

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

J

First letter of the provider's last name.

Posted January 2024

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/29/2022	Time In: 1:30PM	Time Out: 2:28PM	Result: Follow up needed
Follow Up Scheduled: 10/03/2022	Time In: 10:55AM	Time Out: 11:08AM	Result: PASSED

Informal Care

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

Provider Information

First Name: Ann Marie	Last Name: Jackson	Provider ID: 496435
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		2/18/2019	3 / Yes
[REDACTED]		11/1/2012	9 / No – In School
[REDACTED]		11/5/2011	10 / No – In School
[REDACTED]		3/17/2016	6 / No – In School

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	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	Y	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	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 local Department of Social Services Child Protective Services Unit.	Y	

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

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

Location of The Emergency Ready to go Pack: Hallway closet

Item Specification (if needed):

4 shirts, 2 pants, 2 shorts, 4 extra AA batteries, puzzle boo, color and sticker activity books
Band aids, ointment, gauze, tape, alcohol wipes, CVS Children pain medicine, hydrogen peroxide
4 16oz water bottles, 4 Chef Boyardee spaghetti and Meatballs, Fruit snacks, 4 granola bars,

Items to review on 10/03/2022 if needed: Observed 10/03/2022

- First aid kit
- Kitchen drawer lock installed
- Cleaning supplies under sink locked

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: Rolled

Shelter In Place Procedure:

The provider will grab the children, the ERTB and head to the bathroom in the master bedroom which has one door and one window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure let her know that they are sheltering in place.

Evacuation Procedures:

The provider will grab the children, the ERTB, and go to the [REDACTED]. They will grab the car seat for [REDACTED] and take it with them to [REDACTED] where provider will secure [REDACTED] in it and the other children in seat belts before heading to evacuation location [REDACTED]. Once at the location [REDACTED] will let them in. They head to the living room that has one sliding glass window and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will grab the children, the ERTB, and go to [REDACTED]. They will grab the car seat for [REDACTED] and take it with them to [REDACTED] in it and the other children in seat belts before heading to evacuation location which, The provider will gain entry with a spare key. They will shelter in the living room that has two window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER

Printed Name:

Ann Marie Jackson

Signature:

[REDACTED]

Date:

10/3/2022

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 10/03/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/14/2023	Time In: 10:30AM	Time Out: 11:46AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Lee Ella	Last Name: Jackson	Provider ID: 493637
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(09/08/2018)	4yr.	/	N

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the steam from kitchen sink
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were not covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on 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	Y	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.	Y	
Diapering procedures are followed.	Y	All supplies (diapers, wipes, ointments)
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 the items are clean, organized, and usable. Comment and note below if needed.

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

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

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

Location of The Emergency Ready to go Pack: Stored 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)
- ☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name
Lee Ella

Last Name
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 [REDACTED]. The provider will [REDACTED]. They would shelter in [REDACTED] (1 door 1 window). The provider will call, text or email the parent 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 [REDACTED]. The provider will [REDACTED] arrival. They would [REDACTED] (1 door 1 window). The provider will call, text or email the parent with emergency updates.

Care Hours:

[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Lee Ella Jackson	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	1-5-24	Date:	12/14/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov ov
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Inspection Date: 09/09/2022	Time In: 9:30AM	Time Out: 10:18AM	Result: PASSED
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Informal Care

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

First Name: Lee Ella	Last Name: Jackson	Provider ID: 493637
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		09/08/2018	3	/	No
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate 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 system	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 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	Moved to higher cabinet
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

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

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

☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: By the front door.**Item Specification (if 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 crackers,

Items to review on xx/xx/xxxx if needed: N/A**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will [REDACTED], her phone, the ERTB and head to the basement family room that has 2 door and 4 windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:

The provider will [REDACTED] the ERTG and walk to [REDACTED]. Once [REDACTED] 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 alternate evacuation location [REDACTED]. The provider will get [REDACTED] the ERTG and walk to the church. Once at [REDACTED] 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 standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.

PROVIDER

Printed Name:

LeeElla Jackson

Signature [REDACTED]

Date: 9-12-22

Phone [REDACTED]

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

09/12/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/07/2023 Follow-up Inspection Date: 09/07/2023	Time In: 1:00PM Time In: 3:30PM	Time Out: 3:07PM Time Out: 4:00PM	Result: Follow-up Required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Sharon	Last Name: Jackson	Provider ID: 495170
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(04/25/2022)	1yr. / Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and hot water melted the ice
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	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 cabinet and in garage
• Poisonous substances	Y	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.	Y	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.	Y	
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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in the basement	
Item Specification (if needed):	
<ul style="list-style-type: none"> - <u>1 duffle bag (carrying case), 1 pk of AA batteries 2 flashlights, 1 first aid kit, 1 thermometer, no specific meds, 2 bottled waters, 1 jar of baby food, snacks, crackers, 1 pk of wipes, 2 diapers, 1 onesie, 1 blanket, 1 toy, 1 pair of scissors, 1 roll of duct tape, 1 pk of sealing plastic, 1 baby bottle, and folder w/ EPP and ECMA docs</u> - <u>Items to be reviewed on 09/07/2023: Corrected & Reviewed on 09/07/2023</u> - <u>Operational Smoke Detector tested</u> - <u>Outlet coverings needed for 12 outlets</u> 	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Sharon	Last Name 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 gather the child and go to the basement bedroom (1 door 1 window) where the ERTG is already stored. If the need arises the provider will use the sealing plastic and tape to seal the door and window. The provider will call or text both parents with emergency updates.	
Evacuation Procedures	
Primary: The provider will call the parents to inform them of the emergency, account for the child, grab the ERTG and then go to the provider's vehicle, the provider will secure the child in her (rear-facing car seat). The provider will drive to [REDACTED] Upon arrival the provider will receive instruction from [REDACTED] of where to shelter with the child. Once secured she will call or text the parents with emergency updates.	
Alternate: If they could not access the primary location, the provider will call the parents to inform them of the emergency, account for the child, grab the ERTG and then go to the provider's vehicle, the provider will secure the child in her (rear-facing car seat). The provider will drive to [REDACTED] Upon arrival the provider will receive instruction from [REDACTED] of where to shelter with the child. Once secured she will call or text the parents with emergency updates.	
Care Hours: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <i>Sharon Jackson</i>	Printed Name: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: <i>9/18/23</i>	Phone: [REDACTED]	Date: 09/07/2023	Phone: 1-877-227-0125

<input type="checkbox"/> Virtual Inspection <input type="checkbox"/> 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
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Inspection Date: 09/20/2022	Time In: 9:30 AM	Time Out: 10:47 AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Sharon	Last Name: Jackson	Provider ID: 495170
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(04/25/2022)	6mos	/	Y
				/	
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Care – Course Completed
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 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 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	Observed and tested by provider
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife holder behind cabinet
• Medications of any kind	Y	Upper-level cabinet
• Matches, lighters, and flammable products	Y	Upper-level kitchen draw
• Alcoholic beverages	Y	High level shelf in kitchen pantry
• Guns	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.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

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

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

☒ 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)? Yes, stored in basement closet.

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Itemized List:

- 1 thermometer, no specific meds, 2 outfits, 1 blanket, 1 scissor, 1 roll of duct tape, 3 trash bags, 2 bottled waters, folder of EPP/ECMA forms, baby formula, 1 first aid kit, 1 flashlight, 1 pk of AA batteries, diapers/wipes, tote bag carrying case, and 1 toy

Shelter-in-Place Procedures: Provider will gather the child, and the emergency bag and go into the lower basement area (1 door 2 windows), she will seal windows or door with sealing plastic and tape if needed. Provider will call or text the parent at the beginning and end of the emergency.

Evacuation Location(s):

Primary – Provider would grab the emergency bag and the child and go to her vehicle; she will strap the child in her car seat. Will drive to [redacted] park with [redacted] who will direct them where [redacted] Provider will call the parent as soon as it's been declared an emergency and continue communication throughout.

Alternate – Provider will gather the child and emergency bag and put the child in her stroller and walk to [redacted] with the [redacted] to be instructed of where to locate for [redacted] She will contact the parent once the emergency is declared by call or text, during and after the emergency.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Sharon Jackson	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	9/20/22	Date:	09/20/2022
Phone:	[redacted]	Phone:	1-877-227-0125

• Cleaning agents	Y	Cleaning products stored in high level laundry 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	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.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

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

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in 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

☒ 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

Shirley

Last Name

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 gather the children and ERTG and go into the [REDACTED]. The provider will use the sealing thermal wrap 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 [REDACTED]. Upon arrival at [REDACTED] the provider will call or text the parent with update of the location and speak with [REDACTED] 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 [REDACTED]. Upon arrival at the [REDACTED] the provider will call or text the parent with update of the location and use her key access to enter the [REDACTED]. Once inside the provider and children will shelter in the living room(1 door 1 window).

Care Hours:

M-Sat

6:30am-6:30pm (Summer)

6:30am-6:30pm (School)

Signatures & Date

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

PROVIDER

Printed Name:

Shirley Jackson

Signature:

[REDACTED]

Date:

7/25/2023

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 06/30/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/01/2022 Follow Up – 06/21/2022	Time In: 1:45PM Time In: 9:30AM	Time Out: 3:00PM Time Out: 9:45AM	Result: Follow up Scheduled Result: PASSED if returned by 5PM on 06/21/2022.
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Informal Care

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

Provider Information

First Name: Shirley Provider ID #: [REDACTED]	Last Name: Jackson	Provider ID: 468829 Email: [REDACTED]
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Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		1/30/2011	11 / No
[REDACTED]		9/24/2013	8 / No
[REDACTED]		9/11/2015	6 / No

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light when opened
• Has a working telephone	Y	Test call completed
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Aspirin, band aids, ointment, ace bandages,
• 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	Not unpacked yet
• Medications of any kind	Y	Upstairs bedroom high cabinet
• Lighters and flammable products	Y	
• Beverages	Y	
• Cleaning agents	Y	Laundry room high cabinet
• Flammable substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 Department of Social Services Child Protective Services Unit</u>.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications N/A☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Hallway closet**Item Specification (if needed):**2 extra D batteries, 4 Chef Boyardee, 8 freeze dried emergency food packs, gummies, 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 & ECMA's :** 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 [REDACTED]

Last Name [REDACTED]

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

Printed Name:

Shirley Jackson

Signature:

[REDACTED]

Date:

6/21/2022

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 06/21/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/23/2021 Follow-up Inspection: 12/29/2021	Time In: 3:30 PM Time In: 1:15 PM	Time Out: 4:40 PM Time Out: 1:53 PM	Result: Approved if returned by 5pm on 12/23/2021
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Informal Care

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

Provider Information

First Name: Theresa	Last Name: Jackson	Provider ID: 406117
		Email:

Care Location Inspected

Street Address: City County State Zip Code

Address Verified? Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		06/18/2013	8	/	Y
		01/21/2019	2	/	Y
		02/05/2021	10 mos.	/	Y
				/	
				/	
				/	

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	All areas were well-lit
• Has hot and cold running water	Y	Tested the hot water in the bathroom
• Has a working inside toilet	Y	Provider flushed all toilets
• Has utilities for cooking, lighting and heating	Y	In the cabinets with locks
• Has a working and safe heating system	Y	Tested the system
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Working cellphones
• Has operational smoke detector(s)	Y	Husband is working on fixing it *CORRECTIVE ACTION COMPLETED
• Has first aid kit/supplies	Y	First aid kit in the kitchen
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets exposed with no outlet coverings *CORRECTIVE ACTION COMPLETED

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	Placed on back end of the counter
• Medications of any kind	Y	Stored on high level cabinet
• Matches, lighters and flammable products	Y	Does not own

• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in 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	Diapering area downstairs with diapers/wipes
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash can downstairs
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	Absolutely
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents
(Missing Page 1) *CORRECTIVE
ACTION COMPLETED

☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

☒ Portable First Aid Kit (Need 2 More)

☒ Diapers

☒ Consider special toys or games
(Nintendo Switch, tablet, stuffed animal)

☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, duct tape/
packing tape & sealing plastic/trash
bags (Packing Sealing Paper)

☒ 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

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:

Shelter in-place: Grab to-go bag with the kids, proceed to the upstairs room (2 windows 1 door), use the plastic to secure the doors and windows, use her phone to contact the parent about sheltering in place as the emergency goes on.

Evacuation Location (Primary): Put kit and car seats into your vehicle, put [REDACTED] in Booster and other, secure herself and make sure she has her cellphone, drive to the police station, contact the parent, and inform them of the evacuation.

Evacuation Location(alternate): Would be going to the fire station, gather children's car seats, secure each child and herself, drive there and make sure all kids are safe and accounted for and contact the parent about emergency.

Signatures & Date

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

PROVIDER

Printed Name: Theresa Jackson

Signature:

Date:

Phone:

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 12/29/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 6/2/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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Informal Care

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

First Name: Ana	Last Name: Jandres	Provider 468015 Email:
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Care Location Inspected

Street Address:	City	County	State	Zip Code
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Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		07/29/2014	6/	Y	
		10/25/2020	7/	M	
			/	Y	
			/	Y	
			/	Y	
			/	Y	

Safety of the Home

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

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

• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	Verbally agreed to comply

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: Ready-to-Go will be stored in the bedroom down in the basement.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will grab the Ready-To-Go kit by the front door and collect the children. The car seat will be at the front door to be installed in the Rav4 vehicle. The oldest child's booster seat will already be secured in the vehicle. The Provider will secure the children in the car before alerting the parent by phone. The relocation place is the godparent's residence at [REDACTED] which is a 5 minute drive from the care location. Once the provider arrives, she will alert the parent when they are safely settle in the new location. The 2 nd evacuation location is the residence of the maternal aunt which is on [REDACTED] This will be the place where the children reunite with the parent once the emergency is lifted.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
[REDACTED]		[REDACTED]	
Signature:		Signature:	
[REDACTED]		[REDACTED]	
Date:	Phone:	Date: 6/2/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 6/2/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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Informal Care

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

First Name: Celena	Last Name: Jenkins	Provider 467583 Email: [REDACTED]
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Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		11/13/2020	7	/	M
				/	Y
				/	Y
				/	Y
				/	Y
				/	Y

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Mobile phones only
• 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	

<ul style="list-style-type: none"> Poisonous substances 	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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	Verbally agreed to comply

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: Ready-to-Go will be stored in the kitchen cabinet on the main level.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will get the child and the Ready-to-Go kit while collecting her cell phone to call 911 and the parent. Provider will walk out the front down to the stairwell to the main exit. She will continuously use her phone throughout the emergency to alert the parent of any changes. She will place the child in the car seat and secure the seat before leaving the space. The destination is the child's [REDACTED]. It is 10 minutes away from the care location. Upon arrival, the Provider will use the entry key to enter the home. The Provider and child will remain at this location until the mother arrives to retrieve the child.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 6/2/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 10/21/2021 & 10/29/2021	Time In: 10:35 am 10:36 am 2:40pm	Time Out: 12:00pm 11:00 am 2:45pm	Result: Approved if returned by 12 pm on 11/01/2021
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Informal Care

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

First Name: Althea	Last Name: Johnson	Provider ID: N/A
		Email:

Care Location Inspected

Street Address:	City:	County:	State:	Zip Code:
Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		12/01/2011	9 years	/	N
		12/01/2011	9 years	/	N
				/	
				/	
				/	
				/	

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Baseboards and under cabinets viewed
• Is free of insect or rodent infestation	Y	Baseboards observed.
• Is well-lit and well-ventilated	Y	Artificial and natural lighting.
• Has hot and cold running water	Y	Observed hot shower water steam.
• Has a working inside toilet	Y	Observed the flush.
• Has utilities for cooking, lighting and heating	Y	4 Burners Operational. Turned red.
• Has a working and safe heating system	Y	Temp turned up from 67 degrees to 69 degrees.
• Has a working refrigerator and stove	Y	Frozen food and refrigerator light observed. Deep freezer in the home as well.
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	Test button pressed. Alarm sounded.
• Has first aid kit/supplies	Y	Asthma medication, Bandages, Neosporin, Gauze, Tape, Q Tips, Alcohol.
• 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	Under the cabinet in the upstairs bathroom.
• Matches, lighters and flammable products	Y	Not kept in the home.

• Alcoholic beverages	Y	Not kept in the home.
• Guns	Y	Not kept in the home.
• Cleaning agents	Y	Under cabinet
• Poisonous substances	Y	Not kept in the home.
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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☒ Portable First Aid Kit☒ Thermometer☒ Medications☒ Non perishable food☐ Diapers☒ Change of clothes☒ Blanket(s)☒ Backpack(s) or carrying case(s)☒ Consider special toys or games☒ Scissors, tape & sealing plastic

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: Under upstairs bathroom cabinet.Item Specification (if needed):

- Orange and Yellow Drawstring & A Bag Backpack
- 1 Black Flashlights
- 60 AAA Batteries
- First Aid Kit: Bandages, alcohol, Gauze
- Medication for ZyJon.
- Black Scissors, Sealing Tape, & 1 roll Trash bags
- Forehead Thermometer
- Crackers
- Canned Chicken Salad, Canned Tuna
- 4 16.9oz Bottled Water
- Balls & Activity Book, Flash cards.
- 2 Large Mickey Mouse Blankets
- Tops and Bottoms for both children

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 Althea

Last Name Johnson

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

Shelter In Place Procedures:

The Provider will text the parent to inform her of the emergency. She will then call out for the children, go upstairs to the bedroom to grab the ERTG bag and shelter in the bathroom (1 door 0 windows).

Evacuation Procedures:

The Provider will contact the parent to inform her of the emergency. The provider will then call for the children, get coats and shoes and have them stand downstairs while she goes to the upstairs bedroom to retrieve the ERTG bag. The provider will ensure the children are secured in seatbelts and drive the children to the hospital and shelter in the emergency room (door and windows unknown). If the provider cannot shelter at the children's hospital the provider will contact the parent and inform her of the emergency, secure the children in a seatbelt and drive to the school where she will shelter in the cafeteria (2 doors Many Windows).

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.

PROVIDER**INSPECTOR**

Printed Name:

ALTHEA B. JOHNSON

Printed Name:

Signature:

Date: 10-29-2021 Phone:

Date: 10/29/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/09/2023	Time In: 10:30AM	Time Out: 12:25PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Alison	Last Name: Jones	Provider ID: 531547
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(07/25/2015)	8yr. / N
[REDACTED]		(02/05/2021)	2yr. / N

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling(non-central) & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Stored on top shelf of laundry room
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knives moved to higher level of kitchen cabinet
• Medications of any kind	Y	Medicine in the medicine cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Moved to high shelf in kitchen cabinet
• Guns	Y	Does not own
• Cleaning 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

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

☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in the dining room**Item Specification (if needed):**

- : 1 duffle bag (carrying case), 1 flashlight, 1 first aid kit, 1 thermometer, no specific medications, 1 pk of AAA batteries, 5 canned foods, 2 diapers w/ 1 pk of wipes, 1 large blanket, 3 bottled waters, 1 roll of duct tape, 1 pair of scissors, 3 trash bags, 4 toys, 2 outfits (top/bottom)
- : Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

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:**

The provider will gather the children and ERTG bag and go into the basement storm room (1 door 1 window). The provider will use the sealing plastic and tape to seal the door and window if needed. Once secured the provider will call, text or video call the parents with emergency updates.

Evacuation Procedures

Primary: 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 [REDACTED] upon arrival provider will [REDACTED]. The provider and children would shelter in the [REDACTED] (1 door 1 window). Once secured the provider will call, text or video call the parents with emergency updates.

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 [REDACTED] upon arrival provider will [REDACTED]. The provider and children would shelter in [REDACTED] which all have (1 door 1 window). Once secured the provider will call, text or video call the parents with emergency updates.

Care Hours:**Signatures & Date**

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

PROVIDER

Printed Name:

Mason Jones

Signature:

[REDACTED]

Date: 11/13/2023

Pho

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 11/09/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov OV
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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	Result: Follow-up required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Brieann	Last Name: Jones	Provider ID: 303407
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(03/09/2011)	12yr./ Y	
[REDACTED]		(03/18/2014)	9yr./ Y	
[REDACTED]		(01/26/2022)	1yr./ Y	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and 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 shelf
• 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 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	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing area in the family room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

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

☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct tape/
packing tape & sealing plastic/trash
bags☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in laundry roomItem Specification (if needed):

= 1 duffle bag, 4 diapers, 1 pk of wipes, 1 first aid kit, 1 thermometer, no spec meds (required to be administered by the provider), 1 flashlight, 1 pk of AA batteries, 5 pks of snack bars, 4 protein shakes, 2 baby foods, 1 large blanket, folder w/ EPP and ECMA per child, 4 bottled waters, 3 outfits(top/bottom) per child, 1 roll of trash bags, 1 pair of scissors, 1 roll of duct tape and 1 baby toy and 1 pk of cards

= Items to be reviewed on 05/15/2023: Corrected & Reviewed on 05/15/2023

= Gun safety within the home

= Functioning smoke detector

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
BriannLast Name
JonesDescription 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 grab the ERTG and go into the [REDACTED] (1 door 1 window). The provider will use the sealing plastic and tape to secure the door, window and vent if needed. The provider will then call the parent with emergency updates.

Evacuation Procedures:

Primary: The provider will account for the children and grab the ERTG backpack, the provider will walk with the three children to her vehicle. She will secure the youngest child in their rear-facing car seat and ensure the older kids are secure in their seat belts. She will drive to the [REDACTED] in which she has key access. They would go to the basement area (1 door 4 windows) She call or text the parent to inform her of their evacuation and update her when they are secured.

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 [REDACTED] and text or call the parent along the way to inform her of the emergency. Upon arrival they will enter [REDACTED] 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

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

PROVIDER

Printed Name:

Briann Jones

Signature:

[REDACTED]

Date: 5/22/23

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 05/15/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/20/2022	Time In: 1:45PM	Time Out: 2:32PM	Result: APPROVED
Informal Care			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
Provider Information			
First Name: Briann	Last Name: Jones	Provider ID: 303407	
Provider ID #: [REDACTED]		Email: [REDACTED]	
Care Location Inspected			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/09/2011)	12yr / N
[REDACTED]		(03/18/2014)	9yr / N
			/
			/
			/
			/

Safety of the Home		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
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	Y	All areas were well-lit
• Has hot and cold running water	Y	
• 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 system	Y	Thermostat tested by provider
• Has a working refrigerator and stove	Y	Provider tested the stove
• Has a working telephone	Y	Only working cellphones
• Has operational smoke detector(s)	Y	Tested and observed
• Has first aid kit/supplies	Y	Stored on high shelf in bathroom
• 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	Kitchen draw with lock
• Medications of any kind	Y	High kitchen cabinet with lock
• Matches, lighters, and flammable products	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

<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children.
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 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.

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications (tylenol)	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, hanging in the living room		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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:		
Item Specification (if needed):		
- 1 flashlight, 3 extra batteries, 1 thermometer, no specific meds (only Tylenol), 2 outfits, 2 blankets, 1 scissor, 2 trash bags, 1 roll of duct tape, 2 games, no diapers, folder for EPP/ECMA, 1 first aid kit, 3 bottled waters, 6 (+) non-perishable foods, backpack		
Shelter-in-Place: Provider will grab the kit and the children and go into the basement area, will do a headcount, and send text message to the mom for emergency updates, seal windows with trash bags and duct tape. Basement has (3 doors 3 windows)		
Evacuation Locations:		
Primary: Provider and children will go to [REDACTED]; provider will grab the to go bag and the children and put the small child in their booster and the older child would be strapped in the car. They will go to the basement area (1 door 3 windows), will call and text the parent once they are settled in.		
Alternate: Provider will line up the kids, grab the kids and the to-go bag and put smaller child in the booster seat and strap the older one in their seat belt. Will contact the parent via text or call and drive to [REDACTED]. Upon arrival provider and children will go into the basement (1 door 0 windows).		
Item to be Reviewed: Health & Safety Training – Completed on 06/12/2022. Approved as of 06/13/2022		

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: Brieann Jones		Printed Name: [REDACTED]	
Date: 6/13/2022		Date: 06/13/2022	
Phone: [REDACTED]		Phone: 1-877-227-0125	

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/19/2023	Time In: 10:30AM	Time Out: 11:56AM	Result: Follow-up Required.
Follow-up Inspection Date: 07/20/2023	Time In: 9:00AM	Time Out: 9:13AM	Follow-up Result: PASSED

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

First Name: **Carolyn** Last Name: **Jones** Provider ID: **515892**

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

Safety of the Home		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
· Is in good repair	Y	All areas were clean
· Is free of insect or rodent infestation	Y	No evidence of infestation
· Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
· Has hot and cold running water	Y	Tested by provider and observed 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	Y	
· 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

- Has protective coverings on any electrical outlet that is accessible to children Y All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
· Sharp or pointed items	Y	Stored 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

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· 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: <ul style="list-style-type: none"> · 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: <ul style="list-style-type: none"> · Physical injury · Any sexual abuse · Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> · 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: <ul style="list-style-type: none"> · Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> · 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 the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.
Disaster Supply Kit
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

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

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

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

☒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 [REDACTED] where the ERTG bag is already located in the [REDACTED]. 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 [REDACTED]. Upon arrival the provider has key 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 [REDACTED]. She will secure each child in their booster seat with car seat belts. Once secured they will head to the [REDACTED] 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:	Carolyn Jones	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	7-27-23	Date:	07/20/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov ov
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Inspection Date: 12/23/2021	Time In: 1:45 PM	Time Out: 2:52 PM	Result: PASSED if returned to ccs.informalproviders@maryland.gov by 5pm on 12/28/2021
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Informal Care

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

Provider Information

First Name: Hawanya	Last Name: Jones	Provider ID: 266288
		Email:

Care Location Inspected

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

Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		11/19/2010	11 / N
		05/17/2014	7 / N
		08/09/2017	4 / N
		09/04/2019	2 / N
			/
			/

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Tested the shower
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Pots in the cabinet
• Has a working and safe heating system	Y	Tested the system
• Has a working refrigerator and stove	Y	Displayed fridge and tested the burners
• Has a working telephone	Y	All cellphones working
• Has operational smoke detector(s)	Y	Tested the smoke detector in the hallway
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets accessible to the kids were covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored on the back of the cabinet
• Medications of any kind	Y	Ibuprofen stored in a high shelf above computer area
• Matches, lighters and flammable products	Y	Does not own

• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored on a high shelf in the laundry room
• 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	No diaper age children, all use the restroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper aged children
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	N/A	No diaper aged children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

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

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

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

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:

Shelter-in Place: Grab the to-go kit, the children, Close and lock the doors and window (1 door/1 window), go into a laundry, 1 door, contact the parent via text and phone call.

Evacuation Location (Primary): Get the kit, count the children, put the children in her vehicle, buckle the children in, and put the young ones in their booster seats, call them by name and mark them off, will drive to the providers home, would shelter downstairs or garage (2 doors, big glass window), contacting the parent as the emergency is going on & once you get safe

Evacuation Location (Alternate): Get the kit and the kids, and buckle them in the car, go to the local church or fire department, and contact the parent once they arrive via text or call.

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: Hawanya Jones		Printed Name:	
Signature:		Signature:	
Date: 2/23/2021	Phone:	Date: 12/23/2021	Phone:

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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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	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			

Provider Information			
First Name: Jania	Last Name: Jones	Provider ID: 517706	
Provider ID #: [REDACTED]		Email: [REDACTED]	

Care Location Inspected			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(12/16/2022)	7mos. / Y

Safety of the Home		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in 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	Y	Corrective Action Completed: Knives and Sharps moved to higher kitchen cabinet. Lock added to storage room in basement
• Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products move to higher level shelf in hallway closet

• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing pad in basement living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	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.	Y	Diapering supplies near changing station
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the items are clean, organized, and usable. Comment and note below if needed.

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

☒ 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 provider's bedroom near downstairs exit**Item Specification (if needed):**

- 1 duffle bag (carrying case), 2 blankets, 1 flashlight, 1 pk of AA batteries, 1 first aid kit, no spec meds, 4 bottled waters, 4 canned foods, 2 baby foods, 4 dried/bagged foods, 5 diapers w/ 1 pk of wipes, 3 outfits(onesie), folder w/ EPP and ECMA docs, 1 toy book, 3 trash bags, 1 pair of scissors, and 1 roll of duct tape

- Items to be reviewed on 07/27/2023: Corrected & Reviewed on 07/27/2023

- Lock added to drawer with sharps/ Lock added to storage room in basement

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

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 carrier and ERTG and go into basement bedroom (4 doors 1 window). The provider will use the sealing plastic and tape to seal the doors, windows and vents if needed. The provider will text the parent once secured and after the emergency she will FaceTime the parent with updates.

Evacuation Procedures

Primary: The provider will account for the child, place her in the baby carrier, grab the ERTG and [REDACTED] She will use the [REDACTED] to enter the building. Upon entry provider and child will go into [REDACTED] (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 [REDACTED] The Provider will call [REDACTED] 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**INSPECTOR**

Printed Name:

Jania Jones

Printed Name:

Signature:

Date: 07/27/2023

Phone:

Date: 07/27/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/09/2022	Time In: 1:45PM	Time Out: 3:10PM	Result: Follow up needed.
Follow up Scheduled 08/10/2022	Time In: 1:10PM	Time Out: 1:22PM	Result: PASSED

Informal Care

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

Provider Information

First Name: Maxine	Last Name: Jones	Provider ID: 461909
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		05/10/2010	12 / Yes
[REDACTED]		01/22/2020	2 / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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)	Y	
• Has first aid kit/supplies	Y	Band-Aids, antiseptic swabs, gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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	Y	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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 the items are clean, organized, and usable. Comment and note below if needed.

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

☒ 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: In the playroom closet.

6 AAA batteries, band aids, Gauze, tongue depressor, gloves, sponge, cool compress, alcohol wipes, antiseptic wipes, 3 diapers, box of wipes, 3 16oz bottles of water, 6 small cans of ravioli, 3 Apple sauce pouches, 3 Fruit cups 2 packs gold fish, 2 mini muffins packs.

2 top, 2 pants, 1 onesie, 2 blankets, Winnie the pooh music box, Math books,

Item Specification (if needed):

Items to review on 08/10/2022 if needed: Observed 08/10/2022

Locks under sink in kitchen and Under bathroom sink need locks. Observed

Gun box must be locked. Observed

Electrical outlets in kitchen must be covered. Observed

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name [REDACTED]

Last Name [REDACTED]

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

Shelter In Place Procedure:

The provider will gather the children, grab the landline phone before head to the playroom closet. The ERTB will already be in the closet. If the need arises to seal shelter, provider will use the trash bags and tape from the ERTB. The provider call parents as soon as they are secure in the closet.

Evacuation Procedures:

Provider will call parent as soon as an emergency situation comes up. The Provider will then gather the bag [REDACTED] st with his little sister and head to the provider's vehicle [REDACTED] will be secured in her car seat a [REDACTED] seat belt before provider drives to the children's home. Once there, provider will gain entry using an spare key and head to the large walk-in closet (one door and no windows) [REDACTED] if the need should arise, provider will use plastic and tape around the door to seal shelter. The provider call parent again once secure.

If they could not shelter in the primary location, they will go to [REDACTED] The Provider will gather the bag [REDACTED] will assist with his little sister and head to the provider's vehicle where [REDACTED] be secured in her car seat [REDACTED] seat belt before driving to the alternate evacuation location. Once there, provider will gain entry using an spare key and head to the closet (one door and no windows) in the den to shelter [REDACTED] all to update h [REDACTED] route and the provider will call parent once secure.

Signatures & Date

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

PROVIDER

Printed Name:

Maxine A. Jones

Signature:

Date: 8/10/22

Phone: [REDACTED]

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

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
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 4/13/2021	Time In: 1:30 PM	Time Out: 3:30 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Maxine	Last Name: Jones	Provider ID: 461909
		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		01/22/2020	1	/	Y
[REDACTED]		05/10/2010	10	/	Y
				/	
				/	
				/	
				/	

Safety of the Home

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

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 Department of Social Services Child Protective Services Unit</u> .	Y	

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

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
Disaster Supply Kit Comments/Notes: The Kit was full of all required items and accessible to the Provider's exit routine.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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: The Provider will grab the Ready-To-Go kit from the closet on the way to the front door. The car seats will be secured in the vehicle and the children will relocate to the great grandmother's house.	

Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.	
PROVIDER	INSPECTOR
Printed Name: Maxine A. Jones	Printed Name: [Redacted]
Signature: [Redacted]	Signature: [Redacted]
Date: 4/19/21	Date: 4/13/2021
Phone: [Redacted]	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/20/2023 Follow-up Inspection Date: 09/21/2023	Time In: 3:00PM Time In: 3:15PM	Time Out: 4:25PM Time Out: 3:23PM	Result: Follow-up Required Result: PASSED
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Informal Care

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

Provider Information

First Name: Pearl	Last Name: Jones-Lawson	Provider ID: 524982
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(03/24/2013)	10yr.	/	N
[REDACTED]		(02/06/2016)	7yr.	/	N

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to top of the fridge
• Medications of any kind	Y	Corrective Action Completed: Lock added to medicine cabinet
• Matches, lighters and flammable products	Y	Moved to top of the fridge
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• 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 can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		Y	
Diapering procedures are followed.		Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 		Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

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

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

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

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

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

Item Specification (if needed):

- 2 totes (carrying case), 1 flashlight, 1 pk of AA batteries, 1 first aid kit, Neosporin and anti-septic, 5 bottled waters, 1 box of crackers, fruit, 7 canned foods and dried foods, 1 large blanket, 1 box of lego puzzle and crayons, 1 roll of sealing plastic, 1 roll of duct tape, 1 pair of scissors, Asthma pump for each child, folder w/ EPP and ECMA docs per child, 2 outfits (top/bottom/underwear/socks)
- Items to be reviewed on 09/21/2023: Corrected & Reviewed on 09/21/2023
- ERTG: Thermometer
- Adhesive Lock needed for the medicine cabinet and kitchen cabinet

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
Pearl

Last Name
Lawson-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 account for the children and grab the ERTG bags and go into the basement area (1 door 1 window). The provider will lock the door and window and seal both areas with sealing plastic and tape if the need should arise. Once secured the provider will call and text the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG bags and will head to the provider's vehicle. The provider will ensure both children are secured in their car seat belts. The provider will drive [REDACTED] The provider [REDACTED] once inside the provider and children would shelter in [REDACTED] (1 door 2 windows). Once secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG bags and will head to the provider's vehicle. The provider will ensure both children are secured in their car seat belts. The provider will drive to [REDACTED] The provider will call [REDACTED] once inside the provider and children would shelter in [REDACTED] (1 door 2 windows) or [REDACTED] (0 door 0 windows). Once secured the provider will call or text the parent with emergency updates.

Care Hours:

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	[REDACTED]	Printed Name:	[REDACTED]
Sig:	[REDACTED]	Signature:	[REDACTED]
Date: 10/2/2023	Phone: [REDACTED]	Date: 09/21/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/14/2022 Follow-up Inspection: 04/15/2022	Time In: 3:30 PM Time In: 9:00 AM	Time Out: 4:21 PM Time Out: 9:05 AM	Result: DID NOT PASS Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Sabrina	Last Name: Jones	Provider ID: 483654
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		07/16/2016	5yr	/	Y
				/	
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Well-lit in all common areas
• Has hot and cold running water	Y	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	Y	Tested by the provider
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	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	Y	Does not own
• Cleaning agents	Y	Under 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.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	No diaper age children.
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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • 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 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.

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name [REDACTED]	Last Name [REDACTED]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:		
Emergency Bag Location: Stored in the parent's bedroom closet		
Item Specification (if needed):		
<ul style="list-style-type: none"> - 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 		
Shelter in-Place Procedures: 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:		
[REDACTED] - 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.		
[REDACTED] - 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.			
PROVIDER		INSPECTOR	
Printed Name: Sabrina Jones		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 04/15/2022	Phone: [REDACTED]	Date: 04/15/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/10/2023	Time In: 10:30AM	Time Out: 11:56AM	Result: PASSED
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Informal Care

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

First Name: Watasha	Last Name: Jones-Moore	Provider ID: 510155
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(01/25/2012)	11yr/ N

Safety of the Home

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

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back counter
• Medications of any kind	Y	Stored on high shelf in provider's bathroom
• Matches, lighters and flammable products	Y	Lighter in high kitchen cabinet
• Alcoholic beverages	Y	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 Y/N	Comments/Notes Corrective Action /Timeframe if needed
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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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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 Department of Social Services Child Protective Services Unit.</u>	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: 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 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
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 provider will gather the child and grab the ERTG bags and go into the basement (1 door 0 windows) and if the need should arise the provider will seal the door with sealing plastic and tape. The provider will call or text the parents to inform them of the emergency.

Evacuation Procedures:

Primary: The provider will account for the child and grab the ERTG backpack and carry-on, the provider and child will walk to provider's vehicle. The provider will ensure the child is secured in the car by seat belt and the [REDACTED] at [REDACTED] to inform him they are on the way. Upon arrival [REDACTED] will instruct them to locate [REDACTED] (1 door 3 windows). Once secure the provider will call or text the parents with emergency updates.

Alternate: If they could not access the primary location, the provider will gather the child and the ERTG bags and head to the provider's vehicle. The provider will ensure the child is secured in his seat belt. They will drive to [REDACTED] call the [REDACTED] or to inform him they are on the way. Upon arrival he will escort the provider and child to the [REDACTED] (1 door 0 windows). Once they are secured the provider will call or text both parents with emergency updates.

Signatures & Date

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

PROVIDER

Printed Name: Watasha Jones-Moore

Signature: [REDACTED]

Date: 6/6/23

Phone: [REDACTED]

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 05/10/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 6/3/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Candida	Last Name: Jovel	Provider ID: 779937
		Email:

Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		2/15/2013	8/	Y	
		2/13/2018	3/	Y	
			/	Y	
			/	Y	
			/	Y	
			/	Y	

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Mobile phones only
• 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	

<ul style="list-style-type: none"> Poisonous substances 	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> 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	Verbally agreed to comply

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: Ready-to-Go will be stored in the basement of the home.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Provider will collect the children and Ready-to-Go backpack and walk out the front door. The oldest child [REDACTED] will be secured in a booster seat and the youngest child [REDACTED] will be secured in a car seat. Once all seats are safely secured Provider will call the aunt and parent to inform them of the relocation. The Provider will drive to the [REDACTED] home at [REDACTED]. The home is 20 minutes from the care location.	
The 2 nd evacuation location is the [REDACTED] house in [REDACTED]. This location is 20 minutes from the care location too. The [REDACTED] name is [REDACTED]. The Provider and children plan to stay at this location until the emergency is lifted or until the parent comes to pick up the children.	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.	
PROVIDER	INSPECTOR
Printed Name:	Printed Name: [REDACTED]
Signature:	Signature:
Date:	Phone:
	Date: 6/3/2021 Phone: 410-767-7832