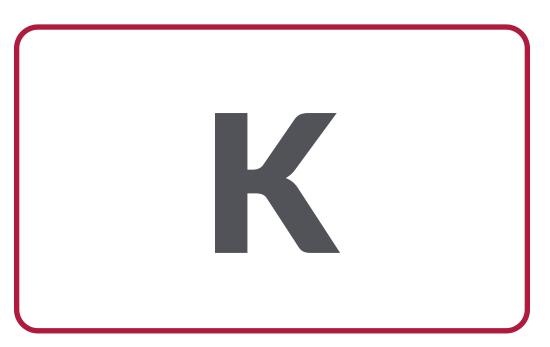


Child Care Scholarship Program

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.

☐ 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

Time	! In: 3:30 PM	Time Out: 4:12 P	ccs.in	form	SED if returned to alproviders@maryland.gov by 01/2022
	11712				
-relative Inf	ormal Provider Ca	are Relative	Informal Prov	vider	Care
Last	Name: Keesee	\ \	Provide Email:		947923
С	ity	County Sta	ate		Zip Code:
needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
		(02/07/2021)	11 mos.	1	
		(04/15/2018)	3 yrs.	1	
				1	
				1	
				1	
-//				/	
	relative Info	Last Name: Keesee	Last Name: Keesee City County Sta	Last Name: Keesee Provide Email: City County State f needed) Scholarship Date of Birth Age (02/07/2021) 11 mos.	Last Name: Keesee Provider ID: Email: City County State f needed) Scholarship Date of Birth Age / (02/07/2021) 11 mos. /

Safety	of	the	Home
Duibly	•	20100	1101110

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

Health and Safety Training: Basic Health and Safety Training Completed?		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
		Y	
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	All areas were clean
	Is free of insect or rodent infestation	Y	No noticeable issues
	Is well-lit and well-ventilated	Y	Windows and all lights working properly
•	Has hot and cold running water	Y	Tested shower and saw the steam
•	Has a working inside toilet	Y	***************************************
	Has utilities for cooking, lighting and heating	Y	
٠	Has a working and safe heating system	Y	
	Has a working refrigerator and stove	Y	
	Has a working telephone	Y	All adults have cellphones
•	Has operational smoke detector(s)	Y	Tested it for proper use
•	Has first aid kit/supplies	Y	Kept under bathroom sink
٠	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied
Harmful childrer	litems are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	Sharp or pointed items	Y	In kitchen draw with lock
•	Medications of any kind	Y	Stored in high cabinet in the bathroom
	Matches, lighters and flammable products	Y	
•	Alcoholic beverages	Y	
	Guns	Y	

Cleaning agents	Y	Stored away in kitchen sink with a lock
Poisonous substances	Υ	
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	The state of the s
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	1000
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, nctuding: 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		

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 (3)	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (Diapers & Wipes)	⊠Consider special toys or games

⊠Thermometer	☑Change of clothes	
⊠Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear	i, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is availab	e and easily accessible in the event of an emen	gency (Y/N)? Y - Stored in the closet of the kids' room
Emergency Documents		
⊠Informal Provider Emergency P ⊠Authorization for emergency me	reparedness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disa	ster Supply Kit and the Emergency Documen	nts regularly:
First Name	Last	CONTRACTOR OF THE PARTY OF THE
Description of how the Emergency Read	y-to-Go Pack will be transported to an evacua	ation location:
Shelter in-Place: The parent would be no door, seal the window. After the shelter-i	itified via text, they would go to the kids' room n place is over she would communicate with the state of th	n for safety, close the large panel window, close the the parent and give them after-care instructions.
Evacuation: Contact the parent about the the hand of the 3yr to the car (put infant and lock the windows and doors and sta	n car seat and 3yr in booster), drive to her ho	ill carry the to-go bag, the younger child and hold ome and will go to the furthest room and will close
	ransport via providers vehicle (booster/car se n that has no outside access and would stay t	eat), with the to-go bag, go to the laurel branch there until further notice.
		

Signatures & Date				
Acknowledgement: By signing below the parties acknowl been discussed. The parties also acknowledge that, if ap pop-up visit which will be conducted virtually or in-person	proved, the home in which care is pro	riewed, and any corrections if needed have ovided is subject to random, unannounced		
PROVIDER INSPECTOR				
Printed Name: Donye Keesee	Printed Name:	Printed Name:		
Signature:	Signature:			
Date: 01-28-2022 Phone:	Date: 01/27/2022	Phone: 1-877-227-0125		

☐ In-person Inspection	

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 03/03/2022 Follow-up Inspection Date: 03/04/2022		e In: 3:30 PM e In: 11:00 AM	Time Out: 4:56 PM Time Out: 11:10 AM	to:	ow up	D NOT PASS D Result: PASSED if returned malproviders@maryland.gov by 3/04/2022.
Informal Care	The same	THE STREET			-	
Type of Care (check one):	ative Inf	ormal Provider C	are ⊠Relative Inf	ormal De		
Provider Information			Elitorative IIII	Offilal Pf	ovide	r Care
First Name: Deana Provider ID #:	Last	Name: Kalla): 391059
Care Location Inspected	1			Email	1	
Street Address: City Address Verified? Yes.		Count	y State	Z	ip Co	ode
Name of Children in Care (add pages if nee	ded)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			(07/16/2015)	6yr/N		
					1	
					1	
					1	
					1	
					1	
Safety of the Home						

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Provider		
Basic Health and Safety Training Completed?	N/A Standard Met Y/N			
Home is free of health and safety hazards:		Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Y	Home was clean		
 Is free of insect or rodent infestation 	Y	No evidence of infestation		
Is well-lit and well-ventilated	Y	A lot of natural window lighting and inside light		
Has hot and cold running water	Y	Tested the shower		
Has a working inside toilet	Y	Toilet was flushed		
 Has utilities for cooking, lighting, and heating 	Y			
Has a working and safe heating system	Y	Tested the thermostat		
Has a working refrigerator and stove	Υ	Refrigerator/freezer clean and stove functioning properly		
Has a working telephone	Y	Working cellphone		
 Has operational smoke detector(s) 	Y	Tested by provider		
Has first aid kit/supplies	Y			
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Outlets covered/occupied in communal areas		
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Y			
Medications of any kind	Y	Stored in high cabinet in the bathroom		
Matches, lighters and flammable products	Y	Does not own		

Alcoholic beverages	Y	Does not own
• Guns	Υ	Does not own
Cleaning agents	Y	Stored on high level shelf in hallway closet
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	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	Absolutely yes.
Diapering procedures are followed.	N/A	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	Both bathroom and kitchen soap stations fully stocked
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	Oncouve Action / Timetrame if needed
A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	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	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> repartment 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 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 (Coloring book)
⊠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, orga	nized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an emerge	ncy (Y/N)? Yes, stored in front closet by the exit.
Emergency Documents		
☑Informal Provider Emergency Prepare ☑Authorization for emergency medical of		
Planning and Maintenance		
Person responsible for updating the Disaster S First Name	Supply Kit and the Emergency Documents Last Name	regularly:
Description of how the Emergency Ready-to-G	Dack will be transported to an evacuation	on location:
Item Specification (if-needed):	or ack will be transported to all evacuation	on location.
1 Flashlight		
One pk of AA batteries		
2 Bottled Waters		
3 Cans of Food		
1 Carrying travel to-go bag		
1 First Aid Kit		
1 Thermometer		
Diapers (N/A)		
1 Blanket		
1 Sweatsuit Outfit		
1 Scissor, 1 Duct Tape & 8 Trash Bags		
1 Coloring Book		
Shelter-in Place: Grab the child and the to-go the parent via cellphone – Call/Text/Email and	bag and proceed to go to the shelter (bas inform her of the emergency.	sement room) (1 window one door), will contact
Evacuation Loc. (Primary): Get the child and ensure his seat belt is buckled properly. The prand one door). Remain there until the emergen	ovider has a spare key to the parents' hor	t and transport him via car and provider will me and will go into her basement area (1 window
Evacuation Loc. (Alternate): The provider will to the fire station, upon arrival will contact the p Will stay until the emergence	arent via call or text. Will be directed by	nake sure they are secure in the vehicle, will drive to go within
Item to be Reviewed on: 03/04/2022 - Correc	ction Reviewed on 03/04/2022	
- Provider must show all (5pages) of the		Evacuation Loc (Secondary) section)
- Provider must state the Evacuation Lo	c. (Secondary) plan of action.	

pop-up visit which will be conducted virtually or in-person.

PROVIDER

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

INSPECTOR

Printed Name: Deana Kallo	Printed Name:	
Signature	Signature:	
Date: 3 7 2022 Phone:	Date:03/04/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

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

Child Care Scholarship Progran INFORMAL CARE INSPECTION CHECKLIST Return to: ccs.informalproviders@maryland.gov

Inspection Date: 6/15/2022 7/11/2022	Time In: 3:30 pm 1:45 pm	Time Out: 4:33 2:00	
Informal Care			
Type of Care (check one): Non-rela	tive Informal Provider C	are Relative	e Informal Provider Care
Provider Information			a mornar rovider out
First Name: Martha			
Provider ID #	Edot Hamo, Kondnok		Email:
Care Location Inspected			
Street Address: City Address Verified?: Yes	County	State	Zip Code
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Present (Y/N)
		05/05/2011	11 y/o /Y
		05/04/2012	10 y/o /Y
		07/02/2013	8 y/o /Y
		05/01/2015	7 y/o /Y
		11/04/2016	6 y/o /Y
		02/16/2018	4 y/o /Y
			77 • 790 Page 1
Safety of the Home			
Directions: Review and determine cor Additional pages may be used for com	npliance with each stand ments.		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 Co	ompleted?	Y	
Home is free of health and safety hazards		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 		Y	
 Is free of insect or rodent infestation 		Y	
 Is well-lit and well-ventilated 		Y	
Has hot and cold running water		Υ	
Has a working inside toilet		Y	
Has utilities for cooking, lighting and		Y	
Has a working and safe heating sys	Desire as	Y	
Has a working refrigerator and stove		Y	
Has a working telephone		Y	
 Has operational smoke detector(s) 		Y	Battery added to smoke detector
 Has first aid kit/supplies 		Y	Bandages, Gauze, Neosporin, Tape, Benadryl, skin cover bandages
 Has protective coverings on any ele- accessible to children 	ctrical outlet that is	Y	6 outlets are covered
Harmful items are stored appropriately and children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	
Medications of any kind		Y	
Matches, lighters and flammable pro	ducts	Y	
Alcoholic beverages		Y	

• Guns	Y	
Cleaning agents	Υ	All cleaning item in a locked basement
 Poisonous substances 	Υ	
ENERAL 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.	Υ	
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, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	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 that the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight

⊠Bottled water

⊠Folder or binder for EPP documents

⊠ Batteries

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠ Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organi	zed, and usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an eme	ergency (Y/N)? Yes.
Location of Emergency Ready to go Pack: Ne Item Specification (if needed): Alcohol Pads, Bandages, gauze, gauze 3 packs of 4 Batteries 6 cans of Chicken Soup Red Folder with EPP and ECMA for each Granola Bars Calamine Lotion 6 bottles of water Pull Ups x3 Bottoms, underwear and top for all chi Coloring Books for each child Sealing Plastic, Large black Scissors at Missing Items and Health and Safety Standard Missing Battery in the Smoke Detector Missing Batteries for the Flash light Missing Non Perishable Foods (Canneeded)	e tape, Neosporin, emergency burn of the child state of the child stat	
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
⊠Authorization for emergency medical ca		
Planning and Maintenance		
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Docume	ents regularly:
First Name	Last Name	into regularly.
Description of how the Emergency Ready-to-Go Shelter In Place Procedures:	Pack will be transported to an evacu	uation location:
The Provider will gather the children and grab the The Provider will contact the parent once everyor	emergency to go bag and shelter in ne is safe.	n the bathroom on the first floor (1 door 0 windows).
Evacuation Procedures: PRIMARY-		
The Provider will have all children line up at the fi where they will be secured in a booster seat for the n entry to window). Once safe and secured in the home the	he youngest child and all other childs from the The Provider and child	The provider will lead the children to the vehicle ren in a seat belt. The provider will drive to the dren will shelter in the living room (1 door 1 large
ALTERNATE-		
e Provider will gain entry to the f	ne youngest child and all other childri friends home from The Pri	he provider will lead the children to the vehicle ren in a seat belt. The provider will drive to a family rovider and children will shelter in the living room (2 hat they are secure and accounted for. She will then

⊠Diapers

⊠ Portable First Aid Kit

Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name: Moulty Kendrick	Printed Name:
	Signature:
Date: 7/13/200 Phone:	Date: 7/11/2022 Phone: 1-877-227-0125

☐ In-person Inspection

Safety of the Home

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: 09/21/2023 Follow-up Inspection Date: 09/25/2023	Time In: 1:30PM Time In: 3:00PM	Time Out: 2:47PM Time Out: 3:21PM	
Informal Care			
Type of Care (check one):	ative Informal Provider C	Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Diana	Last Name: Kennedy		Provider ID: <u>527460</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified? Yes.	City:	unty: State	Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(04/17/2012)	11yr. / N
		(04/21/2014)	9yr. / N

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	Υ	Tested by provider and observed the steam from hot water	
Has a working inside toilet	Y	Flushed by provider and observed	
Use 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	Υ	Tested by provider and observed	
Has a working telephone	Υ	Outbound call made by informal team to provider phone	
Has operational smoke detector(s)	Υ	Tested by provider and observed	
Lice first aid kit/supplies	Y	First aid kit stored in providers bedroom bathroom	
Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied	
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
children: Sharp or pointed items	Y	Moved to high shelf in bathroom closet	
Sharp of pointed north	V	Moved to high shelf in bathroom closet	

Poisonous substances	Y	Stored in the garage, moved to high shelf of garage rack
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash thrown away via
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	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 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.	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	A 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)	
⊠ Portable 1 ilot / ilo		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer	☐ Change of clothes	packing tape & sealing plastic/trash bags

Medications (N/A)	⊠Blanket(s)
Items in the Disaster Supply Kit are clean, organi	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and e Location of The Emergency Ready to go Pack Item Specification (if needed): 3 backpacks (carrying case), 2 flashlights 8 canned food, 2 outfits (top/bottom), 2 b bags, and 2 rolls of duct tape, and folder Items to be reviewed on 09/25/2023: Outlet coverings in all areas (kitchen, bed ERTG: Missing ECMA docs per child	asily accessible in the event of an emergency (Y/N)? Y Stored in hallway closet near exit 1 case of D batteries, 1 first aid kit, 1 thermometer, no specific meds, 5 bottled waters, ankets, folder w/ EPP and ECMA docs per child, 2 books, 1 pair of scissors, 3 trash
Emergency Documents	
Planning and Maintenance	
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:
First Name Diana	Last Name Kennedy(Provider)
The provider will gather the children and grab the the sealing plastic and tape to seal the door if the with emergency updates. Evacuation Procedures Primary: The provider will account for the children account for the c	Pack will be transported to an evacuation location: carried by the provider. BERTG and go into the basement storage room (1 door 0 windows) The provider will use a need arises. The provider will text then follow-up with a call the parent once secured are, grab the ERTG and head to the provider's vehicle and drive to extend the children are secured in their seat belts. Upon arrival, the provider will call the ovider and children would shelter in the exent once secured with emergency updates. Contain, the provider will account for the children, grab the ERTG and head to the exercise the provider will ensure both children are secured in their seat belts. Upon the provider and children would shelter exercise the parent once secured with emergency updates.
S practures & Date	
seen discussed. The parties also acknowledge the rop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Diana Kenned	Printed Name:
Signature:	Signature:
Date: 10/15/23 Phone:	Date: 09/25/2023 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: 03/02/2023	Time	In: 3:30PM	Time Out: 4:31F	PM Result: PASSED.
Informal Care				
Type of Care (check one): ☐ No	n-relative Info	rmal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Shanda	Last	Last Name: Kennedy		Provider ID: <u>509074</u>
Provider ID:				Email:
Care Location Inspected				
Street Address: Address Verified: Yes.	City	County	State	Zip Code
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
No.			(08/02/2020)	2/N

Safety of the Home			
Directions: Review and determine compliance with each s Additional pages may be used for comments.		nents or corrective actions needed. D – Discussed, n/a – Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	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		
 Is free of insect or rodent infestation 	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y	All areas recessed lighting and ceiling fans	
 Has hot and cold running water 	Y	Tested by provider and steam observed	
 Has a working inside toilet 	Y	Tested by provider and observed	
 Has utilities for cooking, lighting and heating 	Y		
 Has a working and safe heating system 	Y	Provider tested both settings of thermostat	
Has a working refrigerator and stove	Y		
Has a working telephone	Y	Made call to provider's phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Home First Aid Kit on shelf in bathroom	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Υ	Provider moved all knives to high level shelf in the kitchen	
Medications of any kind	Y	High shelf in bathroom	
 Matches, lighters and flammable products 	Υ	None inside, stored outside near grill	
Alcoholic beverages	Y	Stored on high level with the fridge	
Guns	Y	Provider unlocked the safe with code and then locked the gun safe back	
Cleaning agents	Υ	Stored on high level shelf in laundry room	
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.	Υ	No diaper age children in care
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. □ Flashlight □ Bottled water □ Folder or binder for EPP documents □ Batteries for Flashlight □ Non-perishable food □ Backpack(s) or carrying case(s)

⊠Consider special toys or games

⊠Diapers

⊠Portable First Aid Kit

⊠Thermometer	⊠Change of clothes			
⊠Medications	⊠Blanket(s)			
Items in the Disaster Supply Kit are clean, organize	STATE OF STREET			
	Emergency bag located in front room 1 blanket, 1 thermometer, 1 first aid kit, outfit (top/bottom), 1 small blanket, 1 toy P/ECMA docs, no diaper age children	000.00		
Emergency Documents				
⊠Informal Provider Emergency Preparedne Matthorization for emergency medical care Incomplete the provider of the provid				
Planning and Maintenance				
Person responsible for updating the Disaster Supp	ply Kit and the Emergency Documents	regularly:		
	Last Name Kennedy			
Description of how the Emergency Ready-to-Go F	Pack will be transported to an evacuation	on location: Carried by the provider.		
Shelter-in-Place Procedures: Provider will grab the emergency bag and account for the child and go to the should arise the provider will seal the doorway with the sealing plastic and duct tape. She will call or text the parents and additional emergency contacts when they are safe in the sheltered location.				
Evacuation Location(s) Procedures: Primary: The provider will gather the child and read with restraints and then drive to the entry into the building they will go inside any available parents once they are secured. If she were to have well. Alternate: If they could not access the primary locations.	The provider is a member and will hable meeting room (1-2 doors 0 window e any cellular issues she can use the la	nave immediate key access to the location. Upon ws) for shelter. The provider will call or text both andline to contact the parents as		
she would secure the child in the car seat restraints and drive to the Upon arrival to the home the provider will use her keyless door code to enter the home. The provider and child will go into their master closet connected to the master bathroom which has (1 door and 0 windows). Once they are secured in the room the provider will call and/or text the parents to inform them and if needed will use the landline at the home to communicate with the parents.				
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: Shanda Kennedy	Printed Name:			

Signature:

Date: 03/02/2023

Phone: 1-877-227-0125

Sign

Date: 3-2.23

Phone:

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 06/14/2023	Time In: 1:30PM	Time Out: 2:39PN	Result: PASSED	
Informal Care				
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Zubaidah	Last Name: Khatta	b	Provider ID: <u>516945</u>	
Provider ID #:			Email:	
Care Location Inspected	Branch Astronomy	中心工作 [19]		
Street Address: Address Verified? Yes.	City: Count	y:	State Zip Code:	
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)	
		(10/14/2022)	2yr. / 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 Y	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?		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 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 locked kitchen cabinet	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Stored in locked kitchen drawers	
Medications of any kind	Y	Stored on high level shelf in hallway	
Matches, lighters and flammable products	Y	Does not own	
Alcoholic beverages	Y	Does not own	
Guns	Y	Does not own	
Cleaning agents	Y	Stored in higher level shelf in laundry room	
Poisonous substances	Y	Does not own	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	Changing station in child's bedroom	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	All diapering supplies available near changing area	
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:	Allen Callyria	The same and the s	
 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	of popular fixed	Land Stiffe was his one his on his or have	
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 And the second secon	The Book Provided Control of the Con	
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>	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 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 flashlight, 1 pk of AAA batteries, 1 first ai	Stored in living room near exit id kit, 1 thermometer, no spec meds, 2 bottled waters, 2 canned foods, 2 diapers, 1 pk
of wipes, 2 outfits(top/bottom/shoes), 1 larg and 2 heavy duty trash bags and 1 duffle b	ge blanket, folder w/ EPP and ECMA, 1 toy car, 1 pair of scissors, 1 roll of duct tape
tems to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	等於原於。[17] 12] 12] 12] 12] 12] 12] 12] 12] 12] 12
⊠Informal Provider Emergency Preparedne ⊠Authorization for emergency medical care	
Planning and Maintenance	
	oly Kit and the Emergency Documents regularly: Last Name Kammoun (Parent)
	Pack will be transported to an evacuation location: carried by the provider.
Evacuation Procedures	Once secured the provider will call the parent with emergency updates. Indicate the provider will call the parent with emergency updates.
Upon entry she and the child will go to the master Alternate: If they could not access the primary loo to the Upon the parent's a key access to the evacuation home, upon entry the call the parent again once secured. Care Hours:	bedroom (1 door 2 windows). The provider call the parent once they are settled. cation, the provider will gather the child and ERTG and will call the parent to be driven unival the provider will secure the child in the forward-facing car seat. The provider has e provider and child will shelter in the bedroom (1 door 2 windows). The provider will
M-Th 9:00am-2:30pm	
Signatures & Date	
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge tha pop up visit which will be conducted virtually or in-p	knowledge that all standards have been reviewed, and any corrections if needed have t, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Zubaidah Khat	+ab Printed Name

Phone:

Signature:

Signature:

Date: 06/14/2023

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: 10/04/2022 Follow Up Date: 10/05/2022		In: 1:30PM	Time Out 2:39PM Time Out 11:16AN	. It.	eds Follow up ssed	
Informal Care						
Type of Care (check one):	n-relative Info	ormal Provider Ca	are ⊠Relative In	formal Provide	r Care	
Provider Information			A STATE OF THE STA	Joe g		
First Name: Fereshteh	Locat	Nome: Kheimhe	al .	Provider II	D: 434820	
Provider ID #	Last	Last Name: Kheirabadi		Email:		
Care Location Inspected	To the Williams	(DEAL FEMALE)			2011/06/04	
Street Address Ci Address Verified? Yes	ty:	County:	State	Zip Co	ode:	
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
			03/21/2018	4 / Yes		
			11/26/2012	9 / Yes		

Safety of the Home Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional Y - Yes, N - No, D - Discussed, n/a - Not Applicable pages may be used for comments. Standard Met Comments/Notes Health and Safety Training: Corrective Action /Timeframe if needed Y/N Basic Health and Safety Training Completed? Certificate Submitted Standard Met Comments/Notes Home is free of health and safety hazards: Corrective Action /Timeframe if needed YN Y Is in good repair Y No sign of infestation Is free of insect or rodent infestation Y Is well-lit and well-ventilated Y Steam observed Has hot and cold running water Y Flush observed Has a working inside toilet Y Has utilities for cooking, lighting and heating Y Has a working and safe heating system Thermostat dialed up Y Has a working refrigerator and stove Υ Provider's cell called Has a working telephone Y Has operational smoke detector(s) Y Band aids, tape, gauze, alcohol wipes Has first aid kit/supplies Has protective coverings on any electrical outlet that is Y Plug Covers in kitchen observed accessible to children Standard Met Harmful Items are stored appropriately and away from Comments/Notes Corrective Action /Timeframe if needed children: Sharp or pointed items Knives moved to higher cabinet Y Locked in case Medications of any kind Matches, lighters and flammable products Y None Alcoholic beverages Guns None In Laundry room locked Cleaning agents Other than medications and cleaning solutions Poisonous substances

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	N/A	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Totleting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.	٧		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y		
A child in care is not subjected to any form of neglect, including:	Y		
A child in care is not subjected to mistreatment, including:	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y		

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed. ⊠ Bottled water **⊠Flashlight** ⊠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 ⊠Heavy Duty Scissors, duct tape/ **⊠**Thermometer ⊠Change of clothes packing tape & sealing plastic/trash **Medications** ⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	IIA V			
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y				
Location of The Emergency Ready to go Pack: In the coat closet by front door				
Item Specification (if needed):				
Jacket 2 shirts 2 pants, 2 extra AAA batteries, 3 books				
Band aids, ointment, alcohol wipes, Neosporin, gloves, Children's Mo	otnn. Acetaminophen,			
4 Boz water bottles, one can each of peas, beans, mixed vegetables,	2 cans of tuna, Nuts, Crackers, Chips,			
Items to review on 10/05/2022 if needed: Observed 10/05/2022				
Locks on laundry room cleaning agents				
Emergency Preparedness plan and Emergency Care and Medication	Authorization in the ERTG had			
Emergency Documents				
	opleted form)			
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly:			
First Name Last Name				
Description of how the Emergency Ready-to-Go Pack will be transp				
where she will secure booster seat and sea Once at the location, they will shelter in bedroom provider will use plastic and tape to seal the shelter. The provider will secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the after call. The provider will secure heading to. They will shelter in the bedroom that has o	will gather the children, the ERTG bag and head to attend to be the street before driving to the primary evacuation location which is that has one window and one door. If the need should arise, the fill call the parents before leaving the care location and after they are semate evacuation location which is			
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 Fereshteh Kheirabadi	Printed Name			
Signature TERESTITEN A NETT a BOLCAT	Signature			
2 10 6 22	Date 10/05/2022 Phone 1-877-227-0125			
Date 10/05/2022 Phone: 1-877-227-0125				

☑ Virtual Inspection☐ In-person Inspection

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

Inspection Date:	Time		Time Out:	Result:
5/4/2021	10:00	PM	12:00 PM	APPROVED
Informal Care				
Type of Care (check one): ☐ Non-re	elative Info	rmal Provider C	are 🗹 Relativ	ve Informal Provider Care
Provider Information	- American			
First Name:	200 200 200 200 200 200 200 200 200 200	Name:	Provider ID: 434820	
Fereshteh	Khein	abadi		Email:
Care Location Inspected				
Street Address:		City	Cour	nty State Zip Code
Name of Children in Care (add pages if n	eeded)	Scholarship	Date of Birth	Age / Present (Y/N)
Participant Control of the Control		1	11/26/2012	8 / Y
	D-ALII		03/21/2018	3 / Y
				1
				1
				1
	**			1
		Wat		
Safety of the Home				
Directions: Review and determine of Additional pages may be used for c		with each standa	ard. Note any comr Y - Yes, N - No,	ments or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:		175	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 		Į.	Y	
 Has a working inside toilet 			Y	
 Has utilities for cooking, lighting a 		9	Y	
 Has a working and safe heating s 			Y	
 Has a working refrigerator and st 	ove		Y	
 Has a working telephone 			Y	Mobile phones
Has operational smoke detector(s	5)		Y	
Has first aid kit/supplies			Y	
Has protective coverings on any accessible to children	electrical c	outlet that is	Υ	
Harmful items are stored appropriately and away from children:		from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items			Y	
 Medications of any kind 		.1. 30%	N/A	
 Matches, lighters and flammable 	products		Y	,
Alcoholic beverages			Υ	
Guns	19		N/A	
Cleaning agents			Y	12
Poisonous substances	Poisonous substances			

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including 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 solled 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 local Department of Social Services Child Protective Services Unit.	Y	

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. Als	o that the items are clean, organized	d, and usable. Co	omment and note below if needed.
Ø	Flashlight	Ø	Bottled water	Ø	Folder or binder for EPP documents
$\overline{\mathcal{L}}$	Batteries	⊠	Non-perishable food	☑	Backpack(s) or carrying case(s)
\square	Portable First Aid Kit		Diapers	✓	Consider special toys or games
\square	Thermometer	\square	Change of clothes	Ø	Scissors, tape & sealing plastic
\square	Medications		Blanket(s)		

nome in the product capping the are crea	n, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available	ole and easily accessible in the event of an emergency (Y/N)? Y	992
Disaster Supply Kit Comments/Notes:		
The Kit was stored in the children's be	droom in a tote bag.	
Emergency Documents		
☑ Informal Provider Emergency Prepared	paredness Plan (this completed form)	
☑ Authorization for emergency media		
Planning and Maintenance		
Person responsible for updating the Dis-	aster Supply Kit and the Emergency Documents regularly:	
First Name	Last Name	
Description of how the Emergency Read	ly-to-Go Pack will be transported to an evacuation location:	
The Provider will grab the Ready-To-	So kit from the closet in the children's room. The tote bag has two has oulders. The car seat and booster seat will be secured in the vehicle	andles and will be and the children will

Signatures & Date			
Acknowledgement: By signing been discussed.	below the parties acknowled	dge that all standards have been review	ved, and any corrections if needed have
	ROVIDER		INSPECTOR
Printed Name:	**(180	Printed Name:	-
Signature:		Signature:	
Date:	Phone:	Date: 5/4/2021	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 ov

Inspection Date: 08/15/2022	Time In: 1:45PM	Time Out: 2:40PI	M Result: PASSED
Informal Care			
Type of Care (check one): Non-relative	ative Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Maria Provider ID #	Last Name: King		Provider ID: 476127 Email
Care Location Inspected			
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)
		1/7/2016	6 / No
Safety of the Home Directions: Review and determine compliance	e with each standard. Note	any comments or o	orrective actions needed. Additional
pages may be used for comments.		Y - Yes, N - No, I	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	Certification Submitted
Home is free of health and safety hazard	s:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
 Is free of insect or rodent infestation 	on	Υ	No sign of infestation
 Is well-lit and well-ventilated 		Y	
 Has hot and cold running water 	WW. 100	Y	
Has a working inside toilet		Y	Cabinet under sink locked
 Has utilities for cooking, lighting ar 		Y	Gas stove
 Has a working and safe heating sy 		Y	
 Has a working refrigerator and sto 	ve	Y	
Has a working telephone		Y	Provider called on cell
Has operational smoke detector(s) Has first aid kit/supplies		Y	Band-Aids, gauze, water block, Benadryl, Tylenol, Neosporin
Has protective coverings on any e accessible to children	lectrical outlet that is	Y	Covered if not in use
Harmful items are stored appropriately a children:	nd away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Locked in drawer
Medications of any kind	A Company of the Comp	Y	
Matches, lighters and flammable p	roducts	Y	On top of Fridge
Alcoholic beverages		Y	
Guns		Y	None
Cleaning agents		Y	Locked

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • 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 N?A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Medications N/A	⊠Blanket(s)
Items in the Disaster Supply Kit are clean, organized	d, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily	y accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack: C	Closet on first floor
Item Specification (if needed):	
3 shirts, 1 pants, 1 shorts, pairs socks,	
4 extra AA batteries, candy land game	Loudouse and eller Ausense
Safety pins, gloves, scissors, gauze, alcohol wipes, 2 16oz water bottles, 2 cans of chicken & stars, chick	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
⊠Informal Provider Emergency Preparednes	ss Plan (this completed form)
⊠Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply	y Kit and the Emergency Documents regularly:
First Name La	ast Name
Description of how the Emergancy Peoply to Go Pa	ck will be transported to an evacuation location: Closet on first floor
Description of now the Emergency Ready-to-50 Fa	tok will be transported to an evacuation location. Gloset on institutor
Shelter In Place Procedure:	
The provider do a head coun the	e ERTB and head to the storage room in the basement which has one door and no
windows. If the need should arise the provider will u secure, and let her know that they are sheltering in	use plastic and tape to seal the shelter. The provider will call the parent once they are
dodnor and for hor know that they are onlinening in	,
Evacuation Procedures:	
Then provider will do a head count, grab the	to the provider's vehicle where she will secure the
car seat before driving to the primary evacuation loc	cation while vider will call and legel cation. Once at the location, the provider will gain entry with spare key and head to
the storage/laundry room which has one door and n	no windows. If the need should arise, the provider will use plastic and tape to seal the
shelter. The provider will call the parents on the wa location.	by to the evacuation location and call again after they secure in the evacuation
If they couldn't shelter at the primary location, they	will go to the alternate evacuation location
The provider will call	they are on their way. Provider will gain entry with spare
	hat has no windows and 2 doors. If the need should arise the provider will use plastic be parents on the way to evacuation location and call again after they are secure in the
alternate evacuation location.	
Signatures & Date	
	nowledge that all standards have been reviewed, and any corrections if needed have if approved, the home in which care is provided is subject to random, unannounced erson.
PROVIDER	INSPECTOR
Printed Name: MARIA A-KING	Printed Name:
Signatu	Signature:
Date: 8/15/2022 Phone	Date: 08/15/2022 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

	_					
Inspection Date: 09/29/2021 & 10/01/2021	Time I 3:30pr	n: 2:02 pm & n	Time Out: 3:09 pm & 3:36 pm		ult: Appi 2/2021	roved if returned by 12:00pm on
Informal Care						
Type of Care (check one):	live Infor	mal Provider Ca	are Relative Info	ormal Pr	ovider	Care
Provider Information			STATE SHIPS AND	The state of		
First Name: Maria	Last N	ame; King		Prov	ider ID:	
				Ema	il:	
Care Location inspected						
Street Address: Verified?: Yes		City	County		State	Zip Code
Name of Children in Care (add pages if need	ied)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			01/07/2016	5	/Y	
					1	0
					1	
					1	
					1	
II U					/	

Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	
Is free of insect or rodent infestation	Υ	
 Is well-lit and well-ventilated 	Υ	
Has hot and cold running water	Y	Shower steamed bathroom mirror.
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	Thermostat temp change.
Has a working and safe heating system	Y	Temp changed on thermostat
Has a working refrigerator and stove	Y	4 burners lit. Refrigerator lights turned on. Freeze light turned.
Has a working telephone	Y	Called providers phone number and received an answer.
Has operational smoke detector(s)	Y	Hear the beep from the smoke detector.
Has first aid kit/supplies	Y	Ice packs, Sterile wipes, bandages, tweezers, gauze, antiseptic, gloves.
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Must observe on 10/01/21, 10 coverings observed on 10/01/21
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	Must observe these put out of reach of the child on 10/01/21. Observed the knives moved to the top cabinet and the drawer locks.
Medications of any kind	Y	Top cabinet and in the providers room inside table drawer.

Matches, lighters and flammable products	Y	On top of the refrigerator
Alcoholic beverages	Υ	Not kept in the home.
Guns	Υ	Axe in the garage on top of the freezer out of the child's reach.
Cleaning agents	Y	Cabinet locks are not installed. Must observe locks on 10/01/21. Observed cabinet locks on 10/01/21
Poisonous substances	Y	Gardening supplies kept in the shed not inside 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.	Υ	Child toilet trained.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash can in the kitchen and outdoor trash dumpster.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	Child toilet trained.
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	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 contains enough supplies for each child in ca	item is adequately included in the Disasti re. Also that the items are clean, organize	er Supply Kit. Be certain that the Disaster Supply Kit ed, and usable. Comment and note below if needed.
⊠Flashlight	⊠Bottled water	☑Folder or binder for EPP documents
⊠Batteries	Non-perishable food	⊠Backpack(s) or carrying case(s)
☑Portable First Aid Kit	□Diapers	□Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Scissors, tape & sealing plastic
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz		
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an eme	rgency (Y/N)? Yes
Emergency Ready- to- Go Pack located: In	the closet near the front door.	
Items Description:		
 First Aid Kit: Bandages, Ice Pack, Gat Pack of 4 AA Batteries Thermometer: Forehead Scan Bottled Water: 2 16.9 oz Bottles Medication in the bag for Averin Large Blanket Foods: Ramen Noodles and Canned Clothing: Brown T Shirt and Cargo Sh Scout Toy and Math K Learning Puzz Blue and Red Backpack Large Green Scissors, Orange Duct T Will observe Flashlight with batteries i Ernergency Care and Medication Auth 	Chicken Soup orts le fape, and 3 Large Trash Bags installed, Back up batteries for the fla	Neosporin. shlight, Emergency Preparedness Plan and
Emergency Documents		ericii isposeevista eripseesi viidosessa sõuda
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)	
Authorization for emergency medical ca		
Planning and Maintenance		
Person responsible for updating the Disaster Sup	only Kit and the Emergency Decume	ate regularly
First Name		nts regularly:
That Haine	Last Name	
Description of how the Emergency Ready-to-Go Shelter in Place:	Pack will be transported to an evacu	ation location;
Provider will grab and the ERTG pack and into the room). Once they are secured in the base	d proceed to the back room in the ba ement room the provider will contact	sement(1 small window and 2 doors one leading the parent and call for help.
Evacuation:		
shelter in the laundry room (0 windows 1 door). If	her that she is coming however the p funable to shelter here the provider	provider also has keys to the home. The provider will
Signatures & Date		
Acknowledgement: By signing below the parties a	cknowledge that all standards have t	pean reviewed and any corrections if needed have
been discussed.		on fortuned, and any contactions it needed have
been discussed. PROVIDER		INSPECTOR
been discussed.	Printed Name:	

Date: 10/01/2021 Phone: Date: 10/01/2021 Phone: 1-877-227-0125

☐ In-person Inspection

Safety of the Home

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: 12/20/2022 Time In: 9:00AM Time Out: 9:55AM Result: Did not Pass. Follow-Up Needed Time Out: 3:10PM Result: PASSED Follow-Up Inspection 12/20/2022 Time In: 3:00PM **Informal Care** Type of Care (check one): □ Non-relative Informal Provider Care ⊠Relative Informal Provider Care **Provider Information** Provider ID: First Name: Danaija Last Name: Kinlaw 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) Scholarship Date of Birth Age Present (Y/N) 8/20/2016 6 / No 8/1/2015 7 / No 12/31/2020 23 Mos./ No 5/28/2022 6 Mos. / No

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	No sign of Infestation
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Steam Observed
Has a working inside toilet	Y	Flush Observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	Light came on when opened
Has a working telephone	Y	Provider's cell called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Peroxide, band-aïds, alcohol wipes, gauze
Has protective coverings on any electrical outlet that is	Y	Covered, in use or behind furniture

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of counter
Medications of any kind	Y	
Matches, lighters and flammable products	Y	None
Alcoholic beverages	Y	None
Guns	Y	None
Cleaning agents	Y	
Poisonous substances	Y	Other than medications and cleaning solutions

accessible to children

Υ

Covered, in use or behind furniture

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes
	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	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: 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	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organi.	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack	: By the front door
Item Specification (if needed): 4 AAA batteries, 4 pants, 3 shirts, 3 underwear, Band-aids, gauze, tape, ointment, alcohol wipes, 4 16oz bottles of water, 1 large can each of green	Tylonol, cough syrup, 10 diapers, n beans, beef-a-roni, spaghetti & meatball, baked beans, formula & rice for it.
Items to review on 12/20/2022 if needed: Obse	rved 12/20/2022 @ 3:00PM
Ointment for first aid kit	
Emergency Documents	
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)
⊠Authorization for emergency medical ca	ure
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name Danaija	Last Name Kinlaw
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: Rolled
	te them and the ERTB , and shelter in the main bedroom. The room has one door and r will use plastic and tape to seal the shelter. The provider will call the parent once they
secure the in car seats and to provider will gain entry windows and one door. The provider will seal the parents before leaving the care location and after lift they couldn't shelter at the primary location, the provider will grab the emergency bag, gather the car seats and the older two in seat belts, before front room that has two windows and one door.	the older children their seatbelts, before driving to the primary evacuation location, which y with spare key. Once at the location, they will shelter in the front room which has 2 e shelter with the trash bags and tape if the need should arise. The provider will call the or they are secure in the evacuation location. The exhildren, then proceed to the provider's vehicle where she will secure the younger two in driving to the location. Provider will gain entry with spare key. They will shelter in the lift the need should arise the provider will use plastic and tape to seal the shelter. The are location and after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER			INSPECTOR		
Printed Na	ame: Dana	iia Kinlaw		Printed Name:	
Signature:				Signature:	
Date:	12/20/2022	Phone:		Date: 12/20/2022	Phone: 1-877-227-0125

⊠Virtual Inspection
☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/02/2023	Time In: 1:30PM	Time Out: 2:51P	M Result: PASSED
Informal Care			
Type of Care (check one):	Ion-relative Informal Provid	er Care ⊠Relative	Informal Provider Care
Provider Information			
First Name: Sierra	Last Name: Kins	sev	Provider ID: <u>528405</u>
Provider ID #:			Email
Care Location Inspected			
Street Address: Address Verified? Yes.	City: Cou	nty: State	Zip Code:
Name of Children in Care (add page	es if needed) Scholars	hip Date of Birth	Age / Present (Y/N)
		(12/31/2022)	9mos./Y

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(12/31/2022)	9mos./ Y
Safety of the Home			
Directions: Review and determine compliance with ear	ch standard. Note	any comments or c Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	A DE LES AND	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		Υ	All lights were turned on and natural window lighting
Has hot and cold running water		Υ	Tested by provider and observed steam in the bathroom
Has a working inside toilet		Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	q	Y	
Has a working and safe heating system		Y	Thermostat tested by provider for cooling & heating and utility bill submitted
Has a working refrigerator and stove		Y	Tested by provider and observed
Has a working telephone		Y	Outbound call made by informal team to provider phone
Has operational smoke detector(s)		Y	Tested by provider and observed
Has first aid kit/supplies		Y	First aid kit stored in providers bathroom closet
Has protective coverings on any electrical of accessible to children	outlet that is	Υ	All outlets were covered or occupied
Harmful 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 knife holder on the back of the counter
Medications of any kind		Y	Stored on top shelf of hallway closet
Matches, lighters and flammable products		Y	Matches stored in top kitchen cabinet
Alcoholic beverages		Υ	Alcoholic beverages on back of counter on glass tray
Guns		Y	Does not own
Cleaning agents	Year of	Y	Moved to top of hallway closet, top shelf of provider's bathroom closet, in locked 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	Changing station in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via garage trash bir
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: 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 (N/A)	
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Items in the Disaster Supply Kit are clean, organized, and usable (YN)? Y Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (YN)? Y Location of The Emergency Ready to go Pack: Stored in hallway closet near exit Item Specification (If needed): 2. If ability 1. Sertra Absteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 1 pair of scissors, 2 2. canned foods, 1 far of baby food, 20 dispers and 1 pk of wises, 1 outfit (shirt/bottom/socks/sweater), 2 blankets, 1 toy, 3 heavy duty trash begs, 1 roll of duct tape, folder will EPP and ECMA docs, and 1 backpack (carrying case) 2. Items to be reviewed on xxirx/xxxxx. NA Emergency Documents Silrormal Provider Emergency Preparedness Plan (this completed form) Silrormal Provider Emergency Preparedness Plan (this complete Emergency Documents regularly. Last Name Kinsey In the provider will account for the child, grab the ERTG and head to the provider will call or text the parent before, during and after once secured with emergency updates. Alternate: If they could not access the primary location, the provider wil	⊠Medications (N/A)	⊠Blanket(s)	
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Item Specification (if needed):	Emergency Ready-to-Go Pack is available an	easily accessible in the event of an emergency (Y/N)? Y	
: I flashlight, 5 extra AA batteries, 1 first all oit, untertered to part of the control of the	Location of The Emergency Ready to go Pa	ck: Stored in hailway closet hear exit	
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Emergency Documents Signature: Signature	duty trash bags, 1 roll of duct tape, fol	ler W/ EPP and Coma docs, and I backpack (carrying case)	
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Printed Name: Sierra Kinsey Printed Name: Signature: Signature:			o random, unannounced
Signature: Signature:	The second secon		
Signature.	Printed Name: Sierra Kinse	Printed Name:	
Date: 10/15/2023 Phone: Date: 10/02/2023 Phone: 1-877-227-0125	Signature:	Signature:	
	Date: 10/15/2023 Phone:	Date: 10/02/2023 Phone: 1	-877-227-0125

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 10/13/2023 Follow-up Inspection Date: 10/17/2023	Time In: 11:00AM Time In: 9:00AM	Time Out: 12:15PM Time Out: 9:26AM	10% U.S. P. T. J. T. S. T. S. T. S.			
Informal Care						
Type of Care (check one): ⊠ Non-relative Informal Provider Care □Relative Informal Provider Care						
Provider Information						
First Name: Sarah	Last Name: Kleis		Provider ID: <u>529575</u>			
Provider ID #			Email			
Care Location Inspected						
Street Address: . City: Address Verified / Yes.	County	State	Zip Code:			
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)			
		(02/12/2023)	7mos. / Y			

Directions: Review and determine compliance with each standard. Not	o ony comments or a	parrective extince pooded. Additional
pages may be used for comments.	Y – Yes, N – No,	D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y Standard Met Y/N	Non-Relative Informal Care – Certificate Submitted Comments/Notes Corrective Action /Timeframe if needed
Home is free of health and safety hazards:		
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 via the kitchen faucet
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 – utility bill previously submitted
 Has a working refrigerator and stove 	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored in kitchen drawer
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: 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	In knife holder on back of counter
Medications of any kind	Y	Stored on high shelf of the kitchen cabinet
 Matches, lighters and flammable products 	Y	Moved to higher kitchen cabinet
Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
Cleaning agents	Y	Corrective Action Completed: Kitchen and bathycom catainet locks added

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	Changing station in the living room Taken out daily via trash can	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.			
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	Changing station had all needed supplies	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	٧		
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 local Department of Social Services Child Protective Services Unit.	Y		

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 bage

Miledianiana (N/A)	⊠ Planket(a)				
	⊠Blanket(s)				
Emergency Ready-to-Go Pack is available and ea		(Y/N)? Y			
	zan, assessable in alle event er an erner gene,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Location of The Emergency Ready to go Pack	: Stored in living room near exit				
Item Specification (if needed):	nk of AAA battarios 4 first ald kit 4 there	nometer, 2 bottled waters, 2 canned foods, 3			
		act tape, no specific medications, 2 outfits			
	rs, 1 roll of duct tape, 7 trash bags and fold				
Items to be reviewed on 10/17/2023: Corre					
1. Outlet coverings needed in all areas (be 2. Lock needed for basement door	adrooms, common spaces, bathrooms, ba	sement)			
- 3. Lock needed for bathroom and kitchen	cabinet w/ cleaning products				
 4. Test properly functioning smoke detect 					
mergency Documents					
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)				
⊠Authorization for emergency medical ca					
Planning and Maintenance					
Person responsible for updating the Disaster Sup	pply Kit and the Emergency Documents rec	ularly:			
irst Name	Last Name	• 650500 • 0			
Sarah	Kleis				
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation I	ocation: carried by the provider.			
Shelter In Place Procedure:					
he provider will grab the child and ERTG and co loors are locked. The provider will use the sealing the sealed. Once secured the provider will call the	ng plastic and tape to seal the door if the ne	eed arises. There are no windows or vents to			
vacuation Procedures					
Primary: The provider will grab the child and ER	TG and head to the provider's vehicle. The	provider will secure the child in their rear-			
acing car seat and drive to	Upon arrival the provider will text and c				
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about where to shelter specifically. Once secured the provider will call and text the parent with					
mergency updates.					
Care Hours:					
Signatures & Date					
acknowledgement. By signing below the parties a seen discussed. The parties also acknowledge the sop up visit which will be conducted virtually or in-	at, if approved, the home in which care is p				
PROVIDER	And the state of t	INSPECTOR			
Printed Name: SARAH KLEIS	Printed Name:				
Signature:	Signature:				
Date: 10 17 2023 Phone	Date: 10/17/2023	Phone: 1-877-227-0125			