

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



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.

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

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

Safety	of	the	Hor	ne
Jaicty	v	LIIC		116

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

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

pages may be used for comments. Y - Yes, N - No, D - Discussed, n/a - Not Application			
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Υ		
Is free of insect or rodent infestation	Y	No sign of infestation	
Is well-lit and well-ventilated	Υ		
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	Υ		
Has a working refrigerator and stove	Υ		
Has a working telephone	Y	Provider's cell called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Υ	Band Aids, Hydrogen Peroxide, tape, cintment	
 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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Т	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

÷ .,		, ,	
⊠Flash	nlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batte	eries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Porta	able First Aid Kit	⊠Diapers N/A	⊠Consider special toys or games
⊠Ther	mometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medi	cations	⊠Blanket(s)	
Items in the	Disaster Supply Kit are clean, organ	nized, 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 a	nd sticker activity books			
Band aids, ointment, gauze, tape, alcohol wipes,					
4 16oz water bottles, 4 Chef Boyardee spaghetti	and Meatballs, Fru	it snacks, 4 granoia bars,			
Items to review on 10/03/2022 if needed: Observed	erved 10/03/2022				
First aid kit Kitchen drawer lock installed					
Cleaning supplies under sink locked					
Emergency Documents		***************************************			
⊠Informal Provider Emergency Prepared	ness Plan (this co	mpleted form)			
⊠Authorization for emergency medical ca		inplotod lolling			
Planning and Maintenance					
Person responsible for updating the Disaster Su	only Kit and the Fi	mergency Documents regular	lv.		
First Name	Last Name	norgency Boodmente regular	I		
		WHAT COM-			
Description of how the Emergency Ready-to-Go	Pack will be trans	ported to an evacuation locat	ion: Rolled		
Shelter In Place Procedure:					
The provider will grab the children, the ERTB and	d head to the bath	room in the master bedroom	which has one door and one window. If		
the need should arise the provider will use plastic					
her know that they are sheltering in place.					
Evacuation Procedures:					
The provider will grab the children, the ERTB, an	d go to the		. They will grab the car seat for		
and take it with them to	where provider		and the other children in seat belts before		
heading to evacuation location head to the living room that has one sliding glass		Once at the location,	will let them in. They		
seal the shelter. The provider will call the parents					
If they couldn't shelter at the primary location, the					
provider will grab the children, the ERTB, and go	to	1 14	They will grab the car seat for		
and take it with them to heading to evacuation location which, The provide	ler will gain entry		and the other children in seat belts before elter in the living room that has two		
window and one door. If the need should arise th	e provider will use	plastic and tape to seal the	shelter. The provider will call the parents		
pefore leaving the care location and after they are	e secure in the alt	ernate evacuation location.			
Signatures & Date					
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the bop up visit which will be conducted virtually or in-	at, if approved, the	all standards have been review e home in which care is provid	wed, and any corrections if needed have ded is subject to random, unannounced		
PROVIDER			INSPECTOR		
Printed Name: Ann Maris, Tack	501	Printed Name:			
Signature		Signature:			
Date:		Date: 10/03/2022	Phone: 1-877-227-0125		

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 12/14/2023	Time In: 10:3	0AM Time 0	Out: 11:46AM	Result: PASSED	
Informal Care					
Type of Care (check one):	n-relative Informal Pr	ovider Care	⊠Relative Info	ormal Provider Care	
Provider Information					
First Name: Lee Ella	Last Name: J	ackson		Provider ID: <u>493637</u>	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: City County: State Zip Code: Address Verified? Yes.					
Name of Children in Care (add pages	if needed) Scho	larship Date	of Birth	Age / Present (Y/N)	
		(09/	08/2018) 4	yr./ N	

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

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠ Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠ Change of clothes	
⊠Medications (N/A)	⊠ Blanket(s)	
Items in the Disaster Supply Kit are clean	organized, and usable (Y/N)? Y	

items in the disaster Supply Nit are clean, organized, and disable (1717):

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

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

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

X	Virtual	Ins	pec	ction
	In-pers	on	Ins	pection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/09/2022	Time In: 9:30AM	Time Out: 10:18/	AM Result: PASSED
Informal Care			
Type of Care (check one): ☐ Non-relat	ive Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Lee Ella	Last Name: Jackso	n	Provider ID: 493637
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified?	County:	State	Zip Code:
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)
		09/08/2018	3 / No
			1
Safety of the Home			
Directions: Review and determine compliance pages may be used for comments.	with each standard. Note	any comments or co	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed	?	Y	Certificate Received
Home is free of health and safety hazards		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
 Is free of insect or rodent infestation 		Y	No sign of Infestation
 Is well-lit and well-ventilated 		Y	
 Has hot and cold running water 		Y	Steam observed
 Has a working inside toilet 		Y	Flush observed
 Has utilities for cooking, lighting and 	heating	Y	
 Has a working and safe heating sys 	tem	Y	Thermostat dialed up
 Has a working refrigerator and stove 	•	Y	
Has a working telephone		Y	Provider cell phone called
Has operational smoke detector(s)		Y	
Has first aid kit/supplies		Y	Band aids, , Neosporin, gauze, tape,
 Has protective coverings on any ele accessible to children 	ctrical outlet that is	Y	Covered or in use
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Moved to higher cabinet
Medications of any kind		Υ	
Matches, lighters and flammable pro	oducts	Y	None
Alcoholic beverages		Υ	None
Guns		Υ	None
Cleaning agents		Υ	
Poisonous substances		Y	Other than medications and cleaning solutions

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

Standard Met

Comments/Notes

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

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

⊠ Bottled water

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

⊠Flashlight

⊠Folder or binder for EPP documents

⊠ Medications ⊠ Blanket(s)				
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)	? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the	event of an emergency (Y/N)?	r		
Location of The Emergency Ready to go Pack: By the front door.				
Item Specification (if needed):				
1 shirt, 1pair 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 crack	rers.			
1 1002 Water Bottoo, Sallo St Halt Southain, pounds batter, 10 parts state	,			
Items to review on xx/xx/xxxx if needed: N/A				
Emergency Documents				
⊠Informal Provider Emergency Preparedness Plan (this comp	eleted form)			
⊠Authorization for emergency medical care	·			
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit and the Eme	rgency Documents regularly:			
First Name Last Name				
Description of how the Emergency Ready-to-Go Pack will be transpo	rted to an evacuation location:	Carried		
Shelter In Place Precedure:				
Shelter In Place Procedure: The provider will the state of the provider will the state of the provider will the state of t	hacement family room that he	os 2 deer and 4 windows. If the need		
The provider will have been and the ERTB and head to the should arise the provider will use plastic and tape to seal the shelter.				
Evacuation Procedures:				
The provider will the ERTG and walk to		Once		
the provider will ask to be directed to the shelter room.	The provider will call the parer			
and after they are secure in the evacuation location.				
If they couldn't shelter at the primary location, they will go to the alter . The provider will get the ERTG and wa		will ask to be		
The provider will get the ERTG and walk to the church. Once at will ask to be directed to the shelter room. The provider will call the parents before leaving the care location and after they are secure in the evacuation				
location.				
Signatures & Date Advantagement. By signing below the parties asknowledge that all standards have been reviewed, and any corrections if peeded have				
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	IN	ISPECTOR		
Printed Name: LeeFIIa Jackson	Printed Name:			
Signature	Signature:			
Date: 9-12-22 Phone	09/12/2022	Phone: 1-877-227-0125		

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/07/2023 Follow-up Inspection Date: 09/07/2023	Time In: 1:00PM Time In: 3:30PM	Time Out: 3:07P Time Out: 4:00P	- I
Informal Care			
Type of Care (check one): ☐ Non-relative	e Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information		Pariska (kralja) (190	
First Name: Sharon	Last Name: Jacksor	1	Provider ID: 495170
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if neede	ed) Scholarship	Date of Birth	Age / Present (Y/N)
		(04/25/2022)	1yr./Y
Cofety of the Union	•		

Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o Y – Yes, N – No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
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	Υ		
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating	
Has a working refrigerator and stove	Y	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider' phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Stored in high cabinet shelf of kitchen	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: All outlets were occupied or covered	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Stored in knife holder on back of kitchen cabinet and additional knives moved to high shelf in pantry	
Medications of any kind	Y	Stored in high cabinet shelf of kitchen	
Matches, lighters and flammable products	Y	Lighter moved to drawer in provider's bedroom	
Alcoholic beverages	Y	Stored on the top shelf of the pantry	
Guns	Y	Does not own	
Cleaning agents	Y	Cleaning products stored in locked kitchen cabine and in garage	
Poisonous substances	Υ	Stored in the garage	

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

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organi		
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency (Y	//N)? Y
Location of The Emergency Ready to go Pack Item Specification (if needed):	c Stored in the basement	
	atteries 2 flashlights, 1 first aid kit, 1 thermon	neter, no specific meds, 2 bottled waters, 1
jar of baby food, snacks, crackers, 1 pk o	of wipes, 2 diapers, 1 onesie, 1 blanket, 1 toy,	1 pair of scissors, 1 roll of duct tape, 1 pk
of sealing plastic, 1 baby bottle, and fold		
 Items to be reviewed on 09/07/2023: Correction Operational Smoke Detector tested 	ected & Reviewed on U9/U//2U23	
 Operational Smoke Detector tested Outlet coverings needed for 12 outlets 		
Emergency Documents		
☑Informal Provider Emergency Prepared	ness Plan (this completed form)	
☑ Authorization for emergency medical ca	ire	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regul	arly:
First Name	Last Name	
Sharon	Jackson	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation loc	ation: carried by the provider.
Shelter In Place Procedure:	**************************************	II. FDTO: . I. I. I. I. I.
The provider will gather the child and go to the barises the provider will use the sealing plastic an	d tage to seal the door and window. The provi	ider will call or text both parents with
emergency updates.	to topo to ocal the door and whiteout. The prov	de will call of text both parents with
Evacuation Procedures		
Primary: The provider will call the parents to info	orm them of the emergency, account for the c	hild, grab the ERTG and then go to the
provider's vehicle, the provider will secure the ch		
arrival the provider will receive instruction from parents with emergency updates.	of where to shelter with the child.	Once secured she will call or text the
parents with emergency apacies.	7.	
Alternate: If they could not access the primary	location the provider will call the parents to in	form them of the emergency account for
the child, grab the ERTG and then go to the prov	vider's vehicle, the provider will secure the chi	ld in her (rear-facing car seat). The provider
	vider will receive instruction from	of where to shelter with the child.
Once secured she will call or text the parents with	th emergency updates.	
Care Hours:		
T Marie Company		
Signatures & Date		
Acknowledgement: By signing below the parties a	acknowledge that all standards have been revi	ewed, and any corrections if needed have
been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	nat, if approved, the nome in which care is pro- n-person.	vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: /		
Sharon - Jacks	Printed Name:	
Signature:	Signature:	
	To the second se	
Date: 9/84/123 Phone:	Date: 09/07/2023	Phone: 1-877-227-0125
17		
-		

الم الم

□Virtual Inspection
□In-person Inspection

Guns

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

Return to: ccs.informalproviders@maryland.g ov

		NOFECTION OF	LOILLIOI		
Inspection Date: 09/20/2022	Tin	ne In: 9:30 AM	Time Out: 10:47 AM	Result: PA	SSED
Informal Care					,
Type of Care (check one):	□ Non-relative I	nformal Provider C	are ⊠Relative Ir	nformal Provider	Care
Provider Information				- Dunides IF	N. 405470
First Name: Sharon	La	st Name: Jackson		Provider ID	1: 495170
Provider ID #				Ciliali.	
Care Location Inspected	O:tv	County	State Zip C	Code	The state of the s
Street Address: Address Verified? Yes.	City	County			
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			(04/25/2022)	6mos / Y	
				/	
				1	
				1	
		4'		1	
		7.		1	
		y #			
Safety of the Home					anded Additional
Directions: Review and determ pages may be used for comme	nine compliance with	each standard. Not	e any comments or co Y – Yes, N – No, D	– Discussed, n/	a – Not Applicable
pages may be used for comme			Standard Met	Comments/No	otes
Health and Safety Training	:		Y/N		tion /Timeframe if needed
Basic Health and Safety Trai	ning Completed?		Υ		e Care - Course Completed
Home is free of health and	safety hazards:		Standard Met Y/N		tion /Timeframe if needed
Is in good repair			Y		eas were very clean and tidy
Is free of insect or r	odent infestation		Y	N	evidence of infestation
Is well-lit and well-v	entilated		Y		
Has hot and cold ru	inning water		Y		
Has a working insid	le toilet		Y		
Has utilities for coo	king, lighting, and h	eating	Y		
 Has a working and 	safe heating system	n	Y		
 Has a working refri 	gerator and stove		Y	-	
 Has a working telep 	phone		Y	01-	and tested by provider
 Has operational sm 	noke detector(s)		Y	Obse	erved and tested by provider
 Has first aid kit/sup 			Y		
 Has protective coverage accessible to child 	erings on any electr ren	ical outlet that is	Y	<i>F</i>	All outlets were occupied
Harmful items are stored a	appropriately and	away from	Standard Met Y/N	Comments/No Corrective Ac	otes tion /Timeframe if needed
Sharp or pointed it	ems		Y	Kr	ife holder behind cabinet
Medications of any			Y		Upper-level cabinet
	and flammable prod	lucts	Y	U	Ipper-level kitchen draw
Alcoholic beverage			Y	High	level shelf in kitchen pantry
Alconolic beverages		Y		Does not own	

Cleaning agents	Υ	Lower kitchen cabinet with lock
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including:	Υ	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

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

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

⊠Thermometer				
- Weillerie	⊠Change of clothes	☐ Heavy Duty Scissors, duct tape/		
⊠Medications	⊠Blanket(s)	packing tape & sealing plastic/trash		
Items in the Disaster Supply Kit are clean,	Organizati			
Emergency Ready-to-Go Pack is available	and easily accessible in the event of an emergency			
Emergency Documents	and easily accessible in the event of an emergency	(Y/N)? Yes, stored in basement closet		
⊠Informal Provider Emergency De		and the course to		
⊠Authorization for emergency medic	paredness Plan (this completed form)			
Planning and Maintenance	cal care			
Person responsible for and the		2		
First Name	er Supply Kit and the Emergency Documents regu	larh.		
	-uot Name			
Description of how the Emergency Ready-to	o-Go Pack will be transported to an evacuation loc			
Itemized List:	9-00 Pack Will be transported to an evacuation lo	cation:		
- 1 thermometer no specific				
EPP/ECMA forms, baby formula, 1	utfits, 1 blanket, 1 scissor, 1 roll of duct tape, 3 tras first aid kit, 1 flashlight, 1 pk of AA batteries, diap	sh bags, 2 bottled waters, folder of ers/wipes, tote bag carping		
Shelter-in-Place Procedures: Provider will	gather the child, and the emergency bag and go in sealing plastic and tape if needed. Provider will c	, 10, total bag carrying case, and 1 toy		
windows), she will seal windows or door with	sealing plastic and tage if need to be and go in	nto the lower basement area (1 door 3		
ond of the emergency.	gather the child, and the emergency bag and go in sealing plastic and tape if needed. Provider will c	all or text the parent at the beginning and		
		January and		
Evacuation Location(s):				
to grab the emergence	by bag and the child and go to her vehicle; she will	Later II		
declared an emergency and continue commun	by bag and the child and go to her vehicle; she will ho will direct them where Provider winication throughout.	ill call the parent as seen seat. Will drive		
	modion inoughout.	as soon as it's been		
Alternate - Provider will gather the child and	emergency bag and put the child in her stroller an			
by call or text during and as	of where to locate for the shill contact the	d walk to ti		
by call or text, during and after the emergency.	. Srie will contact the	parent once the emergency is declared		
Signatures & Date				
Acknowledgement: By signing below the parties	s acknowledge that all standards have been review that, if approved, the home in which care is provid in-person			
been discussed. The parties also acknowledge	s acknowledge that all standards have been review that, if approved, the home in which care is provid in-person.	/ed, and any corrections it		
	in-person.	ed is subject to random, unannounced		
Printed Name				
h Amila				
Signatur	Printed Name			
	Signature:			
Pate: 9/21/22 Phone:				
7 / 0	Date: 09/20/2022	Phone: 1-877-227-0125		
		1 21-0123		

Cleaning agents	Υ	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.	Υ			
Diapering procedures are followed.	Y	No diaper age children in care		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	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:	Υ			
Mental injury A child in care is not subjected to any form of neglect,				
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y			
A child in care is not subjected to mistreatment, including:	Y			
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y			

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

Disaster Supply Kit

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

 ⊠Flashlight
 ⊠Bottled water
 ⊠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

	ETOL A CALABASA		Heavy Duty Scissors, duct tape/ acking tape & sealing plastic/trash
⊠Thermometer			ags
⊠Medications	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)? Y		5
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of a	n emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack Item Specification (if needed): 1 first aid kit, 1 large duffle bag (carrying of inhaler, 3 bottled waters & 5 pk of emerge 3 blankets and thermal wraps, folder w/ Egames Items to be reviewed on xx/xx/xxxx: N/A	case), 3 emergency backpack	s, 2 flashlights, 1 D ex	ergency tood, 3 outrits (top/bottom),
Emergency Documents			
⊠Informal Provider Emergency Prepared ⊠ Authorization for emergency medical ca		1)	
Planning and Maintenance		ridicated side yea	
Person responsible for updating the Disaster Su	oply Kit and the Emergency D	ocuments 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 a wrap to seal the door and windows if needed. The emergency updates. Evacuation Procedures Primary: The provider will account for the childres provide will ensure youngest child is in her boos. Jeon arrival at the provider will on the provider will be provided will be provided with the provider will be provided will be provided will be provided will be provided with the provider will be provided will be provided with the provided will be provided will be provided with the	e provider will use her cellpho	one or house phone to ab the ERTG and head apped in their car seat	d to the provider's vehicle. The belts. She <u>will then dr</u> ive to a local
Alternate: If they could not access the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary by a provide will ensure youngest child is to the primary by a provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the primary bags. The provide will ensure youngest child is to the provide will ensure youngest child in the pro	n her booster seat and older of	hildren strapped in the call or text the parent	eir car seat belts. She will then drive with update of the location and use
0.30am-0.30pm (School)			
Signatures & Date			
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge to pop up visit which will be conducted virtually or in	hat, if approved, the home in v	s have been reviewed which care is provided	, and any corrections if needed have is subject to random, unannounced
PROVIDER	,	- IN	ISPECTOR
Printed Name: Shirley Jackson	Printed	Name:	
Signature:	Signatu	ıre:	
Date: 7/25/2022 Phone:	Date: 0	6/30/2023	Phone: 1-877-227-0125
1100010000			

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 06/01/2022 Follow Up – 06/21/2022		e in: 1:45PM e in: 9:30AM	Time Out: 3:00P	ap concusiou
Informal Care			and the same	
Type of Care (check one):	on-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				STATE OF THE PARTY OF THE PARTY.
First Name: Shirley Provider ID #:	Lest	Last Name: Jackson		Provider ID: 468829
Care Location Inspected		Transition of	100 (000)	Email:
Street Address: Address Verified? Yes	City:	Coun	nty: Sta	te: Zip Code:
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			1/30/2011	11 / No
			9/24/2013	8 / No
			9/11/2015	6 / No
			3/11/2013	6 / No
A 2 / 2 / 2 / 2 / 1				
Safety of the Home				
Directions: Review and determine complepages may be used for comments.	liance with eac	h standard. Note	any comments or co	orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Comp	pleted?		N	Provider registered, pending completion
Home is free of health and safety haz	zards:	AR FAT	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 			Y	
 Is free of insect or rodent infes 	station		Y	No sign of Infestation
Is well-lit and well-ventilated			Y	The state of the s
 Has hot and cold running water 	er		Y	Steam observed
 Has a working inside toilet 			Y	Flush Observed
 Has utilities for cooking, lighting 		J	Y	
 Has a working and safe heating 			Y	
Has a working refrigerator and	1 stove		Υ	Light when opened
Has a working telephone			Y	Test call completed
 Has operational smoke detected 	or(s)		Y	
Has first aid kit/supplies			Y	Aspirin, band aids, cintment, ace bandages,

Y

Standard Met

Y/N

Y

Harmful items are stored appropriately and away from

accessible to children

Sharp or pointed items

children:

Has protective coverings on any electrical outlet that is

Comments/Notes Corrective Action /Timeframe if needed

Not unpacked yet

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	
	⊠Diapers N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

200	100						
$\boxtimes M$	ea	ca	lor	1S	N/	A	

⊠Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Hallway closet

Item Specification (if needed):

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

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

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

Emergency Documents

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

Signatures & Date

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

PROVIDER	INSPECTOR			
Printed Name: Shirley Jackson	Printed Name:			
Signature:	Signature			
Date: 6/31/2022 Phone:	Date: 06/21/2022	Phone: 1-877-227-0125		

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 12/23/2021 Follow-up Inspection: 12/29/2021		In: 3:30 PM In: 1:15 PM	Time Out: 4:40 Pl Time Out: 1:53 P	M App		f returned by 5pm on 1
Informal Care						
Type of Care (check one):	elative Info	rmal Provider C	are Relative I	nformal Pro	ovider (Care
Provider Information			A STATE OF THE STA			
First Name: Theresa	Last I	Name: Jackson	3,000	Prov	ider ID:	406117
				Ema	il:	
Care Location Inspected						
Street Address: Address Verified? Yes		City	County	1	State	Zip Code
Name of Children in Care (add pages if r	needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
	350		06/18/2013	8	/Y	
			01/21/2019	2	/Y	3600
			02/05/2021	10 mos.	/Y	
				- 1055e-	1	
					1	7
					1	

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	ote any comments or of Y - Yes, N - No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care
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

5 1100 CO	31	
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: 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: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:		
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse,		
neglect or mistreatment by calling 911 and your local		
Department of Social Services Child Protective	Y	
Services Unit.		

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 sup	plies for each child in care. Also the items	are clean, organized, and usable. Commer	nt and note below if needed.
⊠Fla	ashlight	☑Bottled water	©Folder or binder for EPP documents (Missing Page 1) *CORRECTIVE ACTION COMPLETED
ŒBa	tteries for Flashlight	☑Non-perishable food	BBackpack(s) or carrying case(s)
₽Po	rtable First Aid Kit (Need 2 More)	Diapers	©Consider special toys or games (Nintendo Switch, tablet, stuffed animal)
@ Th∙	ermometer	☑Change of clothes	
₽Me	edications (N/A)	⊞Blanket(s)	
Items in t	he Disaster Supply Kit are clean, organi	zed, and usable (Y/N)? Y	
Emergen	cy Ready-to-Go Pack is available and e	asily accessible in the event of an emerg	gency (Y/N)? Y
Emergenc	ry Documents		
⊡Inf	ormal Provider Emergency Preparedr	ness Plan (this completed form)	
Ø Au	thorization for emergency medical ca	re	
Planning :	and Maintenance		
Person res	ponsible for updating the Disaster Su	pply Kit and the Emergency Documen	its regularly:
First Name	<u> </u>	Last Name	
Description	of how the Emergency Ready-to-Go	Pack will be transported to an evacua	ation location:
Evacuation she has he	ise her phone to contact the parent at a Location (Primary): Put kit and car se ar cellphone, drive to the police station a Location(alternate): Would be going	eats into your vehicle, put in B	cooster and other, secure herself and make sure of the evacuation. It seats, secure each child and herself, drive there
Signatures	& Date		
Acknowledge been discu	gement: By signing below the parties:	hat, if approved, the home in which car	een reviewed, and any corrections if needed have re is provided is subject to random, unannounced
Acknowledge been discu	gement: By signing below the parties assed. The parties also acknowledge to	hat, if approved, the home in which car	een reviewed, and any corrections if needed have re is provided is subject to random, unannounced INSPECTOR
Acknowledge been discu pop up visi	gement: By signing below the parties issed. The parties also acknowledge to it which will be conducted virtually or in	hat, if approved, the home in which car	re is provided is subject to random, unannounced
Acknowledge been discu pop up visi	gement: By signing below the parties a assed. The parties also acknowledge to the which will be conducted virtually or in PROVIDER me: Theresa Jackson	hat, if approved, the home in which car n-person.	re is provided is subject to random, unannounced

Residence for Dispringht	Siliton penshable bed	ACTION COMPLETED
France and Adva (Need 2 Norg)		Palacagage to bear own
Ad 44 (Net 2 Note)	21 _{Diapers}	
	23	
Promity Condition	Cruingo of clothes	
Charles and Child		teaching tipu & scaling placetrash taga (Packing Scaling Paper)
	Eliza colis)	the manner of trackets
The University Subare clean, organic	and and mable (AM)s. A	
Consults during Figure is a contribute and to	and, isconsisting in the prent of an emergi	ancy (YAI)? Y
margancy Documents		
Simorna Provider Emergency Propared	has s Plan (this completed form)	
э ^н Аитнопиваем for на нирегсу medical са	The state of the s	
Plansing and Mainbriance		
Person recommender for updating the Desaster Sur	CDN Kd and the Emergency Danish orbi	
erst Numer	Last Name	requiany
Description of how the Emergency Ready-to-Go		
Evacuation Location (Primary). Put lut and car se the has her celumone, crivé to the police station. Evacuation Location(alternate): Would be going to the make sure all lucts are safe and accounted for	the feet of period and author field bi	trie avacuation.
sprattures & Date		
concerning and second price the parties as		
		h reviewed, and any corrections if needed have s provided is subject to random, unannounced
DE LE PRESENTE HE DE CONSUCES PRESENTES OF IN-		n reviewed, and any corrections if needed have s provided is subject to random, unannounced INSPECTOR
THE PROVIDER	person.	s provided is subject to random, unannounced
DE LE PRESENTE HE DE CONSUCES PRESENTES OF IN-		s provided is subject to random, unannounced
E LE rest error ell de corolicés retaily or ne PROVIDER	person.	s provided is subject to random, unannounced
OD LED FORE HONOR HIS DIS CONTRACTOR FOR THE MANAGES FOR THE	rinted Name	

V	Virtual Inspectio	n
In-	person Inspection	

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

					_	
Inspection Date:	Time	In:	Time Out:	Res	sult:	
6/2/2021	10:00 AM		12:00 PM	API	PROVE	D
Informal Care						
☑ Type of Care (check one): ☐ N	lon-relativ	e Informal Provid	der Care ☑ Rel	ative Inform	nal Prov	ider Care
Provider Information		-		700		
First Name:	1 act l	Name:		Pro	Provider 468015	
Ana				Em	Email:	
Care Location Inspected						
Street Address:		City	Cour	nty	State	Zip Code
Name of Children in Care (add pages if no	eeded)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			07/29/2014	6/ Y		
			10/25/2020	7/ M		
				/Y		
				/Y		
				/Y		
		_		/Y		
Safety of the Home				ata .		, , , , , , , , , , , , , , , , , , ,
					×-	

Safety of the Home	No. of the second of the secon	
Directions: Review and determine compliance with each star Additional pages may be used for comments.		ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training 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	
	- Linear Control of the Control of t	

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

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 $\overline{\mathbf{A}}$ Batteries Non-perishable food Backpack(s) or carrying case(s) Portable First Aid Kit V Ø Diapers Consider special toys or games V Thermometer Change of clothes Scissors, tape & sealing plastic

☑ Medications ☑ E	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 according	essible 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 ba	sement.
Emergency Documents	
 ☑ Informal Provider Emergency Preparedness Plan (☑ Authorization for emergency medical care 	this completed form)
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit a	and the Emergency Documents regularly:
First Name Last No	ame
installed in the Rav4 vehicle. The oldest child's boos children in the car before alerting the parent by phon	aternal aunt which is on This will be
Signatures & Date	
Acknowledgement: By signing below the parties acknowle been discussed.	edge that all standards have been reviewed, and any corrections if needed have
PROVIDER	INSPECTOR
Printed Name:	Printed Name:
Signature:	Signature:

Phone:

Date:

Date: 6/2/2021

Phone: 410-767-7832

☑ Virtual Inspection ☐ In-person Inspection

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

	INSPECTION CI	HECKLIST		
Inspection Date: 6/2/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED	
Informal Care				
☑ Type of Care (check one): ☐ Non-	relative Informal Provi	der Care 🗹 Rel	ative Informal Provider Care	
Provider Information				
FlatNana	170	M 995-	Provider 467583	
First Name: Celena	Last Name: Jenkins		Email:	
Care Location Inspected				
Street Address:	City	Cour	nty State Zip Coo	ie
New York County In County				
Name of Children in Care (add pages if needs	d) Scholarship	Date of Birth	Age / Present (Y/N)	
		11/13/2020	7/ M	
			/Y	
Safety of the Home				200
Directions: Review and determine comp Additional pages may be used for comm	pliance with each stand	ard. Note any comr Y – Yes, N – No,	ments or corrective actions needed. D - Discussed, n/a - Not Applicable	
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if need	ded
Basic Health and Safety Training Cor	npleted?			
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if need	ded
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 	(7).00 (1	Y		- 40
Has a working inside toilet		Y		
 Has utilities for cooking, lighting and l 		Y		
 Has a working and safe heating syste 	em	Y		
 Has a working refrigerator and stove 		Y		

Y	Y
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	
Y	
Y	
Y	
Y	**************************************
Y	
	Standard Met Y/N Y Y Y Y

Has a working telephone

Has first aid kit/supplies

Has operational smoke detector(s)

Y

Y

Y

Mobile phones only

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

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 Ø **Bottled** water Folder or binder for EPP documents **Batteries** \mathbf{V} Non-perishable food Backpack(s) or carrying case(s) V Portable First Aid Kit Diapers V Consider special toys or games V Thermometer Change of clothes ☑ Scissors, tape & sealing plastic

☑ Medications	☑ Blanket(s)
Items in the Disaster Supply Kit are cle	an, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is availa	able 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 kitche	en cabinet on the main level.
Emergency Documents	
 ☑ Informal Provider Emergency Pre ☑ Authorization for emergency med 	eparedness Plan (this completed form) dical care
Planning and Maintenance	
Person responsible for updating the Dis	saster Supply Kit and the Emergency Documents regularly:
First Name	Last Name
Description of how the Emergency Rea	ady-to-Go Pack will be transported to an evacuation location:
walk out the front down to the stairw the parent of any changes. She will r is the child's	ne Ready-to-Go kit while collecting her cell phone to call 911 and the parent. Provider will well to the main exit. She will continuously use her phone throughout the emergency to alert place the child in the car seat and secure the seat before leaving the space. The destination It is 10 minutes away from the care location. He entry key to enter the home. The Provider and child will remain at this location until the
Signatures & Date	

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

⊠Virtual Inspection
 □In-person
 Inspection

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

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	d if returned by 12 pm on
Informal Care				
Type of Care (check one):	ive Informal Provider C	are ⊠Relative Info	ormal Provider Care	
Provider Information				
			Provider ID: N/A	
First Name: Althea	Last Name: Johnson	Name: Johnson		
Care Location Inspected		7.4.74		
Street Address: Verified?: Yes	City	County	State	Zip Code
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Pre	esent (Y/N)
		12/01/2011	9 years /N	
		12/01/2011	9 years /N	5252
			1	
			1	
			1	

Safet	y of the Home		
	Directions: Review and determine compliance with each standard Additional pages may be used for comments.	dard. Note any comm	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
	Basic Health and Safety Training Completed?	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	Υ	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	
Harmf childre	ul items are stored appropriately and away from	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: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment The provider immediately reports any suspected child abuse,	Y	
neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

□ Folder or binder for EPP documents

MBatterie		Non perishable	food	☑Backpack(s) or carrying case(s)	
A Property of the Control of the Con	First Aid Kit	□Diapers		☑Consider special loys or games	
SThermon		⊠Change of cloth	0.0	Scissors, tape & sealing plastic	
Medicati		⊠Blanket(s)		erosass, tape or soom g present	
	aster Supply Kit are clean, org		Y		
The second second second second	dy-to-Go Pack is available an			(Y/N)? Y	
Emergency Ive	dy-10-00 f don 13 d value of all	o comp assume to the tra	Tolk of Bit dilia golley	(ma) v	
Location of Em	ergency Ready to no Pack; on (if needed);	Under upstairs bethroom	cabinet.		
	and Yellow Drawstring & A I	Bag Backpack			
(A) 0 miles (A) (A) (A)	Flashilghts				
The state of the s	Batteries				
P20120 004040 000000	Kit: Bandages, alcohol, Gar on for ZyJon.	uzo			
Chiphygothering about	issors, Sealing Tape, & 1 ro	li Trash baos			
	d Thermometer				
Crackers					
	Chicken Salad, Canned Tuni	a			
	Bottled Water				
	ctivity Book, Flash cards.				
	fickey Mouse Blankets Bottoms for both children				
- Tops and	DOCOMS TO DOM CHIMITEN				
Emergancy Docu	ments				
			\ \		
	Provider Emergency Prepare tion for emergency medical of		eo iorm)		
Planning and Mai	The second secon				
Person responsible	for updating the Disaster S	upply Kit and the Emerge	ncy Documents regu	larly:	
First Name Althea		Last Name Johnson			
	the Emergency Ready-to-Go	o Pack will be transported	to an evacuation loc	ation:	
Shetter in Place P	rocedures:				
	ext the parent to inform her of shelter in the bathroom (1 do		then call out for the c	children, go upstairs to the bedroom to grab	
Evacuation Proce	Evacuation Procedures:				
The Provider will co	ntact the parent to inform he	er of the emergency. The	provider will then call	for the children, get coats and shoes and	
have them stand do	wnstairs while she goes to ti	he upstairs bedroom to re	trieve 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 seatbett and drive to the school where she will shelter in the caleteria(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					
book dicornegal					
been discussed.	PROVIDER			INSPECTOR	
		, Prin	ted Name.	INSPECTOR	
	PROVIDER 3. JoHNSON		ted Name.	INSPECTOR	

⊠Virtual Inspection	
☐ In-person Inspection	

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

Return to: ccs.informalproviders@maryland.g ov

	IIIOI EO IIOI	OHEONEIOT		
Inspection Date: 11/09/2023	Time In: 10:30AM	Time Out: 12:25	PM Result: PA	ASSED
Informal Care				
Type of Care (check one):	on-relative Informal Provide	er Care Relative	Informal Provide	er Care
Provider Information				
First Name: Alison	Last Name: Jone	Last Name: Jones		D: <u>531547</u>
Provider ID #:	AND MADE A THE ENGINEER OF THE CHAPTER	where the transfer and the second of the sec		
Care Location Inspected			60	
Street Address: Address Verified? Yes.	City: County:	State	e Zip Code	
Name of Children in Care (add pages	s if needed) Scholarsh	ip Date of Birth	Age /	Present (Y/N)
·		(07/25/2015)	8yr. / N	
		(02/05/2021)	2yr. / N	
Safety of the Home				
Directions: Review and determine comp	oliance with each standard. N	Note any comments or c	orrective actions r	needed. Additional

	(07/25/2015)	8yr. / N	
	(02/05/2021)	2yr. / N	
Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
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	Υ	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	Υ	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 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

⊠Medications ⊠Blanket(s)				
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 Item Specification (if needed): 1 duffle bag (carrying case), 1 flashlight, 1 foods, 2 diapers w/ 1 pk of wipes, 1 large outfits (top/bottom)	: Stored in the dining room 1 first aid kit, 1 thermometer, no specific medications, 1 pk of AAA batteries, 5 canned blanket, 3 bottled waters, 1 roll of duct tape, 1 pair of scissors, 3 trash bags, 4 toys, 2			
! Items to be reviewed on xx/xx/xxxx: N/A				
Emergency Documents				
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)			
⊠ Authorization for emergency medical ca				
Planning and Maintenance				
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:			
First Name Shantel	Last Name Jones			
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: carried by the provider.			
Shelter in Place Procedure:	, and provident			
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 upon arrival provider will 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 upon arrival provider will 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	INSPECTOR			
Printed Name Name S	Printed Name:			
Signatu	Signature:			
Date: 11 13 2023 Pho	Date: 11/09/2023 Phone: 1-877-227-0125			

⊠Virtual Inspection
□In-person Inspection

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

Return to; ccs.informalproviders@maryland.g ov

Inspection Date: 05/15/2023 Follow-up Inspection Date: 05/15/2023	Time In: 1:30PM Time In: 3:00PM	Time Out: 2:28PM Time Out: 3:08PM	
Informal Care		The service of the se	Secretary areas of the second and the second areas of the second areas of the second areas of the second areas
Type of Care (check one):	elative Informal Provider C	are ⊠Relative I	nformal Provider Care
Provider Information	and will be to be the second		
First Name: Brieann	Last Name: Jones		Provider ID: <u>303407</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if n	eeded) Scholarship	Date of Birth	Age / Present (Y/N)
		(03/09/2011)	12yr./ Y
		(03/18/2014)	9yr./ Y
		(01/26/2022)	1yr./Y

		(00, 10, 20 1 1)	255 - 651 - 15.	
		(01/26/2022)	1yr./ Y	
Safet	ty of the Home			
Direction pages	ons: Review and determine compliance with each standard. No may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable	
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic	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 hig shelf	
•	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered	
armfu hildrer	l items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
	Sharp or pointed items	Y	Stored in locked kitchen drawer	
	Medications of any kind	Y	Stored in bathroom closet on high shelf	
	Matches, lighters and flammable products	Y	Does not own	
	Alcoholic beverages	Y	Stored in pantry in the hallway	
	Guns	Y	Stored in lock gun safe in providers locked bedroom	

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

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠Portable First Aid Kit

⊠Diapers

⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean	, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available	e and easily accessible in the event of an emerg	gency (Y/N)? Y
1 flashlight, 1 pk of AA batteries, 1 per child, 4 bottled waters, 3 outfit toy and 1 pk of cards	pes, 1 first aid kit, 1 thermometer, no spec mo 5 pks of snack bars, 4 protein shakes, 2 baby	eds (required to be administered by the provider), y foods, 1 large blanket, folder w/ EPP and ECMA 1 pair of scissors, 1 roll of duct tape and 1 baby
Functioning smoke detector Emergency Documents		
☑ Informal Provider Emergency P ☑ Authorization for emergency me	reparedness Plan (this completed form)	~
Planning and Maintenance		
Person responsible for updating the Disa	aster Supply Kit and the Emergency Docume	nts regularly:
First Name Brieann	Last Name Jones	
Shelter In Place Procedure: The provider will gather the children and		door 1 window). The provider will use the sealing
마음 (Barrier 1982) 이 전 (Barrier 1984) 1982 (Barrier 1985) 1983 (Barrier 1984) - 1983 (Barrier 1984)	dow and vent if needed. The provider will then	n call the parent with emergency updates.
vehicle. She will secure the youngest ch	nild in their rear-facing car seat and ensure the e has key access. They would go to the base	e provider will walk with the three children to her se older kids are secure in their seat belts. She will ement area (1 door 4 windows) She call or text the
Alternate: If they could not access the	primary location, the provider will secure the	smallest child in her car seat and ensure the oldest

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

Care Hours:

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

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

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

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

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: Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y			
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y			
A child in care is not subjected to any form of neglect, including:	Y			
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y			
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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 access ble in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) **and** Emergency Documents.

Disaster Supply Kit

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

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

⊠Thermometer ⊠Medications (tylenol)	⊠Change of clot ⊠Blanket(s)	hes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
Items in the Disaster Supply Kit are clean, orga		o v			
			Van hanging in the living room		
Emergency Ready-to-Go Pack is available and	easily accessible in the	event of an emergency (1/N)?	res, nanging in the living room		
Emergency Documents					
	edness Plan (this comp	oleted form)			
⊠Authorization for emergency medical	care				
Planning and Maintenance					
Person responsible for updating the Disaster S	Supply Kit and the Eme	ergency Documents regularly:			
First Name	Last Name				
Description of how the Emergency Ready-to-G	o Pack will be transpo	rted to an evacuation location:			
Item Specification (if needed):					
 - 1 flashlight, 3 extra batteries, 1 thermomenum duct tape, 2 games, no diapers, folde 					
	•	, , ,			
<u>Shelter-in-Place:</u> Provider will grab the kit and to the mom for emergency updates, seal window					
Everytian I continue					
Evacuation Locations:	, provid	or will grob the to go beg and th	he children and not the small child in		
Primary: Provider and children will go to			he 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					
basement (1 door 0 windows).					
Hom to be Baylawadi Haalth & Cafety Trainin	a Completed on 06	14212022 Approved so of 061	42/2022		
Item to be Reviewed: Health & Safety Trainin	g – <u>Completed on Ub</u>	112/2022. Approved as of uo/	13/2022		
Signatures & Date			·		
Acknowledgement: By signing below the parties					
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:			
		Signature:			
Date: 6/13/2022 Phone:		Date: 06/13/2022	Phone: 1-877-227-0125		
			_		

⊠Virtual Inspection
□in-person Inspection

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

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

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

First Name: CarolynLast Name: Jones Provider ID: 515892

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

Directions: Review and determine compliance with each stan pages may be used for comments. Y – Yes, N – No, D – Dise	•	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
· Is in good repair	Y	All areas were clean
- Is free of insect or rodent infestation	Υ	No evidence of infestation
· Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
· Has hot and cold running water	Υ	Tested by provider and observed steam melt

		the ice cube
· Has a working inside toilet	Y	Flushed by provider and observed in all 3 bathrooms
· Has utilities for cooking, lighting and heating	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

 \cdot 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	Υ	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.	Υ	No diaper age children in care

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

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

Disaster Supply Kit

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

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

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

⊠Blanket(s)

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

Signatures & Date

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

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

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⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 12/23/2021	Time	In: 1:45 PM	Time Out: 2:52 PM		SED if returned to providers@maryland.gov by 8/2021
Informal Care				Heli	
Type of Care (check one):	n-relative Info	ormal Provider Ca	are Relative Info	ormal Provider C	are
Provider Information					
Circt Name: Hawanya	Last	Name: Jones		Provider ID:2	66288
First Name: Hawanya	Last	Last Name, Jones		Email	
Care Location Inspected	Test Na				
Street Address: Address Verified? Yes.		City	County	State	Zip Code
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	
Chocasom diese principal	100		08/09/2017	4/N	
			09/04/2019	2/N	
				l	
				1	

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or c Y - Yes, N - No, I	orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Health and Safety Training Completed? N/A Relative Informal C	
Standard Met Comments/Notes		Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	4
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Υ	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 compute area
Matches, lighters and flammable products	Υ	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.	Υ	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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	 N.
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

	⊠Batteries for Flashlight	⊠Non-perishable foo	od	⊠Backpack(s) or carrying case(s)
	⊠Portable First Aid Kit	⊠Diapers (N/A)		⊠Consider special toys or games
				⊠Heavy Duty Scissors, duct tape/
	⊠Thermometer	⊠Change of clothes		packing tape & sealing plastic/trash
				bags
	⊠Medications (N/A)	⊠Blanket(s)		
Iter	ns in the Disaster Supply Kit are clean, organized	i, and usable (Y/N)?	Υ	
Em	ergency Ready-to-Go Pack is available and easil	ly accessible in the eve	nt of an emergency (Y/N)?	Υ
Eme	rgency Documents			
	⊠Informal Provider Emergency Preparednes	ss Plan (this complete	d form)	
	⊠Authorization for emergency medical care			
Plan	ning and Maintenance			
	on responsible for updating the Disaster Suppl	y Kit and the Emerge	ncy Documents regularly:	
		ast Name	V .	
Desc	ription of how the Emergency Ready-to-Go Pa	ack will be transported	to an evacuation location	1:
	ter-in Place: Grab the to-go kit, the children, Cact the parent via text and phone call.	Close and lock the doo	ors and window (1 door/1	window), go into a laundry, 1 door,
ones	cuation Location (Primary): Get the kit, count in their booster seats, call them by name and s, big glass window), contacting the parent as	mark them off, will dri	ve to the providers home	, would shelter downstairs or garage (2
	cuation Location (Alternate): Get the kit and act the parent once they arrive via text or call.	the kids, and buckle t	hem in the car, go to the I	ocal church or fire department, and
	atures & Date owledgement: By signing below the parties ack	mouledge that all star	dards have been reviewe	d and any corrections if peeded have
been	owledgement. By signing below the parties ach discussed. The parties also acknowledge that up visit which will be conducted virtually or in-p	, if approved, the hom	e in which care is provide	d is subject to random, unannounced
	PROVIDER			NSPECTOR
Print	ed Name: Hawanua Jor	nes Pr	inted Name:	
Sign	atu	Si	gnature:	

Date: 12/23/2021

Phone:

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

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

	(12/16/2022)	7mos. / Y		
Safety of the Home				
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	Υ	Relative Informal Care – Certificate Submitted		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed		
Is in good repair	Y	All areas were clean		
Is free of insect or rodent infestation	Y	No evidence of infestation		
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting		
Has hot and cold running water	Y	Tested by provider and steam observed on camera		
Has a working inside toilet	Y	Flushed by provider and observed		
Has utilities for cooking, lighting and heating	Y			
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating		
Has a working refrigerator and stove	Y	Tested by provider and observed		
Has a working telephone	Y	Outbound call made by informal team to provider phone		
Has operational smoke detector(s)	Y	Tested by provider and observed		
Has first aid kit/supplies	Y	First aid kit stored in hallway closet		
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied		
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Υ	Corrective Action Completed: Knives and Sharps moved to higher kitchen cabinet. Lock added to storage room in basement		
Medications of any kind	Υ	Stored in high cabinet of bathroom and kitchen		
Matches, lighters and flammable products	Y	Does not own		
Alcoholic beverages	Υ	Does not own		
Guns	Υ	Does not own		
Cleaning agents	Y	All cleaning products move to higher level shelf in hallway closet		
MSDE OCC Informal Care Inspection Checklist	Page L of 3 Revised 10/2021			

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

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

Disaster Supply Kit

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

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

⊠Medications (N/A)	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)?	? Y	
Emergency Ready-to-Go Pack is available and ea	sily accessible in the	event of an emergency (Y/N)?	Y
Location of The Emergency Ready to go Pack Item Specification (if needed): 1 duffle bag (carrying case), 2 blankets, 1 foods, 2 baby foods, 4 dried/bagged foods book, 3 trash bags, 1 pair of scissors, and Items to be reviewed on 07/27/2023: Correct Lock added to drawer with sharps/ Lock a	flashlight, 1 pk of AA s, 5 diapers w/ 1 pk o 1 1 roll of duct tape cted & Reviewed on	A batteries, 1 first aid kit, no five sides of wipes. 3 outfits (onesie), for one of the original or	spec meds, 4 bottled waters, 4 canned
Emergency Documents			The state of the s
⊠Informal Provider Emergency Preparedromal Muthorization for emergency medical ca	2 0.	eted form)	
Planning and Maintenance	47.00		the Real Property of the Prope
Person responsible for updating the Disaster Sup	oply Kit and the Emer	gency Documents regularly:	
First Name Jania	Last Name Jones		
Description of how the Emergency Ready-to-Go	Pack will be transpor	ted to an evacuation location	n: carried by the provider.
Shelter In Place Procedure:			
The provider will gather the child with baby carrie the sealing plastic and tape to seal the doors, win emergency she will FaceTime the parent with up Evacuation Procedures	ndows and vents if ne		
Primary: The provider will account for the child, will use the to enter the windows). Once the provider and child are secur emergency has ended.	building. Upon entry	provider and child will go into	(3 doors 6
Alternate: If they could not access the primary I the child to her vehicle. The provider will secure Provider will call to inform them of the secure the provider will text the parent and Face Care Hours:	he child in her rear-f r arrival. Upon arriva	acing car seat and as she is I the provider will receive ins	
Care nours.			
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	at, if approved, the h		
PROVIDER			NSPECTOR
Printed Name: Jones		Printed Name:	
		Signature:	
Date: 01/21/2023 Phone		Date: 07/27/2023	Phone: 1-877-227-0125

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

Return to: ccs.informalproviders@maryland.g ov

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

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.		corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate of completion submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	Cabinet under sink locks installed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	Landline called
 Has operational smoke detector(s) 	Υ	
Has first aid kit/supplies	Y	Band-Aids, antiseptic swabs, gauze
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of counter in butcher block
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	Kept locked in Outdoor cooler
Guns	Y	Gun in box locked in safe
Cleaning agents	Υ	Cabinet under sink needs child locks
Poisonous substances	Y	Kept locked in the shed.

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

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

Disaster Supply Kit

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

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

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

Ø	Virtual Inspection	1
In-I	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 1:30		Time Out: 3:30 PM	Result: APPROVED	The second secon
Informal Care					
Type of Care (check one):	lon-relative Inf	ormal Provider Ca	are 🗹 Relative	Informal Provider	Care
Provider Information					
First Name: Maxine	Last Jone	Name:		Provider ID: Email:	461909
Care Location Inspected					
Street Address:	300111 15	City	County	State	Zip Code
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
	male 3		01/22/2020	1 / Y	
			05/10/2010	10 / Y	
				1	
				1	
***************************************			X 1	1	
				1	

Safety of the Home		
Directions: Review and determine compliance with each star Additional pages may be used for comments.	dard. Note any come Y - Yes, N - No,	ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
 Is free of insect or rodent infestation 	Y	
 Is well-lit and well-ventilated 	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Υ	
Has utilities for cooking, lighting and heating	Y	200.000
Has a working and safe heating system	Y	the last of the last term of the last te
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	and the second second second likely to account on the second seco
 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	The state of the s
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	The state of the s
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	A PP-1 to 1 to the form of the second

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 V Bottled water Folder or binder for EPP documents Batteries Non-perishable food ☑ Backpack(s) or carrying case(s) 7 Portable First Aid Kit Ÿ Diapers Consider special toys or games $\overline{\mathbf{V}}$ Thermometer \overline{V} Change of clothes Scissors, tape & sealing plastic $\overline{\mathbf{v}}$ 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 Disaster Supply Kit Comments/Notes: The Kit was full of all required items and accessible to the Provider's exit routine. **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: 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: Printed Name: Signature: Signature: 9/21 Phone: Date: 4/13/2021 Phone: 410-767-7832

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 09/20/2023 Follow-up Inspection Date: 09/21/2023	Time In: 3:00PM Time In: 3:15PM	Time Out: 4:25P Time Out: 3:23P			
Informal Care	一种的基本企业工作的				
Type of Care (check one):	ative Informal Provider C	are ⊠Relative	Informal Provider Care		
Provider Information					
Ei Allemai Popri	Last Name: Jones-L	awson.	Provider ID: <u>524982</u>		
First Name: Pearl Provider ID #:	A THE PART OF THE PART OF		Email:		
Care Location Inspected		The state of the s			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:		
Name of Children in Care (add pages if nee	eded) Scholarship	Date of Birth	Age / Present (Y/N)		
Name of Official II. Guid (use pages ii ii.	The state of the s	(03/24/2013)	10yr. / N		
		(02/06/2016)	7yr. / N		

Safety of the Home		corrective actions needed. Additional		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	Y - Yes, N - No,	D - Discussed, n/a - Not Applicable		
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed		
2012年1月1日 - 1913年 - 1	Y	Relative Informal Care – Certificate Submitted		
Basic Health and Safety Training Completed?	Standard Met	A		
Home is free of health and safety hazards:	Y/N	Corrective Action /Timeframe if needed All areas were clean		
And the control of th	Y	No evidence of infestation		
time at an endoat infortation	Y	All lights were turned on and natural window		
	Y	lighting		
Is well-lit and well-ventilated	Y	Tested by provider and observed the steam		
Has hot and cold running water	Y	Flushed by provider and observed		
Has a working inside toilet	Y			
 Has utilities for cooking, lighting and heating 		Thermostat tested by provider for cooling &		
Has a working and safe heating system	Y	heating		
The Control of Spring Control of the	Y	Tested by provider and observed		
Has a working refrigerator and stove	Y	Outbound call made by informal team to provider phone		
Has a working telephone	Y	Tested by provider and observed		
Has operational smoke detector(s)	Y	Stored in bathroom medicine cabinet		
Has first aid kit/supplies				
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied		
larmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
• Sharp or pointed items	Y	Moved to top of the fridge		
Medications of any kind	Υ Υ	Corrective Action Completed: Lock added to medicine cabinet		
Matches, lighters and flammable products	Y	Moved to top of the fridge		
Al-al-alia hayaragaa	Y	Does not own		
	Y	Does not own		
Guns Cleaning agents	Y	Corrective Action Completed: Cleaning products stored in locked kitchen cabinet		
Poisonous substances	Y	Does not own		

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

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

Disaster Supply Kit

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

-	⊠Flashlight	⊠Bottled water	
	⊠Batteries for Flashlight	⊠Non-perishable/ food	Backpack(s) or carrying case(s)
	⊠Portable First Aid Kit	⊠Diapers (N/A)	
	⊠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,		to total	
Emergency Ready-to-Go Pack is available and easily	accessible in the	vent of an emergency ()	Y/N)? Y
Location of The Emergency Ready to go Pack: Sto Item Specification (if needed): 2 totes (carrying case), 1 flashlight, 1 pk of AA crackers, fruit, 7 canned foods and dried foods of duct tape, 1 pair of scissors, Asthma pump	A batteries, 1 first is, 1 large blanke	aid kit, Neosporin and	and crayons, 1 roll of sealing plastic, 1 roll
(top/bottom/underwear/socks) - Items to be reviewed on 09/21/2023: Corrected	d & Reviewed on (19/21/2023	
- FRTG: Thermometer			
- Adhesive Lock needed for the medicine cabine	et and kitchen ca	oinet	
Emergency Documents	Bank to the second con-	and the second s	eti en presidente la la la production de la companya de la companya de la companya de la companya de la company La companya de la co
⊠Informal Provider Emergency Preparedness ⊠Authorization for emergency medical care	Plan (this comple	ted form)	
Planning and Maintenance	See Value and Control		and the second s
Person responsible for updating the Disaster Supply h	Kit and the Emerg	ency Documents regula	arly:
	st Name		
Poor! Law	wson-Jones		tion, corried by the provider.
Description of how the Emergency Ready-to-Go Pack	k will be transporte	d to an evacuation loca	ation: carried by the provident
Shelter In Place Procedure: The provider will account for the children and grab the	EDTO have and	as into the bacement a	rea (1 door 1 window). The provider will
The provider will account for the children and grab the lock the door and window and seal both areas with seand text the parent with emergency updates.	ealing plastic and t	ape if the need should	arise. Once secured the provider will call
Primary: The provider will account for the children, graboth children are secured in their car seat belts. The possible provider will call or text the parent with emergency upon the provider's vehicle. The provider will ensure both children are secured in their car seat belts. The provider and children provider will call the provider's vehicle. The provider will ensure both children provider will call to or 2 windows) or emergency updates.	dren would shelter dates. on, the provider wi hildren are secured	Il account for the childred in their car seat belts.	(1 door 2 windows). Once secured the
Care Hours:			
Signatures & Date	edical record of the contract	estinus il saportos si vertia ottovos de conarce il estisti	and a restrict of the street property and the large of Court of Special section is a second of
Acknowledgement: By signing below the parties acknow been discussed. The parties also acknowledge that, if a pop up visit which will be conducted virtually or in-person	approved, the north	dards have been revieve in which care is provide	wed, and any corrections if needed have ded is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name:	Pri	nted Name:	
sig	Sig	gnature:	
Date: 10/2 00 23 Phone:	Da	te: 09/21/2023	Phone: 1-877-227-0125

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 04/14/2022 Follow-up Inspection: 04/15/2022		In: 3:30 PM In: 9:00 AM	Time Out: 4:21 PM Time Out: 9:05 AM			NOT PASS lesult: PASSED
Informal Care						
Type of Care (check one): ⊠ Non-relati	ive Info	rmal Provider Ca	are □Relative Info	rmal Pro	ovider	Care
Provider Information						
First Name: Sabrina	Lact	lame: Jones		Provi	der ID:	483654
Provider ID #:	Lastin	iame. Jones		Emai	l:	
Care Location Inspected						
Street Address: Address Verified? Yes.		City	County	State		Zip Code
Name of Children in Care (add pages if need	ed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			07/16/2016	5yr	/ Y	
					1	
					1	
					1	
					1	
				<u> </u>	1	

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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	Υ	Medical supplies in hallway closet and bathroom cabinet
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were occupied or covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in kitchen draw
Medications of any kind	Y	
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own

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

⊠Portable First Aid Kit

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

Disaster Supply Kit

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

⊠Diapers (N/A)

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

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

⊠Consider special toys or games

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)

Planning and Maintenance

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

First Name

Last Name

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

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

Item Specification (if needed):

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

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

Evacuation Location (Primary & Alternate) Procedures:

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

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

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

Thermometer

Signatures & Date

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

PROVIDER	INSPECTOR		
Printed Name: Sabrina Jones	Printed Name:		
Signature:	Signature		
Date: 04/15/2022 Phone:	Date: 04/15/2022 Phone: 1-877-227-0125		

□Virtual Inspection	
In-person Inspection	

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 05/10/2023	Time	In: 10:30AM	Time Out: 11:56	AM	Result: PASSED
Informal Care					
Type of Care (check one):	relative Info	rmal Provider C	are ⊠Relative	e Info	rmal Provider Care
Provider Information					
First Name: Watasha	Last	Name: Jones-I	Moore		Provider ID: 510155
Provider ID #:					Email:
Care Location Inspected				-	
Street Address: Address Verified? Yes.	City:	Co	ounty:	St	ate Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth		Age / Present (Y/N)
			(01/25/2012)	11	yr./ N
Cafety of the Home					
Safety of the Home					
Directions: Review and determine compli- pages may be used for comments.	ance with eac	ch standard. Note	e any comments or o	D - f	tive actions needed. Additional Discussed, n/a – Not Applicable
pages may be used for comments.			THE PROPERTY OF THE PARTY OF TH		omments/Notes
Health and Safety Training:			Standard Met Y/N		orrective Action /Timeframe if needed
Basic Health and Safety Training Comp	leted?		Y	R	elative Informal Care – Certificate Submitted
Home is free of health and safety haz	zards:		Standard Met Y/N		omments/Notes orrective 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	er		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 	g and heatin	g	Y		
Has a working and safe heating	g 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 detect 	or(s)		Y		Tested by provider and observed
Has first aid kit/supplies			Υ		Medical supplies (band-aid, gauze, alcohol, peroxide, ointment)
 Has protective coverings on a accessible to children 	ny electrical	outlet that is	Y		All outlets were occupied or covered
Harmful items are stored appropriatel children:	y and away	from	Standard Met Y/N		nments/Notes rective 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			Υ	-	High kitchen cabinet
Guns			Y		Does not own
Cleaning agents			Y	(Only uses Clorox wipes stored in kitchen and bathroom cabinet
Poisonous substances			Υ		Does not own
GENERAL CLEANLINESS STANDARD	os		Standard Met	1990/1990/1900	nments/Notes

Y/N

Corrective Action /Timeframe if needed

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

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, 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	
	Plan (this completed form)
Planning and Maintenance	
Total Control of the	Git and the Emergency Documents regularly: t Name es-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:	
	bags and go into the basement (1 door 0 windows) and if the need should arise the e. 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 goverhicle. The provider will ensure the child is secured are on the way. Upon arrival the child instruct the or text the parents with emergency updates.	
Alternate: If they could not access the primary locativehicle. The provider will ensure the child is secured to inform him they are on the way. Upon arrival he will windows). Once they are secured the provider will ca	l escort the provider and child to the demand the second mean (1 door 0
Signatures & Date	
	owledge that all standards have been reviewed, and any corrections if needed have approved, the home in which care is provided is subject to random, unannounced son.
PROVIDER	INSPECTOR
Printed Name: Watasha lones-	Moore Printed Name:

Signature

Date: 6/6/23

Phone:

Signature:

Date: 05/10/2023

Phone: 1-877-227-0125

	Virtual Inspection	
In	person Inspection	

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

Inspection Date:	Time	ln:	Time Out:	Res	ult:	79-1
6/3/2021	10:00	AM	12:00 PM	APP	ROVE	D
Informal Care						
☑ Type of Care (check one): [Non-relative	e Informal Provi	der Care 🗵 Rel	ative Inform	al Prov	ider Care
Provider Information		_ *				7.10.20
First Name:	Lacti	Last Name: Jovel		Prov	rider ID	: 779937
Candida				Ema	ail:	THE PARTY OF THE P
Care Location Inspected						
Street Address:		City	Cour	nty	State	Zip Code
	7070071 W	V	y*******		200	
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			2/15/2013	8/ Y		- 1 - 9 - 1 -
			2/13/2018	3/ Y	\$5.	
				/Y		
-				/Y	_	
				/Y	_	
				1.6.16		

Sarety	of the Home		
	Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any common Y - Yes, N - No,	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health a	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Basic Health and Safety Training Completed?		
Home is	s 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	
.01	Is well-lit and well-ventilated	Υ	
•	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	Υ	
•	Cleaning agents	Y	

1 bisorious substances	1	A 1997 -
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily ac (including needed medications) and Emergency Documents.	cessible in the event	t of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
Directions: Review and determine that each item is adequately incl contains enough supplies for each child in care. Also that the items	uded in the Disaster are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed.
☑ Flashlight ☑ Bottled water	generalise inclusives continues are propertied in	☑ Folder or binder for EPP document
☑ Batteries ☑ Non-perishab		☑ Backpack(s) or carrying case(s)
Dedekte Sint Aid Vii		E Dackpack(s) of carrying case(s)

Y

Portable First Aid Kit

Thermometer

 \forall

Poisonous substances

Consider special toys or games

Scissors, tape & sealing plastic

Ø

Diapers

Change of clothes

☑ Medication	ons 🗹	Blanket(s)	
Items in the Disa	aster Supply Kit are clean, organized, a	and usable (Y/N)? Y	
Emergency Rea	dy-to-Go Pack is available and easily a	accessible in the event of an emergency (Y/N)? Y
	Kit Comments/Notes: I be stored in the basement of the hom	e.	
Emergency Doc	uments		
	ovider Emergency Preparedness Pla on for emergency medical care	n (this completed form)	
Planning and Ma	intenance		
Description of hor Provider will col secured in a boo Provider will call at The 2 nd evacuation name is	w the Emergency Ready-to-Go Pack lect the children and Ready-to-Go ester seat and the youngest child I the aunt and parent to inform the	m of the relocation. The Provider with the home is 20 minutes from the use in the location is 20 minutes. This location is 20 minutes.	cation: or. The oldest child will be Once all seats are safely secured Il drive to the
Signatures & Date		***	
Acknowledgement been discussed.	: By signing below the parties ackno	wledge that all standards have been rev	riewed, and any corrections if needed have
	PROVIDER		INSPECTOR
Printed Name: Signature:		Printed Name: Signature:	
Date:	Phone:	Date: 6/3/2021	Phone: 410-767-7832