

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/29/2022	Time I	n: 1:30PM	Time Out: 2:28PM	Result: Follow up needed			
Follow Up Scheduled: 10/03/0222	Time I	n: 10:55AM	Time Out: 11:08Al	M Result: PASSED			
Informal Care	Informal Care						
Type of Care (check one): ⊠ Non-relati	ive Infor	mal Provider Ca	are □Relative II	nformal Provider Care			
Provider Information							
First Name: Ann Marie	Last N	ame: Jackson	1	Provider ID: 496435			
Provider ID #:				Email:			
Care Location Inspected							
Street Address: Address Verified? Yes		City:	County:	State Zip Code:			
Name of Children in Care (add pages if need	ed)	Scholarship	Date of Birth	Age / Present (Y/N)			
			2/18/2019	3 / Yes			
			11/1/2012	9 / No - In School			
			11/5/2011	10 / No - In School			
			3/17/2016	6 / No - In School			

Safety	of	the	Hor	ne
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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

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	Υ		
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	Υ	Flush observed	
Has utilities for cooking, lighting and heating	Y	Gas stove lit	
Has a working and safe heating system	Y		
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Provider's cell called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Υ	Band Aids, Hydrogen Peroxide, tape, ointment	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covered or in use	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Locked Drawer	
Medications of any kind	Y	None	
Matches, lighters and flammable products	Y	None	
Alcoholic beverages	Y	None	
Guns	Y	None	
Cleaning agents	Y	Locked under Sink	
Poisonous substances	Υ	Other than medications and cleaning solutions	
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes	

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
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 	T	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y			
Location of The Emergency Ready to go Pack	: Hallway closet		
Item Specification (if needed):			
4 shirts, 2 pants, 2 shorts, 4 extra AA batteries,	puzzle boo, color a	nd sticker activity books	
Band aids, ointment, gauze, tape, alcohol wipes,			
4 16oz water bottles, 4 Chef Boyardee spaghetti	and Meatballs, Fru	it snacks, 4 granoia bars,	
Items to review on 10/03/2022 if needed: Observed	erved 10/03/2022		
First aid kit Kitchen drawer lock installed			
Cleaning supplies under sink locked			
Emergency Documents		***************************************	
⊠Informal Provider Emergency Prepared	ness Plan (this co	mpleted form)	
⊠Authorization for emergency medical ca		inplotod lolling	
Planning and Maintenance			
Person responsible for updating the Disaster Su	only Kit and the Fi	mergency Documents regular	lv.
First Name	Last Name	norgency Boodmente regular	I
		WHAT COM-	
Description of how the Emergency Ready-to-Go	Pack will be trans	ported to an evacuation locat	ion: Rolled
Shelter In Place Procedure:			
The provider will grab the children, the ERTB and	d head to the bath	room in the master bedroom	which has one door and one window. If
the need should arise the provider will use plastic			
her know that they are sheltering in place.			
Evacuation Procedures:			
The provider will grab the children, the ERTB, an	d go to the		. They will grab the car seat for
and take it with them to	where provider		and the other children in seat belts before
heading to evacuation location head to the living room that has one sliding glass		Once at the location,	will let them in. They
seal the shelter. The provider will call the parents			
If they couldn't shelter at the primary location, the			
provider will grab the children, the ERTB, and go	to	1 14	They will grab the car seat for
and take it with them to heading to evacuation location which, The provide	ler will gain entry		and the other children in seat belts before elter in the living room that has two
window and one door. If the need should arise th	e provider will use	plastic and tape to seal the	shelter. The provider will call the parents
pefore leaving the care location and after they are	e secure in the alt	ernate evacuation location.	
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the bop up visit which will be conducted virtually or in-	at, if approved, the	all standards have been review e home in which care is provid	wed, and any corrections if needed have ded is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: Ann Maris, Tack	501	Printed Name:	
Signature		Signature:	
Date:		Date: 10/03/2022	Phone: 1-877-227-0125

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 12/14/2023	Time In: 10:30AM	Time Out: 11:46/	AM Result: PASSED			
Informal Care						
Type of Care (check one):	n-relative Informal Provider	Care ⊠Relative	Informal Provider Care			
Provider Information						
First Name: Lee Ella	Last Name: Jacks	on	Provider ID: 493637			
Provider ID #:			Email:			
Care Location Inspected						
Street Address: City County: State Zip Code: Address Verified? Yes.						
Name of Children in Care (add pages	Name of Children in Care (add pages if needed) Scholarship Date of Birth Age / Present (Y/N)					
		(09/08/2018)	4yr./ N			

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(09/08/2018)	4yr./ N
Safety of the Home			
Directions: Review and determine compliance with ea pages may be used for comments.	ch standard. Note	any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		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 		Υ	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 steam from kitchen sink
Has a working inside toilet		Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	ng	Υ	
Has a working and safe heating system		Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove		Y	Tested by provider and observed
Has a working telephone		Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)		Υ	Tested by provider and observed
Has first aid kit/supplies		Υ	
 Has protective coverings on any electrical accessible to children 	outlet that is	Υ	All outlets were not covered or occupied
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Stored in knife holder on the back of the counter
Medications of any kind		Y	Does not own
Matches, lighters and flammable products		Y	Does not own
Alcoholic beverages		Y	Stored in locked bedroom with child lock added
Guns		Y	Does not own
Cleaning agents		Υ	Locked under kitchen sink
Poisonous substances		Y	Does not own
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Stored in third bedroom Item Specification (if needed): 1 tote bag/backpack (carrying case), 1 flashlight, 1 pk of AAA/AA batteries, 2 first aid kits, 1 thermometer, no specific medications, 3 bottled waters, 6 canned goods, 5 diapers w/ 1pk of wipes, 4 outfits (top/bottom), 2 med blankets, 1 interactive card game, 1 roll of duct tape, 1 pair of scissors, and roll of sealing plastic and folder w/ EPP and ECMA docs per child Items to be reviewed on xx/xx/xxxx: N/A **Emergency Documents** ⊠Informal Provider Emergency Preparedness Plan (this completed form) Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name First Name Lee Ella Jackson Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure: The provider will account for the children, grab the ERTG and go into the master bedroom (1 door 1 window). If the need arises the provider will use the tape and sealing plastic to seal the door, window and vents. The provider will call, text or email the parent with emergency updates. **Evacuation Procedures** Primary: The provider will account for the children, grab the ERTG and go to the provider's vehicle. The provider will secure the 3yr old in the forward-facing car seat and the 1yr in the rear-facing car seat and The provider will (1 door 1 window). The provider will call, text or email the parent . They would shelter in with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and go to the provider's vehicle. The provider will secure the 3yr old in the forward-facing car seat and the 1yr in the rear-facing car seat and drive to 1 door 1 The provider will arrival. They would window). The provider will call, text or email the parent with emergency updates. Care Hours:

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge t been discussed. The parties also acknowledge that, if approved pop up visit which will be conducted virtually or in-person.	hat all standards have been revi d, the home in which care is prov	ewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: 1 peFILa Jackson	Printed Name:	
Signature	Signature:	
Date: / - 5-14 Phone:	Date: 12/14/2023	Phone: 1-877-227-0125

X	Virtual	Ins	pec	tion
	In-pers	on	Ins	pection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/09/2022	Time In: 9:30AM	Time Out: 10:18/	AM Result: PASSED	
Informal Care				
Type of Care (check one): ☐ Non-relati	ive Informal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Lee Ella	Last Name: Jackso	n	Provider ID: 493637	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: County: State Zip Code: Address Verified?				
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)	
		09/08/2018	3 / No	
			1	
		 		
Safety of the Home				
Directions: Review and determine compliance vi	vith each 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 Completed	?	Y	Certificate Received	
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 syst 	tem	Y	Thermostat dialed up	
 Has a working refrigerator and stove 		Y		
 Has a working telephone 		Y	Provider cell phone called	
 Has operational smoke detector(s) 		Y		
 Has first aid kit/supplies 		Y	Band aids, , Neosporin, gauze, tape,	
 Has protective coverings on any ele- accessible to children 	ctrical outlet that is	Y	Covered or in use	
Harmful items are stored appropriately and away from children:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items		Y	Moved to higher cabinet	
Medications of any kind		Y		
Matches, lighters and flammable pro	oducts	Υ	None	
Alcoholic beverages		Υ	None	
Guns		Υ	None	
Cleaning agents		Y		
Poisonous substances		Y	Other than medications and cleaning solutions	

GENERAL CLEANLINESS STANDARDS	Y/N	Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
rash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Υ		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	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		
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y		
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y		
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be available and easily accessible in needed medications) and Emergency Documents.	n the event of an em	ergency. This contains a Disaster Supply Kit (including	
Disaster Supply Kit			

Standard Met

Comments/Notes

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

enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠ Bottled water

☑ Heavy Duty Scissors, duct tape/
☑ Thermometer
☑ Change of clothes
  packing tape & sealing plastic/trash bags

⊠Flashlight

⊠Folder or binder for EPP documents

⊠ 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	e event of an emergency (Y/N)? Y		
Location of The Emergency Ready to go Pack: By the front door	r.		
Item Specification (if needed):			
1 shirt, 1 pair pants and underwear, 3 pull ups, pepper pig book.			
2 extra AA batteries, Band aids, ointment, gauze, tape, alcohol wipes,			
1 16oz water bottles, cans of fruit cocktail, peanut butter, 10 pack crac	kers,		
Items to review on xx/xx/xxxx if needed: N/A			
Items to review on AAAAAAAA II Heeded.			
Emergency Documents			
⊠Informal Provider Emergency Preparedness Plan (this com	pleted form)		
⊠Authorization for emergency medical care			
Planning and Maintenance			
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly:		
First Name Last Name			
Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation location: Carried		
AL III - L Plan Barrelon			
Shelter in Place Procedure:	a basement femily room that has 2 deer and 4 windows. If the pood		
The provider will have phone, the ERTB and head to the should arise the provider will use plastic and tape to seal the shelter	e basement family room that has 2 door and 4 windows. If the need The provider will call the parent once they are secure.		
Evacuation Procedures:			
The provider will the ERTG and walk to	Once		
the provider will ask to be directed to the shelter room	. The provider will call the parents before leaving the care location		
and after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alter	ernate evacuation location		
	alk to the church. Once at will ask to be		
directed to the shelter room. The provider will call the parents before leaving the care location and after they are secure in the evacuation			
location.			
Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all			
been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	home in which care is provided is subject to random, unannounced		
PROVIDER	INSPECTOR		
Printed Name: Lee Ella Jackson	Printed Name:		
Signature	Signature:		
Date: 9-12-22 Phone	09/12/2022 Phone: 1-877-227-0125		

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/07/2023 Follow-up Inspection Date: 09/07/2023	Time in: 1:00PM Time in: 3:30PM	Time Out: 3:07P Time Out: 4:00P	- I man and a second a second and a second a	
Informal Care			1	
Type of Care (check one): ☐ Non-relati	ve Informal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information		Sanda Arabina (18		
First Name: Sharon	Last Name: Jackson		Provider ID: <u>495170</u>	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:	
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)	
		(04/25/2022)	1yr. / Y	
Cofety of the House		(0412312022)	1y1-7 1	

Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o 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 Relative Informal Care – Certificate Submitted	
Basic Health and Safety Training Completed?	Y		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y	All 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 hot water melted the ice	
Has a working inside toilet	Y	Flushed by provider and observed	
Has utilities for cooking, lighting and heating	Υ		
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating	
Has a working refrigerator and stove	Y	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider' phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Stored in high cabinet shelf of kitchen	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: 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 in knife holder on back of kitchen cabinet and additional knives moved to high shelf in pantry	
Medications of any kind	Y	Stored in high cabinet shelf of kitchen	
Matches, lighters and flammable products	Y	Lighter moved to drawer in provider's bedroom	
Alcoholic beverages	Y	Stored on the top shelf of the pantry	
Guns	Y	Does not own	
Cleaning agents	Y	Cleaning products stored in locked kitchen cabine and in garage	
Poisonous substances	Υ	Stored in the garage	

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	Child's area in child's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Yes, provider is using diaper genie
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	Yes changing area had all diapering materials
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 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	Y	
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	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	☑Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠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, organi		
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency ((Y/N)? Y
Location of The Emergency Ready to go Pack Item Specification (if needed):	g: Stored in the basement	
	atteries 2 flashlights, 1 first aid kit, 1 thermo	ometer, no specific meds, 2 bottled waters, 1
jar of baby food, snacks, crackers, 1 pk o	of wipes, 2 diapers, 1 onesie, 1 blanket, 1 to	y, 1 pair of scissors, 1 roll of duct tape, 1 pk
of sealing plastic, 1 baby bottle, and fold		
 Items to be reviewed on 09/07/2023: Corr Operational Smoke Detector tested 	ected & Reviewed on 09/07/2023	
- Outlet coverings needed for 12 outlets		
Emergency Documents		
☑Informal Provider Emergency Prepared	ness Plan (this completed form)	
☑ Authorization for emergency medical ca	are	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regu	ularly:
First Name	Last Name	
Sharon	Jackson	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation lo	cation: carried by the provider.
Shelter In Place Procedure:	*	the EDTO's all all all all all all all all all al
The provider will gather the child and go to the barises the provider will use the sealing plastic ar	d tape to seal the door and window. The pro	e the ERIG is already stored. If the need
emergency updates.	to topo to ood the door and whiteout. The pro-	ovider will call or text both parents with
Evacuation Procedures		
Primary: The provider will call the parents to inf	form them of the emergency, account for the	child, grab the ERTG and then go to the
provider's vehicle, the provider will secure the cl		
arrival the provider will receive instruction from parents with emergency updates.	of where to shelter with the child.	. Once secured she will call or text the
parents with emergency apaties.		
Alternate: If they could not access the primary	location, the provider will call the parents to i	inform them of the emergency execute for
the child, grab the ERTG and then go to the pro-	vider's vehicle, the provider will secure the ch	hild in her (rear-facing car seat). The provider
will drive to Upon arrival the pro	ovider will receive instruction from	of where to shelter with the child.
Once secured she will call or text the parents wi	th emergency updates.	
Care Hours:		
TM .		
Signatures & Date		
Acknowledgement: By signing below the parties a	acknowledge that all standards have been re-	viewed, and any corrections if needed have
been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	nat, if approved, the nome in which care is pro 1-person.	ovided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: /		
Sharon _ lacks	Printed Name:	
Signature:	Signature:	
	To the second se	
Date: 9/8/123 Phone:	Date: 09/07/2023	Phone: 1-877-227-0125
17		

الم الم

□Virtual Inspection
☐In-person Inspection

Guns

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 OF	LOITEIOI		
Inspection Date: 09/20/2022	Ti	me In: 9:30 AM	Time Out: 10:47 AM	Result: PAS	SSED
Informal Care					
Type of Care (check one):	□ Non-relative	Informal Provider Ca	are ⊠Relative Ir	nformal Provider	Care
Provider Information				- Danidea ID	405470
First Name: Sharon	Li	ast Name: Jackson		Provider ID	1 495170
Provider ID #				Ciliali.	
Care Location Inspected	City	County	State Zip C	Code	142
Street Address: Address Verified? Yes.	City	County			
Name of Children in Care (a	add pages if needed	Scholarship	Date of Birth	Age /	Present (Y/N)
			(04/25/2022)	6mos / Y	
				/	
				1	
				1	
		4'		1	
		y.,		1	
		V #			
Safety of the Home					anadad Additional
Directions: Review and deterr pages may be used for commo	nine compliance wit	h each standard. Note	e any comments or co Y – Yes, N – No, D	– Discussed, n/a	a – Not Applicable
pages may be used for comme			Standard Met	Comments/No	otes
Health and Safety Training	:		Y/N		tion /Timeframe if needed
Basic Health and Safety Tra	ining Completed?		Υ		e Care - Course Completed
Home is free of health and	safety hazards:		Standard Met Y/N		tion /Timeframe if needed
Is in good repair			Y		eas were very clean and tidy
Is free of insect or	rodent infestation		Y	No	evidence of infestation
Is well-lit and well-	ventilated		Y		
Has hot and cold ru	unning water		Y		
Has a working inside	de toilet		Y		
Has utilities for coor	king, lighting, and	heating	Y		
Has a working and	safe heating syste	m	Y		
Has a working refri	igerator and stove		Y		
 Has a working tele 	phone		Y	01-	and tested by provider
 Has operational sn 	noke detector(s)		Y	Obse	erved and tested by provider
 Has first aid kit/sup 			Y		
Has protective cov accessible to child	rerings on any electren	trical outlet that is	Y	P	All outlets were occupied
Harmful items are stored children:	appropriately and	away from	Standard Met Y/N		tion /Timeframe if needed
Sharp or pointed it	tems		Y	Kn	ife holder behind cabinet
Medications of any			Υ		Upper-level cabinet
	and flammable pro	ducts	Y		Ipper-level kitchen draw
Alcoholic beverag			Y	High	level shelf in kitchen pantry
Alcoholic beverages		Y		Does not own	

Cleaning agents	Y	Lower kitchen cabinet with lock
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
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.	Υ	6 -
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:	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 <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

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

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

⊠Thermometer	•	
- Indianated		☐ Heavy Duty Scissors, duct tape/
⊠Medications	⊠Blanket(s)	packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are cle	an organization	
Emergency Ready-to-Go Pack is availa	ahl, organized, and usable (Y/N)? Y able and easily accessible in the event of an emergency	
Emergency Documents	decessible in the event of an emergency	(Y/N)? Yes, stored in basement closet
⊠Informal Provider Emergency I	Dean	or Good.
⊠Authorization for emergency m	Preparedness Plan (this completed form)	
Planning and Maintenance	edical care	
Person responsible for undating the Di-		,
First Name	aster Supply Kit and the Emergency Documents regu	llarly:
	Edot Name	
Description of how the Emergency Read	y-to-Go Pack will be transported to an evacuation loc	
Itemized List:	to an evacuation loc	cation:
- 1 thermometer, no specific meds, 2	2 outfits, 1 blanket, 1 scissor, 1 roll of duct.	
TOWA forms, baby formula	2 outfits, 1 blanket, 1 scissor, 1 roll of duct tape, 3 tras a, 1 first aid kit, 1 flashlight, 1 pk of AA batteries, diap	sh bags, 2 bottled waters, folder of ers/wipes, tote bag carrying cose, and the
Shelter-in-Place Procedures: Provider	will gather the child, and the emergency bag and go in with sealing plastic and tape if needed. Provider will c	toy
end of the emergency	with sealing plastic and tage if peopled.	nto the lower basement area (1 door 3
on the emergency.	will gather the child, and the emergency bag and go in with sealing plastic and tape if needed. Provider will c	all or text the parent at the beginning and
Evacuation Location(s):		o and and
Primary - Provider would are to		
to grab the emerg	ency bag and the child and go to her vehicle; she will who will direct them where Provider with the child and go to her vehicle; she will be with the child and go to her vehicle.	Stron the at the
declared an emergency and continue com	who will direct them where Provider will munication throughout.	ill call the parent as soon as it's he
	inoughout.	parent as soon as it's been
Alternate - Provider will gather the child a	and emergency bag and put the child in her stroller an	
by call or text, during and after the emerger	ed of where to locate for She will contact the	d walk to th
dailing and after the emerger	ncy.	parent once the emergency is declared
Signatures & Date		
Acknowledgement: By signing below the par	ties acknowledge that all standards have been review age that, if approved, the home in which care is provid or in-person	
open discussed. The parties also acknowled	lge that, if approved the home in which have been review	/ed, and any corrections if pooded by
	ties acknowledge that all standards have been review age that, if approved, the home in which care is provid or in-person.	ed is subject to random, unannounced
Printed Name()		
Sharin Jack		INSPECTOR
Signatur	SOY Printed Name	
	Signature:	
ate: 9/21/12 Phone:		
	Date: 09/20/2022	Phone: 1-877-227-0125
•		4

⊠Virtual Inspection
□In-person
Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 6/26/2024	Time In: 3:3	30pm	Time Out: 4:16pm	n Result: Passed	
Informal Care					
Type of Care (check one): ☐ No	n-relative Informal F	Provider Ca	are ⊠Relative	Informal Provider Care	
Provider Information			- Van San		
First Name: Shirley	Last Name:	Last Name: Jackson		Provider ID: 4688	329
Provider ID #				Email: ''' 110 ''	
Care Location Inspected					
Street Address: 2000.00 Address Verified?: Yes	City:		County:	State:	Zip Code:
Name of Children in Care (add pages	if needed) Sch	olarship	Date of Birth	Age / Pres	sent (Y/N)
			1/30/2011	13 years old / Y	
			9/24/2013	10 years old / Y	
			9/11/2015	8 years old / Y	

Safety of the Home		
Directions: Review and determine compliance with each stand Additional pages may be used for comments.	lard. Note any comm Y - Yes, N - No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Υ	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

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

Disaster Supply Kit

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

⊠I	Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
	Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
M	Portable First Aid Kit	⊠Diapers	
⊠.	Thermometer	⊠Change of clothes	⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
⊠I	Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organize	zed, and usable (Y/N)? Yes		
Emergency Ready-to-Go Pack is available and ea		emergency (Y/N)	? Yes
Location of Emergency Ready to go Pack: Ke Item Specification (if needed): To be observed for compliance on:	ept in closet		
Emergency Documents			
⊠Informal Provider Emergency Prepared ⊠Authorization for emergency medical ca			
Planning and Maintenance			
Person responsible for updating the Disaster Su First Name Shirley	pply Kit and the Emergency Doc Last Name Jackson	uments regularly	y:
Description of how the Emergency Ready-to-Go Shelter In Place Procedures: he Provider will call the children to the shelter ro door 2 windows). Once secured the Provider will Evacuation Procedures: The Provider will gather the children and the em Provider will Once secured the Provider will contact the parer The Provider will gather the children and the em Provider will drive to doors 4 windows). Once secured the Provider w CARE HOURS:	om, grab the baby and the emer l contact the parents to update he ergency bag and secure the chill ergency bag and the chill ergenc	rgency bag and s her on the emerg dren in their car ncy at hand. dren in their car	shelter in the search and seat belts. The depending on what the emergency is.
Signatures & Date			
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	, if approved, the home in which o		
PROVIDER			INSPECTOR
Printed Name: Shirle 1 - Lanker	Printed Na	ame:	
Signatur	Signature	:	
Date: 6 1926 1969 Phone:	Date: 6/26	5/2024	Phone: 1-877-227-0125

Cleaning agents	Υ	Cleaning products stored in high level laundry cabinet
Poisonous substances	Y	Does not own
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children in care
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
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.	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	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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

	go, datab		⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash		
⊠Thermometer		es	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 ea	sily accessible in the e	vent of an emergency (Y/N)?	Y		
Location of The Emergency Ready to go Pack: Stored in hallway closet near exit Item Specification (if needed): 1 first aid kit, 1 large duffle bag (carrying case), 3 emergency backpacks, 2 flashlights, 1 D extra battery, 1 thermometer, Abigail's inhaler, 3 bottled waters & 5 pk of emergency drinking waters, 4 canned food, and bag of emergency food, 3 outfits (top/bottom), 3 blankets and thermal wraps, folder w/ EPP and ECMA docs per child, 1 roll of duct tape, 1 pair of scissors, and 4 books and games Items to be reviewed on xx/xx/xxxx: N/A					
Emergency Documents			有关的过去式和过去分词		
⊠Informal Provider Emergency Prepared ⊠Authorization for emergency medical ca		eted form)			
Planning and Maintenance					
Person responsible for updating the Disaster Su	oply Kit and the Emer	gency Documents regularly:			
First Name Shirley	Last Name Jackson				
Description of how the Emergency Ready-to-Go	Pack will be transpor	ted to an evacuation location	: carried by the provider.		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure: The provider will gather the children and ERTG and go into the way to seal the door and windows if needed. The provider will use her cellphone or house phone to call or text the parent with emergency updates. Evacuation Procedures Primary: The provider will account for the children by taking a head count, grab the ERTG and head to the provider's vehicle. The provide will ensure youngest child is in her booster seat and older children strapped in their car seat belts. She will then drive to a local about where to shelter for safety. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, grab the ERTG bags. The provide will ensure youngest child is in her booster seat and older children strapped in their car seat belts. She will then drive to the seat and older children strapped in their car seat belts. She will then drive to the seat and older children strapped in their car seat belts. She will then drive to the seat and older children strapped in their car seat belts. She will then drive to the seat and older children strapped in their car seat belts. She will then drive to the seat and older children will call or text the parent with update of the location and use her key access to enter the seat and children will shelter in the living room(1 door 1 window). Care Hours: Maccare Hours:					
6:30am-6:30pm (School)					
Signatures & Date					
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge to pop up visit which will be conducted virtually or in	hat, if approved, the h	standards have been reviewe ome in which care is provide	d, and any corrections if needed have d is subject to random, unannounced		
PROVIDER			NSPECTOR		
Printed Name: Shirley Jackson	, N	Printed Name:			
Signature:		Signature:			
Date: 7/25/2023 Phone:		Date: 06/30/2023	Phone: 1-877-227-0125		

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 06/01/2022 Follow Up - 06/21/2022	100000	e In: 1:45PM e In: 9:30AM	Time Out: 3:00F	
Informal Care				
Type of Care (check one):	on-relative Inf	formal Provider C	Care ⊠Relative	e Informal Provider Care
Provider Information				
First Name: Shirley	Last	Name: Jackso	on	Provider ID: 468829
Provider ID #:		A CONTRACT	PS	Email:
Care Location Inspected			TO THE STATE OF	Service Control of the Control of th
Street Address: Address Verified? Yes	City: V	Coun	nty: Sta	ate: Zip Code:
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			1/30/2011	11 / No
			9/24/2013	8 / No
			9/11/2015	6 / No
			W	6 7 140
			+	
Directions: Review and determine compl pages may be used for comments. Health and Safety Training:			Y - Yes, N - No, Standard Met Y/N	D - Discussed, n/a - Not Applicable Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Comp	pleted?		N	Provider registered, pending completion
Home is free of health and safety has	zards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair			Y	
 Is free of insect or rodent infes 	station		Y	No sign of Infestation
Is well-lit and well-ventilated			Y	
Has hot and cold running water	er		Y	Steam observed
Has a working inside toilet			Y	Flush Observed
Has utilities for cooking, lighting		ıg	Y	
 Has a working and safe heating 			Y	
Has a working refrigerator and	d stove		Y	Light when opened
Has a working telephone			Y	Test call completed
 Has operational smoke detected 	tor(s)		Υ	
Has first aid kit/supplies			Υ	Aspirin, band aids, cintment, ace bandages,
 Has protective coverings on ar accessible to children 	850		Y	10000
Harmful items are stored appropriate children:	ely and away	/ from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Sharp or pointed items 			Y	Not unnacked yet

lighters and flammable products

Medications of any kind

beverages

substances

agents

Y

Y

Y

Upstairs bedroom high cabinet

Laundry room high cabinet

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	N/A
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	The state of the s
A child in care is not subjected to any form of neglect, ncluding: 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.	ν.	
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, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Ŷ	

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.

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

MIX	edica	tions	N/A	

⊠Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Hallway closet

Item Specification (if needed):

2 extra D batteries, 4 Chef Boyardee, 8 freeze dried emergency food packs, gummles, honey buns, 100, 4.22 oz water pouches 6 shirts 6 shorts 6 under wear 6 socks.

Items to review on 06/21/2022 if needed: Observed.

Emergency Folder with EPP & ECMAs : Observed 06/21/2022

Emergency Documents

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter in Place Procedure:

The provider will have each child grab their emergency back pack to go bags and will shelter in the family room which has two windows and the main door. If the need should arise, the provider will cover the windows and door with plastic. Provider will call parent immediately.

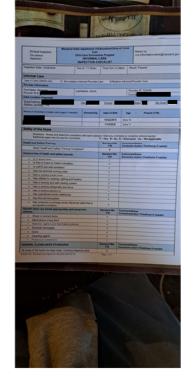
Evacuation Procedures:

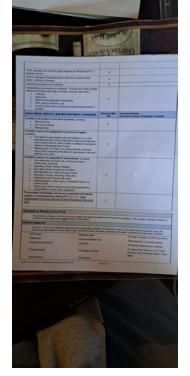
The provider will have each child grab their emergency to go backpacks and head to the car where children will be secured in their seat belts before provider drives to the primary evacuation location. Provider will contact parent before leaving for the emergency location and after arriving at the location. If they cannot shelter in the primary location, they will drive to alternate evacuation location. Provider will follow same protocol where each child grab their emergency to go backpacks, head to the car where children will be secured in their seat belts before provider drives to the alternate evacuation location. Provider will contact parent before leaving for the emergency location and after arriving at the location.

Signatures & Date

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

PROVIDER		INSPECTOR
Printed Name: Shirley Jackson	Printed Name:	
Signature:	Signature	
Date: 6/31/2022 Phone:	Date: 06/21/2022	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.gov

Inspection Date: 7/17/2024	Time In: 3:30pm	Time Out: 4:25pr	m Result: Passed	
Informal Care				
Type of Care (check one):	relative Informal Provide	er Care Relative	Informal Provider Care	
Provider Information				
First Name: Ann	Last Name: John:	son	Provider ID: 556335	
Provider ID #:			Email:	
Care Location Inspected			in Desired Co.	
Street Address: Address Verified?: Yes	City:	ounty:	State:	Zip Code:
Name of Children in Care (add pages if	needed) Scholarsh	ip Date of Birth	Age / Presen	it (Y/N)
		1/4/2022	2 years/ N	
		12/24/2023	6 mons./ N	

Cafaty of the Home		MANUAL AND CONTRACTOR OF THE
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Υ	
 Has a working and safe heating system 	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	
 Has operational smoke detector(s) 	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
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	Υ	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	b
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

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

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

Emergency Ready-to-0	Go Pack is available and	d easily accessible in t	he event of an emergency ((/N)? Yes
Location of Emergen	cy Ready to go Pack: I	Hallway closet near t	he front door.	
Item Specification (if	needed):			
To be observed for co	ompliance on :			
Emergency Document	ts of a second			
	der Emergency Prepare or emergency medical		mpleted form)	
Planning and Mainten	ance			
Person responsible for First Name Ann	updating the Disaster S	Supply Kit and the Er Last Name John	nergency Documents regul son	arly:
Description of how the Shelter In Place Proce		Go Pack will be trans	ported to an evacuation loc	ation:
The Provider will grab to the Provider w	vould contact the parer			1 door 0 windows). Once secured in
The Provider will place children would be secur Parent using hands free with the children emergency progresses	re in the car seat base e calling while r 1 door 0 wir	for the youngest and	the car seat for the oldest The Provider	eldest child follow her out to the car. The child. Once inside the Provider will call the would gain entry shelter the Parent and update her as the
The Provider will place children would be secur Parent using hands free with the children as the emergency program	re in the car seat base e calling while	for the youngest and (1 door 1 window	the car seat for the oldest. The Provider we	eldest child follow her out to the car. The child. Once inside the Provider will call the ould gain entry shelter e in contact with the Parent and update her
CARE HOURS:				
Signatures & Date			(1) 10 m 10	
Acknowledgement: By signed been discussed. The part pop up visit which will be	ties also acknowledge th	nat, if approved, the ho	tandards have been reviewe ome in which care is provided	d, and any corrections if needed have d is subject to random, unannounced
	PROVIDER			INSPECTOR
Printed Name: Ann	ie Johnson		Printed Name:	
Signature:			Signature:	
Date: 7-17-2024	Phone		Date: 7/17/2024	Phone: 1-877-227-0125

☑Virtual Inspection ☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 5/15/2024 Inspection Date: 5/15/2024	Time In: 1:47 pm Time In: 5:00 pm	Time Out: 2:58pm Time Out: 5:10pm	Result Follow Up Scheduled Result Passed	
Informal Care				
Type of Care (check one):	itive informal Provider C	are Relative Inf	ormal Provider Care	
Provider Information				
First Name: Kitrease	Last Name: Johnson		Provider ID: 547047	
Provider ID #.			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City C	ounty State	Zip Code	
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birti	h Age / Present (Y/N)	
		1/18/2024	3 mos. /Y	

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth Age / Present (Y/I	
		1/18/2024	3 mos. /Y
Safety of the Home	135		The Mark House
Directions: Review and determine compliance Additional pages may be used for comments.	e with each standa	ard. Note any comi Y – Yes, N – No,	ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Complete	ed?	Y	
lome is free of health and safety hazards:		Standard Met Y/N	Cornective Action /Timeframe if needed
Is in good repair		Y	
Is free of insect or rodent infestation		Y	
Is well-lit and well-ventilated		Y	
Has hot and cold running water		Y	
Has a working inside toilet		Υ	
 Has utilities for cooking, lighting and heating 	g	Y	
Has a working and safe heating system		Y	4
Has a working refrigerator and stove		Y	
Has a working telephone		Y	
Has operational smoke detector(s)		Y	
Has first aid kit/supplies		Υ	
 Has protective coverings on any electrical of accessible to children 	outlet that is	Υ	3 outlet covers needed
larπful items are stored appropriately and away hildren:	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	
Medications of any kind		Υ	
Matches, lighters and flammable products		Υ	
Alcoholic beverages		Υ	
• Guns		Υ	
Cleaning agents		Υ	
Poisonous substances		Υ	
SENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ering area.	Y	

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

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

Item Specification (if needed):		
Duffel bag		
 Scissors, Duct tape and sealing plastic roll 		
2 Bottled Waters		
Canned fruits and vegetables The selection of the s		
Tylenol Bunny Toy		
To be observed for compliance on 5/15/2024 @ 5:00	m: Observed	
Outlet Covers in the Kitchen, in the basement		
 Lock on the kitchen cabinet for the cleaning it 		
Sharp Knives moved to a higher location		
Move Epsom Salt to a higher location		
 Upper level bathroom cleaning items must be 	locked or moved to a higher location	
Emergency Preparedness Plan		
Emergency Documents		
⊠informal Provider Emergency Preparedness Pl	an (this completed form)	
⊠Authorization for emergency medical care	and the same of th	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit	and the Emergency Documents regul	arly:
First Name Kitrease Last N	lame Johnson	
Description of how the Emergency Ready-to-Go Pack w	ill be transported to an evacuation loc	ation:
Shelter In Place Procedures:		
(1 door(s) 1 window(s)). The provider will contact the pa the emergency is over.	rent <u>at the first indication of an eme</u>	ergency, during the emergency and after
Evacuation Procedures:		
The Provider will grab the child and emergency before heading to the car. The Provider will vehicle and relocate to the the parent upon arriving to the new	secure the child(ren) in a rear facin	. The
The Provider will grab the child a seminary before heading to the car. The Provider will and relocate to the car. The Provider and child parent upon arriving to the new location and after the en	secure the child in a rear facing ca (2 doo	contact the parent to inform them of the researt which will already be in the vehicle res 1 window). The Provider will contact the
CARE HOURS:		
Signatures & Date		to the same of the
Acknowledgement: By signing below the parties acknowled been discussed. The parties also acknowledge that, if appro- pop up visit which will be conducted virtually or in-person.		
PROVIDER		INSPECTOR
Printed Name: Kitrease Tohns	Printed Name:	
Signaturi	Signature	
Date: 5/15/24 Phone:	Date: 5/15/2024	Phone: 1-877-227-0125
The state of the s		

Location of Emergency Ready to go Pack: In the basement area under the bathroom cabinet

⊠Virtual Inspection □In-person Inspection

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

INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 11/13/2024	Time In: 1:30 PM	Time Out: 2:23 F	PM Result: Passed	Barrer Commencer
Informal Care				
Type of Care (check one):	relative Informal Provid	er Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Alison	Last Name: Jone	S	Provider ID: 53712	22
Provider ID #:	****		Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	County:	State:	Zip Code: 2
Name of Children in Care (add pages i	f needed) Scholarsh	nip Date of Birth	Age / Pres	ent (Y/N)
		7/25/2015	9 years old/ N	
		2/5/2021	3 years old/ N	

	2/5/2021	3 years old/ N
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

rash, 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 iaper, clothing or bedding.	Y	and the second
Diapering procedures are followed.	Y	7. TO 18
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 *
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

AND SHOP SHOW SHOW

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

Items in the Disaster Supply Kit are clean, organi	ized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emer	gency (Y/N)? Yes
3 2 2 2		THE PARTY OF THE P
Location of Emergency Ready to go Pack: To	p of basement stairs	
Item Specification (if needed):		
To be observed for compliance on :		
•		
** Ass		
Emergency Documents	建筑建筑。	
⊠Informal Provider Emergency Prepared	Iness Plan (this completed form)	
⊠Authorization for emergency medical call	are	
Planning and Maintenance		
Person responsible for updating the Disaster Su	upply Kit and the Emergency Documen	nts regularly:
First Name	Last Name	
Alison	Jones	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacua	ation location:
Shelter In Place Procedures:		
The Provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the ready to go bag and the minimum to the provider will gather the provider will		
call/text the parent before, during and after sheltering		
Evacuation Procedures:		
The Provider will gather the children and the ready to go bag, taking them to the car the youngest child will be in a front facing car		
seat and the oldest in a booster seat. The provider will design the seat and the oldest in a booster seat.		
(2 doors, 1 window(s)). The provider will call/text the parent before, during and after sheltering.		
The Provider will gather the children and the ready to go bag, taking them to the car the youngest child will be in a front facing car		
seat and the oldest in a booster seat. The provider will discuss the provider will be provided by the provider will discuss the provider will describe the provider will discuss the provider will describe the provider will be provided with the provider will be provided		
(1 doors, 1 window(s)). The provider will call/text the parent before, during and after sheltering.		
CARE HOURS:		
-		
Cianatura 9 Data		
Signatures & Date Acknowledgement: By signing below the parties ac	knowledge that all standards have been	reviewed and any corrections if needed have
been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-parties.	t, if approved, the home in which care is	provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: AllSON Sove	Printed Name:	
Signature	Signature:	0.00
Date: 11-13-7074 Phone:	Date: 11/13/202	24 Phone: 1-877-227-0125

44 B

⊠Virtual Inspection	
☐ In-person Inspection	

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

Return to: ccs.informalproviders@maryland.g ov

100 000 00 000 00 000 000 000 000 000 0	IN	SPECTION CH	HECKLIST			
Inspection Date: 11/09/2023	Time	In: 10:30AM	Time Out: 12:25F	PM Result:	PASSE	:D
Informal Care	<u> </u>					
Type of Care (check one):	☐ Non-relative Info	ormal Provider C	are ⊠Relative	Informal Prov	vider Ca	re
Provider Information						
First Name: Alison Provider ID #	Last	Name: Jones		Provide Email:	er ID: <u>53</u>	1547
Care Location Inspected			191			93
Street Address: Address Verified? Yes.	City:	County:	State	Zip Co	ode:	
Name of Children in Care (add	pages if needed)	Scholarship	Date of Birth	Age	/ F	Present (Y/N)
			(07/25/2015)	8yr. / N		
		ļ	(02/05/2021)	2yr. / N		
Safety of the Home						
Directions: Review and determine pages may be used for comments.		ch standard. Note	any comments or co Y - Yes, N - No, I			
Health and Safety Training:			Standard Met	Comments		

		(07/25/2015)	8 yr. / N
		(02/05/2021)	2yr. / N
Safety of	the Home		
	Review and determine compliance with each standard. Not 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?		Y	Relative Informal Care – Certificate Submitted
Home is fre	ee of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is i	in good repair	Υ	All areas were clean
 Is f 	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
• Ha	s hot and cold running water	Y	Tested by provider and steam observed on camera
 Ha 	s a working inside toilet	Y	Flushed by provider and observed
 Ha 	s utilities for cooking, lighting and heating	Y	
• Ha	s a working and safe heating system	Y	Thermostat tested by provider for cooling(non- central) & heating
 Ha 	s a working refrigerator and stove	Y	Tested by provider and observed
• Ha	s a working telephone	Y	Outbound call made by informal team to provider's phone
• Ha	s operational smoke detector(s)	Y	Tested by provider and observed
• Ha	s first aid kit/supplies	Y	Stored on top shelf of laundry room
	s protective coverings on any electrical outlet that is cessible to children	Υ	All outlets covered or occupied
Harmful ite children:	ms are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sh	arp or pointed items	Y	Knives moved to higher level of kitchen cabinet
• Me	edications of any kind	Y	Medicine in the medicine cabinet
• Ma	tches, lighters and flammable products	Y	Does not own
• Alc	coholic beverages	Y	Moved to high shelf in kitchen cabinet
• Gu	ins	Y	Does not own
• Cle	eaning agents	Y	Cleaning products all moved to higher level shelves in basement in kitchen

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	Via kitchen trash can
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
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠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, 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			
foods, 2 diapers w/ 1 pk of wipes, 1 large	Stored in the dining room 1 first aid kit, 1 thermometer, no specific medications, 1 pk of AAA batteries, 5 canned blanket, 3 bottled waters, 1 roll of duct tape, 1 pair of scissors, 3 trash bags, 4 toys, 2			
outfits (top/bottom) tems to be reviewed on xx/xx/xxxx: N/A				
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 Su	pply Kit and the Emergency Documents regularly:			
First Name Shantel	Last Name Jones			
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: carried by the provider.			
Shelter In Place Procedure	,,,,,,,, .			
Evacuation Procedures Primary: The provider will account for the children the youngest child in his forward-facing car seat upon arrival provider will	bag and go into the basement storm room (1 door 1 window). The provider will use the indow if needed. Once secured the provider will call, text or video call the parents with ten, grab the ERTG bag and head to the provider's vehicle. The provider would secure and the oldest into her booster seat. The provider would the provider and children would shelter in the			
Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG bag and head to the provider's vehicle. The provider would secure the youngest child in his forward-facing car seat and the oldest into her booster seat. The provider would shelter in which all have (1 door 1 window). Once secured the provider will call, text or video call the parents with emergency updates. Care Hours:				
Olerations 9 Date				
Signatures & Date Acknowledgement: By signing below the parties a	acknowledge that all standards have been reviewed, and any corrections if needed have			
	hat, if approved, the home in which care is provided is subject to random, unannounced			
PROVIDER	INSPECTOR			
Printed Name	Printed Name:			
Signatu	Signature:			
Date: 11 13 2023 Pho	Date: 11/09/2023 Phone: 1-877-227-0125			

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 5/28/2024		INSPECTIO	JIN CHECK	(LIST		
	T	me In: 10:30	am Tir	me Out:	11:05pm	Result: Passed
Informal Care						
Type of Care (check one):	D Non-I-II					
Provider Information	□ Non-relative II	nformal Prov	ider Care	⊠Rel	ative Inform	nal Provider Care
First Name: Brieann						
Provider ID #:	Las	t Name: Jone	es			Provider ID: 303407
Care Location Inspected					E	Email:
Street Address:						
Address Verifiea ?: Yes	<u>City</u> :		County:			State: Zip Cod
Name of Children in Care (add	pages if needed)	Scholarsh	ip Date	of Birth	Age	Present (Y/N)
			Galeria Balance and Control	9/2011	13 / N	
				3/2014	10 / N	
				/2022	2 /N	
Cofoh, of the II					2 / 14	
Safety of the Home						
Directions: Review and de Additional pages may be i	etermine compliance	with each star	ndard. Note a	ny comm	nents or corr	rective actions needed.
Additional pages may be u	sed for comments.		Y - Yes,	N - No, I	D - Discus	sed, n/a - Not Applicable
Health and Safety Training:			Standa Y/I	The Control of the Co	Correctiv	ts/Notes re Action /Timeframe if needed
Basic Health and Safety	Fraining Completed?		Y			
Home is free of health and safety	/ hazards:		Standar Y/N	554253050000	Corrective	s/Notes Action /Timeframe if needed
Is in good repair			Y			/ Constitution and the constitution of the con
Is free of insect or rodent in	nfestation		Y			
 Is well-lit and well-ventilate 			Y			
Has hot and cold running w			Y			
Has a working inside toilet			Y			
Has utilities for cooking, light	ting and heating		Y			
		Company of the Compan		101		
Has a working and safe hea	ting system		Y			
Has a working refrigerator as	ting system		Y			
 Has a working refrigerator at Has a working telephone 	ting system nd stove		Y			
 Has a working refrigerator at Has a working telephone Has operational smoke detection 	ting system nd stove		Y Y Y			
 Has a working refrigerator at Has a working telephone Has operational smoke detect Has first aid kit/supplies 	ting system nd stove tor(s)		YYYY			
 Has a working refrigerator and Has a working telephone Has operational smoke detection Has first aid kit/supplies Has protective coverings on a accessible to children 	ting system nd stove tor(s) ny electrical outlet th		YYYY			
 Has a working refrigerator at Has a working telephone Has operational smoke detection Has first aid kit/supplies Has protective coverings on a accessible to children 	ting system nd stove tor(s) ny electrical outlet th		Y			
 Has a working refrigerator and Has a working telephone Has operational smoke detection Has first aid kit/supplies Has protective coverings on a accessible to children Immful items are stored appropriate lidren: 	ting system nd stove tor(s) ny electrical outlet th		Y Y Y tandard Met Y/N	CONTRACTOR OF THE PARTY OF THE	ments/Not	es
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet th		tandard Met	CONTRACTOR OF THE PARTY OF THE	ments/Not	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the		tandard Met	CONTRACTOR OF THE PARTY OF THE	ments/Not	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the		tandard Met	CONTRACTOR OF THE PARTY OF THE	ments/Not ective Acti	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the		tandard Met	CONTRACTOR OF THE PARTY OF THE	ments/Not ective Acti	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the		tandard Met	CONTRACTOR OF THE PARTY OF THE	ments/Not ective Acti	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the		tandard Met Y/N Y Y	CONTRACTOR OF THE PARTY OF THE	ments/Not ective Acti	es on /Timeframe if needed
 Has a working refrigerator and the second of the	ting system nd stove tor(s) ny electrical outlet the ly and away from products		tandard Met Y/N Y Y	CONTRACTOR OF THE PARTY OF THE	ments/Not ective Acti	es on /Timeframe if needed

All areas of the home are kept clean, including diapering area.	4	
Trash, garbage and wet and soiled diapers are disposed of in a	Y	
sanitary manner. Child is changed immediately when s/he has a soiled or wet	Y	
Child is changed immediately with an adding diaper, clothing or bedding.	Y	
Diapering procedures are followed. Provider and child's hands 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	Y	
child abuse, neglect and mistreatment standards	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	,

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. **⊠Flashlight** ⊠ Backpack(s) or carrying case(s) ⊠Non-perishable food **⊠** Batteries □ Consider special toys or games **⊠** Diapers M Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash □ Change of clothes **⊠** Thermometer Bags ⊠Blanket(s) ■ Medications N/A

in the event of an emergen	cy (Y/N)? YES
	cy (Y/N)? YES
o <u>n</u> the coa <u>t rack</u>	
completed form)	
MAN MAN MAN	
Emergency Documents re	gularly:
nes	
sported to an evacuation l	ocation:
is ported to air ovacuation i	
shoulder. She would pick rear facing car seat and regency bag (0 doors 3 windows). Of shoulder. She would pick rear facing car seat and	t up the baby and escort the other two the older two in the seat belt and go to lift the need arose nee secured in the home she will inform tup the baby and escort the other two the older two in the seat belt and go to he Provider and children will shelter in hildren's mother that she arrived safely.
CAN DESCRIPTION OF THE PARTY OF	
	ed, and any corrections if needed have d is subject to random, unannounced
HI CAN THE STATE OF THE STATE O	INSPECTOR
Printed Name	
Signature	
Date: 5/28/2024	Phone: 1-877-227-0125
	shoulder. She would pick rear facing car seat and regency bag (0 doors 3 windows). Or shoulder. She would pick rear facing car seat and regency bag in the she will inform the come she will inform the come in which care is provided. Printed Name

⊠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: 05/15/2023 Follow-up Inspection Date: 05/15/2023	Time In: 1:30PM Time In: 3:00PM	Time Out: 2:28PM Time Out: 3:08PM	
Informal Care		t garden and Salan and Salan	Constitution of the control of the c
Type of Care (check one):	ative Informal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information	be with the best a		
First Name: Brieann	Last Name: Jones		Provider ID: <u>303407</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if no	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(03/09/2011)	12yr./ Y
		(03/18/2014)	9yr./ Y
		(01/26/2022)	1yr./ Y

		(00, 10, 20 1 1)	2070 # 1071 10
		(01/26/2022)	1yr./ Y
Safet	ty of the Home		
Direction pages	ons: Review and determine compliance with each standard. No may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic I	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	First Aid Kit stored in the bathroom closet on high
•	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered
armful hildren	items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Sharp or pointed items	Y	Stored in locked kitchen drawer
	Medications of any kind	Y	Stored in bathroom closet on high shelf
	Matches, lighters and flammable products	Y	Does not own
	Alcoholic beverages	Y	Stored in pantry in the hallway
	Guns	Y	Stored in lock gun safe in providers locked bedroom

Cleaning agents	Y	All cleaning agents in locked bathroom and kitchen cabinets
 Poisonous substances 	Υ	Does not own
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing area in the family room
Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Diapers are thrown away daily in the trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering station had all necessary materials
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 local Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

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

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

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

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠ Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear		
Emergency Ready-to-Go Pack is availab	le and easily accessible in the event of an emerg	gency (Y/N)? Y
1 flashlight, 1 pk of AA batteries, per child, 4 bottled waters, 3 outfitoy and 1 pk of cards	pes, 1 first aid kit, 1 thermometer, no spec me 5 pks of snack bars, 4 protein shakes, 2 baby	eds (required to be administered by the provider), y foods, 1 large blanket, folder w/ EPP and ECMA 1 pair of scissors, 1 roll of duct tape and 1 baby
<u> Functioning smoke detector</u>		
Emergency Documents		
☑Informal Provider Emergency F ☑Authorization for emergency m	reparedness Plan (this completed form) edical care	
Planning and Maintenance		
Person responsible for updating the Dis	aster Supply Kit and the Emergency Documer	nts regularly:
First Name Brieann	Last Name Jones	
Description of how the Emergency Rea	dy-to-Go Pack will be transported to an evacua	ation location: carried by the provider.
Shelter In Place Procedure:		
	d grab the ERTG and go into the (1) dow and vent if needed. The provider will then	door 1 window). The provider will use the sealing n call the parent with emergency updates.
Evacuation Procedures:		
vehicle. She will secure the youngest of drive to the in which sh	hild in their rear-facing car seat and ensure the	e provider will walk with the three children to her e older kids are secure in their seat belts. She will ment area (1 door 4 windows) She call or text the
Alternate: If they could not access the	primary location, the provider will secure the	smallest child in her car seat and ensure the oldest

children are buckled in their seat belts and grab the ERTG. They will drive to and text or call the parent along the way to inform her of the emergency. Upon arrival they will enter via the provider's key access and head to the basement (1 door 3 windows). Once they are secured she will call or text the parent with updates.

Care Hours:

M-F 7:50am-4:00pm

Signatures & Date		
	all standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounce	
PROVIDER	INSPECTOR	
Printed Name: Rrieum Tones	Printed Name:	
Signature:	Signature:	
Date: 5/22/23 Phone:	Date: 05/15/2023 Phone: 1-877-227-0125	

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 05/20/2022	Time In: 1:45PM	Time Out: 2:32Pl	M Result: APPROVED
Informal Care			
Type of Care (check one): ☐ Non-relati	tive Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Brieann Provider ID #:	Last Name: Jones		Provider ID: 303407 Email:
Care Location Inspected			
Street Address: City Address Verified? Yes.	County	Sta	Zip Code
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(03/09/2011)	12yr / N
A		(03/18/2014)	9yr / N
1 -			1
			I I
			I
)			I
Safety of the Home			
Directions: Review and determine compliance was pages may be used for comments.	with each standard. Note		orrective actions needed. Additional - 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
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	Home was clean
Is free of insect or rodent infestation		Y	
Is well-lit and well-ventilated		Υ	All areas were well-lit
 Has hot and cold running water 		Y	1
 Has a working inside toilet 		Y	Flushed by provider
 Has utilities for cooking, lighting and 	heating	Y	Stored in kitchen cabinet with locks on them
 Has a working and safe heating syst 	tem	Y	Thermostat tested by provider
 Has a working refrigerator and stove)	Y	Provider tested the stove
Has a working telephone		Υ	Only working cellphones
Has operational smoke detector(s)		Y	Tested and observed
Has first aid kit/supplies		Υ	Stored on high shelf in bathroom
 Has protective coverings on any electric accessible to children 	ctrical outlet that is	Y	
Harmful items are stored appropriately and children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	Kitchen draw with lock
Medications of any kind		Y	High kitchen cabinet with lock
Matches, lighters, and flammable pro	oducts	Y	Has 1 lighter, stored on top of the fridge
Alcoholic beverages		Y	Stored on top of the cabinet in the basement
Guns		Y	Stored inside lock box and inside a trundle
Cleaning agents		Y	Kitchen and bathroom cabinets with locks on both locations

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

The Emergency Ready-to-Go Pack must be available and easily access ble 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	⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear	n, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is availab	le and easily accessible in the event of an emerge	ency (Y/N)? Yes, hanging in the living room
Emergency Documents		
⊠Informal Provider Emergency Provider Emergency Provider Emergency Medium Information for emergency Medium Information Inform	reparedness Plan (this completed form) edical care	
Planning and Maintenance		
Person responsible for updating the Disa First Name	aster Supply Kit and the Emergency Documents Last Name	s regularly:
Description of how the Emergency Read	ly-to-Go Pack will be transported to an evacuat	ion location:
Item Specification (if needed):	Enter to be a control of the control	
	rmometer, no specific meds (only Tylenol), 2 o , folder for EPP/ECMA, 1 first aid kit, 3 bottled v	utfits, 2 blankets, 1 scissor, 2 trash bags, 1 roll of waters, 6 (+) non-perishable foods, backpack
	kit and the children and go into the basement a I windows with trash bags and duct tape. Baser	rea, will do a headcount, and send text message ment has (3 doors 3 windows)
Evacuation Locations:		
<u>Primary:</u> Provider and children will go to their booster and the older child would be parent once they are settled in.		go bag and the children and put the small child in nent area (1 door 3 windows), will call and text the
Alternate: Provider will line up the kids, in their seat belt. Will contact the parent basement (1 door 0 windows).		r child in the booster seat and strap the older one Upon arrival provider and children will go into the
Item to be Beviewed: Health & Cafety T	rraining – <mark>Completed on 06/12/2022. Approve</mark>	ed as of 06/13/2022
nealth to be Reviewed. Health & Salety		
Signatures & Date		
Signatures & Date Acknowledgement: By signing below the	vledge that, if approved, the home in which care	en reviewed, and any corrections if needed have is provided is subject to random, unannounced
Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknow	vledge that, if approved, the home in which care	
Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknow pop-up visit which will be conducted virtual.	vledge that, if approved, the home in which care	is provided is subject to random, unannounced
Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknow pop-up visit which will be conducted virtue PROVIDER Printed Name:	viedge that, if approved, the home in which care ally or in-person.	is provided 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

Return to: ccs.informalproviders@marylan d.g ov

Inspection Date: 07/19/2023	Time In: 10:30AM	Time Out: 11:56AM		
Follow-up inspection Date: 07/20/2023			Result: Follow-up Required.	
Tollow-up inspection bate. Office a	Time in: 9:00AM Time Out: 9:13AM		Follow-up Result: PASSED	
Informal Care				
Type of Care (check one): ☐ Non-relative Inf	ormal Provider Care (⊠Relative Informal Prov	rider Care	
Provider Information				

First Name: CarolynLast Name: Jones Provider ID: 515892

Provider ID #:				Email:
Care Location Inspected				
Street Address: City: Address Verified? Yes.	County:	Sta	te	Zip Code:
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth		Age / Present (Y/N)
		(08/06/2015)	7	yr. / N
		(02/16/2017)	6	yr. / N

Directions: Review and determine compliance with each stan pages may be used for comments. Y – Yes, N – No, D – Dise	•	
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	Υ	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	Υ	Tested by provider and observed steam melt

		the ice cube
· Has a working inside toilet	Y	Flushed by provider and observed in all 3 bathrooms
· Has utilities for cooking, lighting and heating	Υ	
· Has a working and safe heating system	Y	Bill reviewed during Inspection. Provider will submit heating bill for heating and tested window A/C for cooling.
· 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 in bathroom cabinet in provider's room

 \cdot Has protective coverings on any electrical outlet that is

accessible to children Y All outlets covered or occupied

larmful items are stored appropriately and away om 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 in provider's 2 bathroom cabinets (higher level)
· Matches, lighters and flammable products	Y	Stored in provider's top drawer
· Alcoholic beverages	Y	Does not own
- Guns	Y	Does not own

MSDE OCC Informal Care Inspection Checklist Page 1 of 3 Revised 10/2021

· Cleaning agents	Y	Corrective Action Completed: Stored in bathroom and kitchen cabinets. Locks added to all 3 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	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care

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

Disaster Supply Kit

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

⊠Flashlight ⊠Bottled water ⊠Folder or binder for EPP documents ⊠Batteries for Flashlight ⊠Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit ⊠Diapers (N/A) ⊠Consider special toys or games

⊠Thermometer ⊠Change of clothes ⊠Medications (N/A)

⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack: Stored in kitchen pantry Item Specification (if needed): - 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 3 bottled waters, 4 canned foods, no diapers, 2 outfits (top/bottom), binder w/ EPP and ECMA per child, 2 toys, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, 1 roll of sealing plastic, 2 medium blankets, and 1 duffle bag (carrying case)
- Items to be reviewed on 07/20/2023: Corrected & Reviewed on 07/20/2023
- Locks added to three cabinets with cleaning products (2 bathrooms and 1 kitchen)
Emergency Documents
⊠Informal Provider Emergency Preparedness Plan (this completed form) ⊠Authorization for emergency medical care
Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Last Name Carolyn Jones
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure:
The provider will gather the children and go where the ERTG bag is already located in the provider will shut all doors, windows, and vents and use sealing plastic and tape to secure the spaces if needed. Once safe and secured the provider will text the parent with emergency updates.
Evacuation Procedures
Primary: The provider will account for the children, grab the ETRG and head to her vehicle with the children. She will secure each child in their booster seat with car seat belts. Once secured they will drive to access and will go in the living room (1 door 1 window) for shelter. As soon as they are secured in the house the provider will text the parent with emergency updates.
Alternate: If they could not access the primary location, the provider will gather the children and ERTG and drive to the local. She will secure each child in their booster seat with car seat belts. Once secured they will head to the and go inside where they will receive instruction of where to shelter in this emergency. Once secured the provider will text the parent with emergency updates.
Care Hours: Su-Sat 7:00am-10:00pm

Signatures & Date

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

PROVIDER	INSPECTOR
Printed Name: Carolin Janes	Printed Name:
Signature:	Signature:
Date: 7-27-23// Phone:	Date: 07/20/2023 Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist Page 3 of 3 Revised 10/2021

⊠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: 07/26/2023 Follow-up Inspection Date: 07/27/2023	Time In: 2:30PM Time In: 1:15PM	Time Out: 3:30PM Time Out: 1:25PM	
Informal Care			
Type of Care (check one): ☐ Non-relative Informal Provider Care ☐ Relative Informal Provider Care			
Provider Information			
First Name: Jania	Last Name: Jones		Provider ID: <u>517706</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State Zip 0	Code:
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		(12/16/2022)	7mos./Y

	(12/16/2022)	7mos. / Y
Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored in hallway closet
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Corrective Action Completed: Knives and Sharps moved to higher kitchen cabinet. Lock added to storage room in basement
Medications of any kind	Υ	Stored in high cabinet of bathroom and kitchen
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Υ	Does not own
Guns	Υ	Does not own
Cleaning agents	Y	All cleaning products move to higher level shelf in hallway closet
MSDE OCC Informal Care Inspection Checklist	Page Lof 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.	Υ	Changing pad in basement living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash thrown away daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	Diapering supplies near changing station
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	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	

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	⊠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)		1	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y				
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event o	an emergency (Y/N)?	Y	
Location of The Emergency Ready to go Pack Item Specification (if needed): 1 duffle bag (carrying case), 2 blankets, 1 foods, 2 baby foods, 4 dried/bagged foods book, 3 trash bags, 1 pair of scissors, and Items to be reviewed on 07/27/2023: Correct Lock added to drawer with sharps/ Lock a	lashlight, 1 pk of AA batter , 5 diapers w/ 1 pk of wipes 1 roll of duct tape cted & Reviewed on 07/27/2	ies, 1 first aid kit, no s . 3 outfits(onesie), fold	pec meds, 4 bottled waters, 4 canned	
Emergency Documents			The state of the s	
⊠Informal Provider Emergency Preparedromal Muthorization for emergency medical ca	2 7	rm)		
Planning and Maintenance			a real discount	
Person responsible for updating the Disaster Sup	ply Kit and the Emergency	Documents regularly:		
First Name Jania	Last Name Jones			
Description of how the Emergency Ready-to-Go	Pack will be transported to	an evacuation location:	carried by the provider.	
Shelter In Place Procedure:				
The provider will gather the child with baby carrie the sealing plastic and tape to seal the doors, win emergency she will FaceTime the parent with up <u>Evacuation Procedures</u>	dows and vents if needed.			
Primary: The provider will account for the child, place her in the baby carrier, grab the ERTG and will use the to enter the building. Upon entry provider and child will go into (3 doors 6 windows). Once the provider and child are secured safely in the room she will text the parent with updates and FaceTime once the emergency has ended.				
Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG bags and walk she and the child to her vehicle. The provider will secure the child in her rear-facing car seat and as she is driving. The Provider will call to inform them of their arrival. Upon arrival the provider will receive instruction about where to shelter. Once secure the provider will text the parent and FaceTime the parent when the emergency is over. Care Hours:				
Signatures & Date				
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.				
PROVIDER		10	SPECTOR	
Printed Name: Jones	Printe	d Name:		
	Signa	ure:		
Date: 01/21/2023 Phone	Date:	07/27/2023	Phone: 1-877-227-0125	

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/09/2022 Follow up Scheduled 08/10/2022	Time In: 1:45PM Time In: 1:10PM	Time Out: 3:10Pl Time Out: 1:22Pl	
Informal Care			
Type of Care (check one): ☐ Nor	n-relative Informal Provider (Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Maxine	Last Name: Jones		Provider ID: 461909
Provider ID #:			Email:
Care Location Inspected			
Street Address: City Address Verified? Yes	County:		State Zip Code
Name of Children in Care (add pages	f needed) Scholarship	Date of Birth	Age / Present (Y/N)
		05/10/2010	12 / Yes
		01/22/2020	2 / Yes

Safety of the Home		
Directions: Review and determine compliance with each standard. Note 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?	Y	Certificate of completion 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	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	Cabinet under sink locks installed
 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	Landline called
 Has operational smoke detector(s) 	Υ	
Has first aid kit/supplies	Y	Band-Aids, antiseptic swabs, gauze
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of counter in butcher block
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	Kept locked in Outdoor cooler
Guns	Y	Gun in box locked in safe
Cleaning agents	Υ	Cabinet under sink needs child locks
Poisonous substances	Y	Kept locked in the shed.

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	□ 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	

⊠Medications N/A	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, orga	nized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an emergence	y (Y/N)? Y
Location of The Emergency Ready to go Pace 6 AAA batteries, band aids, Gauze, tongue dep	pressor, gloves, sponge, cool compress, alcoh	ol wipes, antiseptic wipes,
3 diapers, box of wipes, 3 16oz bottles of water packs. 2 top, 2 pants, 1 onesie, 2 blankets, Winnie the		es, 3 Fruit cups 2 packs gold fish, 2 mini muffins
ES SS	poor music box, Matt books,	
Item Specification (if needed):		
Items to review on 08/10/2022 if needed: Locks under sink in kitchen and Under bathi Gun box must be locked. Observed Electrical outlets in kitchen must be covered		
Lieutical outlets in kitchen must be covered	a. Observed	
Emergency Documents		
	dana Dina (Wilana da And Cara)	
⊠Informal Provider Emergency Prepare ⊠Authorization for emergency medical of Employers Manual Provider Emergency Prepare Manual Provider Emergency	A STATE OF THE PARTY OF THE PAR	
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Documents re	gularly:
First Name	Last Name	
Shelter In Place Procedure: The provider will gather the children, grab the last the need arises to seal shelter, provider will usecure in the closet.	andline phone before head to the playroom	closet. The ERTB will already be in the closet.
call parent again once secure. If they could not shelter in the primary location, will assist with his little sister and head to the primary to the alternate evacuation location. Once	will be secured in her car seat a Il gain entry using an spare key and head to nould arise, provider will use plastic and tape they will go to rovider's vehicle where the there, provider will gain entry using an sp	seat belt before provider drives the large walk-in closet (one door and no e around the door to seal shelter. The provider The Provider will gather the batter in her car seat seat belt before
Signatures & Date		
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge to pop up visit which will be conducted virtually or i	that, if approved, the home in which care is p	eviewed, and any corrections if needed have provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Maxine A. Jones	Printed Name	
Signature:	Signature	
Date: 3/10/22 Phone	Date: 08/10/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

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

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 10/23/2024	Time In: 3:30pm	Time Out: 4:13pr	n Result: Passed		
Informal Care					
Type of Care (check one):	n-relative Informal Provide	er Care Relative	Informal Provider Care		
Provider Information					
First Name: Pearl	Last Name: Joes-	Lawson	Provider ID: 524982		
Provider ID #			Email:		
Care Location Inspected					
Street Address Address Verified?: Yes	City: Co	unty:	State:	Zip Code:	
Name of Children in Care (add pages	if needed) Scholarsh	ip Date of Birth	Age / Pres	ent (Y/N)	
		3/24/2013	11yrs/N		
		2/6/2016	8yrs/ Y		

		3/24/2013	11yrs/ N
		2/6/2016	8yrs/ Y
Safety	of the Home		
	Directions: Review and determine compliance with each standarditional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health a	nd Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Basic Health and Safety Training Completed?	Y	
Home is	free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	ls in good repair	Y	
•	Is free of insect or rodent infestation	Y	
•	Is well-lit and well-ventilated	Y	
•	Has hot and cold running water	Y	
•	Has a working inside toilet	Y	
•	Has utilities for cooking, lighting and heating	Y	
•	Has a working and safe heating system	Y	
Has a working refrigerator and stove		Y	
•	Has a working telephone	Y	
•	Has operational smoke detector(s)	Y	
•	Has first aid kit/supplies	Y	
	Has protective coverings on any electrical outlet that is accessible to children	-Y	
Harmful children:	items are stored appropriately and away from :	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
9	Sharp or pointed items	Y	
•	Medications of any kind	Y	
	Matches, lighters and flammable products	Υ	
•	Alcoholic beverages	Y	
•	Guns	Y	
•	Cleaning agents	Y	
•	Poisonous substances	Y	
GENERA	AL 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	Y	
sanitary manner.	-	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: 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 local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized,	and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily	accessible in the event of an emergency	(Y/N)? Y
Location of Emergency Ready to go Pack: Basem Item Specification (if needed): To be observed for compliance on :	ent by the emergency door	
Emergency Documents		
⊠Informal Provider Emergency Preparedness	s Plan (this completed form)	
	*	
Planning and Maintenance		
Person responsible for updating the Disaster Supply	Kit and the Emergency Documents regu	ularly:
First Name Pearl La	st Name Jones-Lawson	•
Description of how the Emergency Ready-to-Go Pace Shelter In Place Procedures: The Provider will gather the ready to go bag and the The provider will contact parent before, during and a Evacuation Procedures: The Provider will gather the children and the ready to provider will travel to the evacuation location to doors, #2 of window(s)). The provider will contact provider will travel to the evacuation doors, #0 of window(s)). The provider will contact provider will travel to the evacuation doors, #0 of window(s)). The provider will contact provider will travel to the evacuation doors, #0 of window(s)). The provider will contact	children, take them to sheltering after sheltering. To go bag, they will be traveling gaining access parent before, during and after sheltering	(#1 of doors, #1 of window(s)). The #1 of
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge discussed. The parties also acknowledge that, if a pop up visit which will be conducted virtually or in-personal property of the property of the property of the property of the parties acknowledge.	pproved, the home in which care is provid	
PROVIDER		INSPECTOR
Printed Name.	Printed Name:	
Sig	Signature:	
Date: 18 24 2024 (Phone:	Date: 10/23/2024	Phone: 1-877-227-0125
,		

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 09/20/2023 Follow-up Inspection Date: 09/21/2023	Time In: 3:00PM Time In: 3:15PM	Time Out: 4:25P Time Out: 3:23P			
Informal Care			And respondence to the same of the		
Type of Care (check one):	ative Informal Provider C	are ⊠Relative	Informal Provider Care		
Provider Information					
Ei Allemai Popri	Last Name: Jones-L	awson.	Provider ID: <u>524982</u>		
First Name: Pearl Provider ID #:	and the reserved		Email:		
Care Location Inspected		The state of the s	The second secon		
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:		
Name of Children in Care (add pages if nee	ded) Scholarship	Date of Birth	Age / Present (Y/N)		
Name of Officient in Said (and pages in the	The state of the s	(03/24/2013)	10yr. / N		
	The second of the second of	(02/06/2016)	7yr. / N		

Safety of the Home		corrective actions needed. Additional	
Directions: Review and determine compliance with each standard. No pages may be used for comments.	Y - Yes, N - No,	D - Discussed, n/a - Not Applicable	
FIGURE 1. The Control of the Control	Standard Met	Comments/Notes	
Health and Safety Training:	Y	Relative Informal Care – Certificate Submitted	
Basic Health and Safety Training Completed?	Standard Met	a	
Home is free of health and safety hazards:	Y/N	Corrective Action /Timeframe if needed	
And the control of th	Y	All areas were clean No evidence of infestation	
time to redeat infectation	Y	All lights were turned on and natural window	
	Y	lighting	
Is well-lit and well-ventilated	Y	Tested by provider and observed the steam	
Has hot and cold running water	Y	Flushed by provider and observed	
Has a working inside toilet	Y		
 Has utilities for cooking, lighting and heating 		Thermostat tested by provider for cooling &	
Has a working and safe heating system	Y	heating	
The Control of State of the Sta	Y	Tested by provider and observed	
Has a working refrigerator and stove	Y	Outbound call made by informal team to provider phone	
Has a working telephone	Y	Tested by provider and observed	
Has operational smoke detector(s)	Y	Stored in bathroom medicine cabinet	
Has first aid kit/supplies			
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied	
farmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
• Sharp or pointed items	Y	Moved to top of the fridge	
Medications of any kind	Υ Υ	Corrective Action Completed: Lock added to medicine cabinet	
Matches, lighters and flammable products	Y	Moved to top of the fridge	
Al-al-alia hayaragaa	Y	Does not own	
	Y	Does not own	
Guns Cleaning agents	Y	Corrective Action Completed: Cleaning products stored in locked kitchen cabinet	
Poisonous substances	Y	Does not own	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen car
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Dianering procedures are followed.	Y	No diaper age children in care.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: 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 local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable/ food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	
2, 3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer	⊠Change of clothes	packing tape & sealing plastic/trash
		bags
⊠Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organized, are	The second secon		
Emergency Ready-to-Go Pack is available and easily a	ccessible in the event of	an emergency (Y/I	N)? Y
Location of The Emergency Ready to go Pack: Store Item Specification (if needed): 2 totes (carrying case), 1 flashlight, 1 pk of AA to crackers, fruit, 7 canned foods and dried foods, of duct tape, 1 pair of scissors, Asthma pump for	patteries, 1 first aid kit, 1 large blanket, 1 box	of lego puzzle an	nd crayons, 1 roll of sealing plastic, 1 roll
(top/bottom/underwear/socks) - Items to be reviewed on 09/21/2023: Corrected 8	Reviewed on 09/21/20	23	
- FRTG: Thermometer		23	
Adhesive Lock needed for the medicine cabinet	and kitchen cabinet		
Emergency Documents		a in early a fill and has Departured.	 A. M. Carlotto, Phys. Rev. Lett. 5, 120 (1997); S. Carlotto, Phys. Rev. Lett. 6, 120 (1997); A. M. Carlotto, Phys. Rev. Lett. 6, 120 (1997);
⊠Informal Provider Emergency Preparedness P ⊠Authorization for emergency medical care	lan (this completed form	n)	
Planning and Maintenance			and the second s
Person responsible for updating the Disaster Supply Kin	and the Emergency D	ocuments regular	ty:
	Name		
Poor! Laws	on-Jones		in a corried by the provider
Description of how the Emergency Ready-to-Go Pack v	vill be transported to an	evacuation locati	ion. Carried by the provider.
Shelter In Place Procedure: The provider will account for the children and grab the	TRTC has and so into	the basement are	ea (1 door 1 window). The provider will
The provider will account for the children and grab the block the door and window and seal both areas with seal and text the parent with emergency updates.	ing plastic and tape if the	e need should ar	ise. Once secured the provider will call
Primary: The provider will account for the children, grat both children are secured in their car seat belts. The provider will call or text the parent with emergency updates. Alternate: If they could not access the primary location the provider's vehicle. The provider will ensure both children to the provider will call to call the provider will call the provider	en would shelter in tes. tes. the provider will account are secured in their	nt for the children r car seat belts. T	(1 door 2 windows). Once secured the
Care Hours:			
Signatures & Date		stantanting promise intoles.	and the second control of the second of the second of the second control of the second
Acknowledgement: By signing below the parties acknowledge that, if appop up visit which will be conducted virtually or in-person.	proved, the nome in will	ave been reviewe ch care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER	Colombia Salata and Asia Maria Albanda		INSPECTOR
Printed Name:	Printed Na	ame:	
Sig	Signature		
Date: 10/2 00 3 Phone:	Date: 09/2	1/2023	Phone: 1-877-227-0125
			•

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 04/14/2022 Follow-up Inspection: 04/15/2022	110	In: 3:30 PM In: 9:00 AM	Time Out: 4:21 PM Time Out: 9:05 AM	Result: DID NOT Follow-up Result	15.3.55(7) U.V.
Informal Care		merent.			
Type of Care (check one): ⊠ Non-	-relative Info	ormal Provider Ca	are □Relative Info	ormal Provider Care	
Provider Information					
First Name: Sabrina Provider ID #:	Last	Name: Jones		Provider ID: 483 Email:	654
Care Location Inspected					
Street Address: Address Verified? Yes.		City	County	State	Zip Code
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Pr	esent (Y/N)
A			07/16/2016	5yr /Y	
				1	
				I	
				I	
				1	
-				1	

Safety of the Home			
Directions: Review and determine compliance with each standard. Note pages may be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y Standard Met Y/N		
Home is free of health and safety hazards:			
Is in good repair	Y		
Is free of insect or rodent infestation	Y	No evidence of infestation	
Is well-lit and well-ventilated	Υ	Well-lit in all common areas	
Has hot and cold running water	Υ	The provider tested the bathroom shower	
Has a working inside toilet	Y		
 Has utilities for cooking, lighting and heating 	Y	Pots and pans stored in kitchen pantry	
Has a working and safe heating system	Υ	Tested by the provider	
Has a working refrigerator and stove	Υ		
Has a working telephone	Υ	Working cell phones	
Has operational smoke detector(s)	Y	Tested by provider	
Has first aid kit/supplies	Y	Medical supplies in hallway closet and bathroom cabinet	
 Has protective coverings on any electrical outlet that is accessible to children 	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 in kitchen draw	
Medications of any kind	Y		
Matches, lighters and flammable products	Y	Does not own	
Alcoholic beverages	Y	Does not own	

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

The Emergency Ready-to-Go Pack must be available and easily access ble 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.

⊠Diapers (N/A)

☑ Flashlight☑ Bottled water☑ Batteries for Flashlight☑ Non-perishable food

☑Folder or binder for EPP documents☑Backpack(s) or carrying case(s)☑Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

⊠Portable First Aid Kit

Page 2 of 3

Revised 10/2021

⊠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

Emergency Documents

Planning and Maintenance

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

First Name

Last Name

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

Emergency Bag Location: Stored in the parent's bedroom closet

Item Specification (if needed):

- No specific medications, general cough medications
- 1 outfit (shirt/pants)
- 1 thermometer
- 1 first aid kit (incl. emergency blanket)
- 1 flashlight/ 1 pk of AAA batteries
- 2 bottled waters/ 3 cans of food
- 1 folder w/ EPP & ECMA documents
- 1 scissors, roll of duct tape, and 4 trash bags

<u>Shelter in-Place Procedures:</u> The shelter in place is the parent's bedroom, provider will get the child and go to the bedroom, the to-go is already in the closet, will use sealing plastic to seal door and windows and will contact the parent via call and text and stay there until the emergency is over.

Evacuation Location (Primary & Alternate) Procedures:

- Informal provider and the child will transport there in her car, she would place the child in her booster seat, put the to-go bag in the car, once they arrive, she will use the key fob to enter the building and the room has (1 door and 0 windows), provider will contact the parent via call or text to alert them of the emergency.

Informal provider and child will transport in her vehicle with the to-go bag, once they reach the location, they will use the key fob or door code to enter the building (1 door and 1 window) will contact the parent throughout via call or text to keep her updated about the emergency until it is over.

Item to be reviewed on 04/15/2022: Corrected & Reviewed on 04/15/2022

Thermometer

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.

PI	ROVIDER	INSPECTOR	
Printed Name: Sabrina Jones	Printed Name:		
Signature:	la testi	Signature	
Date: 04/15/2022	Phone:	Date: 04/15/2022	Phone: 1-877-227-0125

□Virtual Inspection
In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 05/10/2023	Time	In: 10:30AM	Time Out: 11:56	AM F	Result: PASSED
Informal Care					
Type of Care (check one):	relative Info	rmal Provider C	Care ⊠Relative	Informa	al Provider Care
Provider Information					
First Name: Watasha			Moore	F	Provider ID: <u>510155</u>
Provider ID #:				E	Email:
Care Location Inspected					
Street Address: Address Verified? Yes.	City: I	Co	ounty:	State	Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Birth Age / Present (Y/N)	
			(01/25/2012)	11yr./ N	
0 () () ()					
Safety of the Home					
Directions: Review and determine complia	ince with eac	ch standard. Not	e any comments or c	orrective	e actions needed. Additional cussed, n/a – Not Applicable
pages may be used for comments.				-	
Health and Safety Training:			Standard Met Y/N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ments/Notes ective Action /Timeframe if needed
Basic Health and Safety Training Compl	eted?		Y	Rela	ative Informal Care - Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N		ments/Notes ective Action /Timeframe if needed	
Is in good repair		Y		All areas were clean	
 Is free of insect or rodent infest 	ation		Y		No evidence of infestation
Is well-lit and well-ventilated		Y	All lights were turned on and natural wind lighting		
Has hot and cold running water		Y	Tested by provider and steam observed of 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 heating		hermostat 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)				Tested by provider and observed	
Has first aid kit/supplies		Y Mer		Medical supplies (band-aid, gauze, alcohol, peroxide, ointment)	
Has protective coverings on any electrical outlet that is accessible to children		Y		All outlets were occupied or covered	
Harmful items are stored appropriately and away from children:		Standard Met Y/N	200 S. March 201 (201 of Co.)	ents/Notes tive Action /Timeframe if needed	
Sharp or pointed items		Y		Stored in knife holder on back counter	
Medications of any kind		Y	Sto	ored on high shelf in provider's bathroom	
Matches, lighters and flammable products		Y		Lighter in high kitchen cabinet	
Alcoholic beverages		Υ		High kitchen cabinet	
Guns		Y		Does not own	
Cleaning agents		Y	Only uses Clorox wipes stored in kitchen and bathroom cabinet		
 Poisonous substances 			Y		Does not own
GENERAL CLEANLINESS STANDARDS		Standard Met		ents/Notes	

Y/N

Corrective Action /Timeframe if needed

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

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

Disaster Supply Kit

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

⊠Bottled water ⊠Backpack(s) or carrying case(s) ⊠Non-perishable food ⊠Batteries for Flashlight ⊠Consider special toys or games ⊠Diapers Meavy Duty Scissors, duct tape/ X packing tape & sealing plastic/trash Change of clothes Thermometer 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: Coat closet by exit door Item Specification (if needed):

1 first aid kit(medical tape, gauze, medical scissors, ointment, alcohol, and wipes), 1 thermometer, 1 flashlight, 1 pk of AA batteries. No spec meds, 2 carrying cases (backpack and carry-on bag), 6 bottled waters, 4 canned foods, 2 outfits (top/bottom), 5 small blankets, 2 games, 2 toys, 1 roll of duct tape, 1 pair of scissors, 1 roll of trash bags, and folder w/ EPP and ECMA

Items to be reviewed on xx/xx/xxxx:N/A	
Emergency Documents	
⊠Informal Provider Emergency Prepared ⊠Authorization for emergency medical ca	
Planning and Maintenance	
Person responsible for updating the Disaster Su	ply Kit and the Emergency Documents regularly:
First Name Watasha	Last Name Jones-Moore
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: carried and rolled by the provider.
Shelter In Place Procedure:	
[THE PERSON FOR THE PERSON OF	TG bags and go into the basement (1 door 0 windows) and if the need should arise the tape. The provider will call or text the parents to inform them of the emergency.
Evacuation Procedures:	
[조] [[조] [[조] [[조] [[조] [[조] [[조] [[조]	and grab the ERTG backpack and carry-on, the provider and child will walk to provider's ared in the car by seat belt and the carry-on at the carry-on area to inform him they can be carry-on the carry-on and the carry-on. Once secure the provider will call the carry-on area to locate in the carry-on area to lo
vehicle. The provider will ensure the child is sect to inform him they are on the way. Upon arrival h	red in his seat belt. They will drive to a lead to the ERTG bags and head to the provider's call the lead to the provider and child to the description of the lead to the lead
Signatures & Date	
	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Watasha Jone:	S- Moore Printed Name:

Signature

Date: 6/6/23

Phone:

Signature:

Date: 05/10/2023

Phone: 1-877-227-0125