>	Cleaning agents stored in cabinet
	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
All areas of the home are kept clean, including diapering area.	Υ	No disper age children

ਸ਼ਿਲਮ, ਸੁਖ਼ਾਸ਼ਖ਼ੁਦ ਬਰਦ wet and solled diapers are disposed of in a sanitary manner.	1	No disper age children, no trash can be trash bag hanging on kitchen cabine
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	CHARLES OF THE STATE OF	
Handwashing procedures are followed. Provider and	N/A	No disper age children
child's hands washed thoroughly with soap and warm running water after:  Toileting:		
Diapering:	[	1
Before food preparation and eating;	Y	
After playing outdoors; and		
At other times when necessary to prevent the		
spread of disease.		
CHILD ABUSE, NEGLECT AND MISTREATMENT	Standard Met	Comments/Notes
STANDARDS	YAN	Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  * Physical injury		
Any sexual abuse	Y	
Mental injury		1
A child in care is not subjected to any form of neglect, including:		
The failure to give proper care and attention to a		1
child including leaving a child unattended		
under circumstances that indicate that the child's health or welfare is harmed or placed	Y	
at substantial risk of harm;		
<ul> <li>Mental injury to a child, or a substantial risk of</li> </ul>		
mental injury that is caused by the failure to give proper care and attention to a child.		
child in care is not subjected to mistreatment,		
ncluding:		
<ul> <li>Any deliberate act that hurts a child physically or</li> </ul>		
emotionally, including:  Spanking, Biting, Hitting, Shaking		
Any other means of physical discipline		
Not attending to a child's physical needs		
Shorting, Cursing, Shaming, Ridiculing	Y	
Washing a child's mouth with soap		1
<ul> <li>Putting pepper or other spicy or distasteful items</li> </ul>		
in a child's mouth		
Requiring a child to stand on one foot as		
punishment Tyling child to a cot or other equipment		ls.
he provider immediately reports any suspected hild abuse, neglect or mistreatment by calling		
11 and your local Department of Social Services	Y	J.
hild Protective Services Unit.		
mergency Ready-to-Go Pack		
he Emergency Ready-to-Go Pack must be available and easily	/ accessible in the own) of an ememor	Cy This contains a Discussion Supply His
icluding needed medications) and Emergency Documents.	The country of all ellerges	cy. This contains a Disaster Supply Kil
isaster Supply Kit		
rections. Review and determine that each item is adequately	included in the Disaster Supply Kit. Be	certain that the Disaster Supply Kit
miles a rough supplies for each child in care. Also the items a	are clean, organized, and usable. Comm	nent and note below if needed.
te Flashlight te Batteries for Flashlight	Boltled water	■ Folder or binder for EPP documents  ■ Folder or binder for EPP documents
	B Non-perishable food	a Backpack(s) or carrying case(s)
B Portable First Aid Kit	a Diapers (N/A)	© Consider special toys or games (Books/Coloring books)
	B Change of clothes (1 outfit underwear/child)	(Books/Coloring books)  ® Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
B Portable First Aid Kit B Thermometer	BChange of clothes (1 outfit underwear/child)	(Books/Coloring books)  8 Heavy Duty Scissors, duct tape/
B Portable First Aid Kit  B Thermometer  Medications (N/A)	B Change of clothes (1 outfit underwear/child) is Blanket(s) (2)	(Books/Coloring books)  8 Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are clean, organized, and usa	B Change of clothes (1 outfit underwear/child) Is Blanket(s) (2) Die (Y/N)?	(Books/Coloring books)  ### Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are clean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit	B Change of clothes (1 outfit underwear/child) Is Blanket(s) (2) Die (Y/N)?	(Books/Coloring books)  ### Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are dean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit mergency Documents	BChange of clothes (1 outfil underwear/child)  BBlanket(s) (2)  ble (Y/N)/? Y  ble in the event of an emergency (Y/N)/?	(Books/Coloring books)  ### Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are dean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit mergency Documents B Informal Provider Emergency Preparedness Plan	BChange of clothes (1 outfil underwear/child)  BBlanket(s) (2)  ble (Y/N)/? Y  ble in the event of an emergency (Y/N)/?	(Books/Coloring books)  ### Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are dean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit mergency Documents  B Informal Provider Emergency Preparedness Plan Authorization for emergency medical care	BChange of clothes (1 outfil underwear/child)  BBlanket(s) (2)  ble (Y/N)/? Y  ble in the event of an emergency (Y/N)/?	(Books/Coloring books)  ### Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are clean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit mergency Documents  B Informal Provider Emergency Preparedness Plan E Authorization for emergency medical care anning and Maintenance	BChange of clothes (1 outfit underwear/child)  BBlanket(s) (2)  ble (Y/N)?  Y  ble in the event of an emergency (Y/N)?  (this completed form)	(Books/Coloring books)  ##eavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags  Y, stored in the living room by the exit door
B Portable First Aid Kit  B Thermometer  Medications (N/A)  Items in the Disaster Supply Kit are clean, organized, and usal Emergency Ready-to-Go Pack is available and easily accessit mergency Documents  B Informal Provider Emergency Preparedness Planta Authorization for emergency medical care anning and Maintenance arson responsible for updating the Disaster Supply Kit a	BChange of clothes (1 outfit underwear/child)  BBlanket(s) (2)  ble (Y/N)?  Y  ble in the event of an emergency (Y/N)?  (this completed form)	(Books/Coloring books)  ##eavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags  Y, stored in the living room by the exit door

Shelter-in-Place: Would go to the kitchen or bedroom, gather the children, grab the to go bag stay in the location until its safe, use the sealing plastic and tape to cover the window and contact the parent.

mother while in the car, head to the local	ation, go to providers bedroom (1 door 1	pag, walk to the car, buckle them in seatbeit, call the window).
Evacuation Loc. (Secondary): and drive to the home, where the provide	Home: Grab the kids, the to-go bater has his own key for easy access, go i	g, get in the car, buckle the children, call the parent, into the basement room (1 window 1 door).
Signatures & Date		
Acknowledgement: By signing below the have been discussed. The parties also a unannounced pop up visit which will be	SCKDOWIEGGE that if approved the home	ave been reviewed, and any corrections if needed in which care is provided is subject to random,
PROVIDER		NSPECTOR
Printed Name: Tyreek Hood	Printed Name:	
Sig	Signature:	
Date: Z - Y - Z Z Phone:	Date: 02/03/2022	Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3

Revised 10/2021

SVirtual Inspection
□ In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date 08/10/2022 Follow -up Scheduled 08/11/2022	Time In: 9:30AM Time In: 10:00AM	Time Out 10:57AN	
Informal Care			
Type of Care (check one)   Non-	relative Informal Provider	Care ⊠Relative In	formal Provider Care
Provider Information			To the second
First Name: Frances	Last Name: Hutch	inson	Provider ID: 102832
Provider ID #			Email:
Care Location Inspected			
Street Address Address Verified? Yes	City	Sta	te Zip Code
Name of Children in Care (add pages if	needed) Scholarship	Date of Birth	Age / Present (Y/N)
		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		
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y			
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Y			
Medications of any kind	Y			
Matches, lighters and flammable products	Y			
Alcoholic beverages	Y			
Guns	Y	In gun box locked in cabinet		
Cleaning agents	Y	Under sink need to be moved		
Poisonous substances	Y	Moved to higher shelf Raid insect killer		

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

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

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

#### Disaster Supply Kit

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

⊠Flashlight	Expanses, and daddle. Comment and note below it needed.		
	⊠ Bottled water	□ Folder or binder for EPP documents	
	Non-perishable food	⊠Backpack(s) or carrying case(s)	
	⊠Diapers N/A		
	Solopeis II/A	⊠Consider special toys or games	
⊠Thermometer	E-A-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-	⊠Heavy Duty Scissors, duct tape/	
	□ Change of clothes	packing tape & sealing plastic/trash	
		bags	

	⊠Blanket(s)		
Items in the Disaster Supply Kit are cl	ean, organized, and usable (Y/N	1)? Y	N)? Y
Emergency Ready-to-Go Pack is avail	able and easily accessible in the	e event of an emergency (17	N/ 1
Location of The Emergency Ready			
Item Specification (if needed): 8 AAA Batteries, gauze band aids, glo	ves cold compress tape, ointm	ent, alcohol swabs, Tylenol,	cortisone cream,
8 AAA Batteries, gauze band aids, glo 3 8oz bottles of water, 4 chef Boyarde	e cans, 2 books, Disney classic,	Dr. Seuss	
Dress, panties, shorts,			
Items to review on 08/11/2022 if nee	ded: Observed 08/11/2022		
<ul> <li>Cleaning supplies under sink</li> </ul>	moved to higher cabinet. Obs	erved 8/11/2022	
Knives moved high shelf or or	abinet Observed 8/11/2022		
Emergency Documents			
☑Informal Provider Emergency	Preparedness Plan (this com	pleted form)	
	riculour ouro		
Planning and Maintenance Person responsible for updating the D	easter Supply Kit and the Eme	ergency Documents regula	rly:
	Last Name		
escription of how the Emergency Re			
he provider will grab Ryleigh, the ER ne provider will use plastic and tape to	TB and head to the upstairs based the shelter. Once secure	athroom that has no window e, the provider will call, text	ws and one door. If the need should arise or email the parent and let her know that
reprovider will use plastic and tape to hey are sheltering in place  ivacuation Procedures:  the provider will grab  ooster seat before driving to the primarity with spare key and head to the material astic and tape to seal the shelter. The vacuation location.  they couldn't shelter at the primary location.	ERTB and head to the provide any evacuation location which lain bathroom that has no wine provider will call the parents cation, they will go to the alter efore leaving and let her know key to gain entry to the home provider will use plastic and tall	er's vehicle where she will one dows and one door. If the rebefore leaving the care loc mate evacuation location we they are on the way. Either. They will shelter in the bope to seal the shelter. The	is secure in her we at the location, the provider will gain leed should arise, the provider will use ation and after they are secure in the which is the let them into the assement that has one small window and
the provider will grab Ryleigh, the ER the provider will use plastic and tape to the provider will use plastic and tape to the provider will grab the provider will astic and tape to seal the shelter. The vacuation location. The provider will be provider will grab the provide	ERTB and head to the provide any evacuation location which hain bathroom that has no wind provider will call the parents cation, they will go to the alter efore leaving and let her know e key to gain entry to the home provider will use plastic and tall are secure in the alternate ev	er's vehicle where she will one dows and one door. If the rebefore leaving the care loc mate evacuation location we they are on the way. Either. They will shelter in the begre to seal the shelter. The recuation location.	is secure in her be at the location, the provider will gain need should arise, the provider will use action and after they are secure in the which is the let them into the asement that has one small window and provider will call the parents before
the provider will grab Ryleigh, the ER the provider will use plastic and tape to the provider will use plastic and tape to the provider will grab the provider will static and tape to seal the shelter. The vacuation location. The provider will be provider will grab the provid	ERTB and head to the provide any evacuation location which hain bathroom that has no wince provider will call the parents cation, they will go to the alter efore leaving and let her know e key to gain entry to the home provider will use plastic and tall are secure in the alternate every parties acknowledge that all whedge that, if approved, the heads of the provider will use plastic and tall every parties acknowledge that all every	er's vehicle where she will one dows and one door. If the rebefore leaving the care loc mate evacuation location we they are on the way. Either, they will shelter in the begre to seal the shelter. The recuation location.	is secure in her be at the location, the provider will gain need should arise, the provider will use ation and after they are secure in the which is the let them into the asement that has one small window and provider will call the parents before
the provider will grab Ryleigh, the ER the provider will use plastic and tape to the provider will use plastic and tape to the provider will grab the provider will static and tape to seal the shelter. The vacuation location. The provider will be provider will grab the provid	ERTB and head to the provide any evacuation location which hain bathroom that has no wince provider will call the parents cation, they will go to the alter efore leaving and let her know e key to gain entry to the home provider will use plastic and tall are secure in the alternate every parties acknowledge that all whedge that, if approved, the heads of the provider will use plastic and tall every parties acknowledge that all every	er's vehicle where she will one dows and one door. If the rebefore leaving the care loc mate evacuation location we they are on the way. Either, they will shelter in the begre to seal the shelter. The recuation location.	is secure in her we at the location, the provider will gain leed should arise, the provider will use ration and after they are secure in the which is the lilet them into the asement that has one small window and provider will call the parents before
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☑ Virtual Inspection☐ In-person Inspection

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

	IN	ISPECTION CI	HECKLIST			
Inspection Date: 4/21/2021	Time In: 1:30 PM		Time Out: 3:30 PM		Result: APPROVED	
Informal Care						
Type of Care (check one):   Non-rela	ative Info	ormal Provider C	are 🗹 Relati	ve Inform	nal Provide	er Care
Provider Information						
First Name:	Last	Name:	Provider ID:			D:
Frances	Hutcl	hinson		E	mail:	
Care Location Inspected						
Street Address:		City	Cour	nty	State	Zip Code
Name of Children in Care (add pages if nee	ded)	Scholarship	Date of Birth	Age		Present (Y/N)
			7/14/2017	3	/Y	
				<u> </u>	/Y_	
		-				N
					1	
Safety of the Home					100	1
Directions: Review and determine co Additional pages may be used for con	mpliance	e with each standa	ard. Note any comm	ments or o	corrective	actions needed. /a – Not Applicable
Health and Safety Training:			Standard Met	Comm	ents/Note	8
Basic Health and Safety Training C	omplete	M2	Y/N	Соггес	tive Actio	on /Timeframe if needed
		ru r	Standard Met	Comm	ents/Note	
Home is free of health and safety hazards	11		Y/N			n /Timeframe if needed
Is in good repair						
<ul> <li>Is free of insect or rodent infestation</li> </ul>	<u> </u>					
Is well-lit and well-ventilated						
<ul> <li>Has hot and cold running water</li> </ul>						
Has a working inside toilet						
Has utilities for cooking, lighting and		g		<u> </u>		
<ul> <li>Has a working and safe heating sys</li> </ul>						
Has a working refrigerator and stov	е			ļ		
Has a working telephone						Mobile phones
Has operational smoke detector(s)						
Has first aid kit/supplies						
Has protective coverings on any ele accessible to children	ectrical o	outlet that is				
Harmful items are stored appropriately and away from children:		from	Standard Met Y/N		ents/Note tive Actio	s n /Timeframe if needed
Sharp or pointed items			2			
Medications of any kind						
<ul> <li>Matches, lighters and flammable pre</li> </ul>	oducts					
<ul> <li>Alcoholic beverages</li> </ul>						
Guns			N/A			
Cleaning agents	- Cleaning agents			1		

Poisonous substances

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed			
All areas of the home are kept clean, including dia	pering area.				
<del></del>					
Trash, garbage and wet and soiled diapers are dis sanitary manner.	posed of in a		_		
Child is changed immediately when s/he has a soil diaper, clothing or bedding.	led or wet				
Diapering procedures are followed.				-	
Handwashing procedures are followed. Provider a washed thoroughly with soap and warm running warm and the control of the contr	ater after:				
CHILD ABUSE, NEGLECT AND MISTREATMEN	T STANDARDS	Standard Met Y/N	Comments/N	lotes ction /Timeframe if needed	
A child is not subject to any form of abuse, incl Physical injury Any sexual abuse Mental injury	uding:		00110011767	octon / I mettante il meeded	
A child in care is not subjected to any form of rincluding:	on to a child r circumstances are is harmed or sk of mental proper care and				
emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distastefu child's mouth Requiring a child to stand on one foot as processing the child to a cot or other equipment	ol items in a				
The provider immediately reports any suspected				-	
neglect or mistreatment by calling 911 and your Department of Social Services Child Protective		Y			
Emergency Ready-to-Go Pack					
The Emergency Ready-to-Go Pack must be ava	ailable and easily act	cessible in the event	of an emergence	ry. This contains a Disaster Supply Kit	
Disaster Supply Kit					
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.					
☑ Flashlight	☑ Bottled water		✓	Folder or binder for EPP documents	
☑ Batteries	✓ Non-perishabl	e food	Ø	Backpack(s) or carrying case(s)	
☑ Portable First Aid Kit	☑ Diapers		$\square$	Consider special toys or games	
☑ Thermometer	☑ Change of clo	thes	Ø	Scissors, tape & sealing plastic	
☑ Medications	☑ Blanket(s)				

Emergency Documents		-		
<ul><li>☑ Informal Provider Emer</li><li>☑ Authorization for emerg</li></ul>		s Plan (this complete	ed form)	
Planning and Maintenance				
Person responsible for update First Name  Description of how the Emerg		Last Name		
The Ready-to-Go Pack is a	duffle bag and a bigs during an emerg	lanket bag. The bag	gs will be stored at the	bottom of the stairwell near the front
Signatures & Date				
Acknowledgement: By signing been discussed.	below the parties a	cknowledge that all s	standards have been rev	viewed, and any corrections if needed have
P	ROVIDER			INSPECTOR
Printed Name:		-	Printed Name:	
Signature:			Signature:	
Date:	Phone:		Date: 1/21/2021	Phone: 410-767-7832

Several items are all placed in a bag with straps so it is easy to carry. The bag has all the required items plus other items to support the

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

Disaster Supply Kit Comments/Notes:

family during an emergency.

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