

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted January 2024

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

☑Virtual Inspection☐In-personInspection

Maryland State Department of Education/Office of Child Care

Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 02/18/2022	Time	In: 1:45 pm	Time Out:2:45 pm	Result: Approve 02/21/2022	d if returned by 5pm on
Informal Care		RIP ST			The state of the s
Type of Care (check one): ☐ No	on-relative Info	rmal Provider C	are ⊠Relative Ir	nformal Provider Care	
Provider Information		经国际基础			
First Name: Digna Provider ID #	Last I	Last Name: Macres		Provider ID: N/A Email:	
Care Location Inspected	と思いる。	11 10 10 10 10 10 10 10 10 10 10 10 10 1			
Street Address: Address Verified?: Yes		City	County:	State	Zip Code a
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / P	resent (Y/N)
			07/25/2021	7 mons. / Y	
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THE RESERVE OF THE PARTY OF	The said		70.77	1	
	7-7-1			1	
				1	
				1	

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 a	nd Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
and the year	Basic Health and Safety Training Completed?	N/A	
Home is	free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	Is in good repair	Y	
	Is free of insect or rodent infestation	Y	
	Is well-lit and well-ventilated	Y	
	Has hot and cold running water	Y	Steam observed from kitchen sink.
	Has a working inside toilet	Υ	
	Has utilities for cooking, lighting and heating	Υ	5 Burners Observed
	Has a working and safe heating system	Y	Turned up from 70 to 72 degrees
	Has a working refrigerator and stove	Y	Refrigerator light & frozen food Observed
	Has a working telephone	Y	Call made to the Provider's cell phone prior to Inspection.
•	Has operational smoke detector(s)	Y	Test button Pressed. Alarm heard.
	Has first aid kit/supplies	Y	Bottle of Alcohol, masks, bandages, gauze
	Has protective coverings on any electrical outlet that is accessible to children	Y	20 Outlet covers observed on the main floor.
Harmful children	items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
MARKET SALES STATE	Sharp or pointed items	Y	Knife block kept on the back of the counter.
	Medications of any kind	Y	Medicine cabinet
	Matches, lighters and flammable products	Y	Kept in a drawer out of reach in the kitchen.
	Alcoholic beverages	Y	Kept in the very back of a shelf.
	Guns	Y	Not kept in the home

Cleaning agents	Y	Moved to the garage
Poisonous substances	Y	Not kept in home
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	One in the living room one in the child's bedroom.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash can in the kitchen, diaper genie in the bedroom
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	Wash for 20 seconds.
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> 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)

⊠Diapers

□ Consider special toys or games

⊠Thermometer

□ Change of clothes

⊠Medications

⊠Blanket(s)

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

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

Location of Emergency Ready to go Pack: Kept in the living room

Item Specification (if needed):

- Large Black Suit Case
- First Aid Kit: Sting relief Gauze, alcohol, Bandages.
- . Window Sealant: Packing Tape and Duct Tape, Trash bags, Large green scissors
- Black flash light
- 6 D Batteries
- Toy Phone
- . Thermometer: Oral
- Motrin and Tylenol for babies
- 3 16 oz bottles of waters
- 12.4 oz Can of Baby Formula
- 5 Jars of Baby Food
- 12 Diapers &1 Pack of wipes
- . Top:3 tops: 4 pairs of bottoms, Hats and pajamas
- . Blanket: 3 blankets Large enough for the baby

To be observed for compliance on :

Emergency Documents

☑Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedures:

The Provider will grab the baby safely in a baby evacuation apron and the ERTG bag and run to the bathroom (0 windows 1 door). The Provider will contact the Parent via email and or texting before and after the emergency.

Evacuation Procedures:

The Provider will grab the baby safely in a baby evacuation apron and the ERTG bag and put the baby in her car seat then drive to the local church. The Provider will contact a neighbor that works at the church to gain entry. Once inside the Church the Provider and the baby will shelter in the basement of the church (3 door 0 windows). The Provider will contact the Parent before and after they are secured. If the Provider cannot shelter at the Church the Provider will grab the baby safely in a baby evacuation apron and the ERTG bag and put the baby in her car seat then drive to the local School. The Provider will contact the Safety Coach in order to gain entry. The Provider and the child will shelter in the Cafeteria(2 door 3+ Windows). The Provider will contact the Parent before relocating and after they are secured.

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; A MEPGELES MACRES	Printed Name:

gnat	Signature:	
ate: 7/1/2/2019 Phone	Date:02/18/2022	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: 10/10/2022	Time	ln: 12:00PM	Time Out: 1:05PM	Result: PASSED
Informal Care				
Type of Care (check one):	n-relative Info	rmal Provider Ca	re	nformal Provider Care
Provider Information			Mark Services	miormai Frovider Care
First Name: Hannah	Last	Name: Martin		Provider ID:
Provider ID	THE PERSON			Email:
Care Location Inspected			Participated and the state of t	Carl Mark Mark State (Control of Control
Street Address: Address Verified? Yes	City:	County:		State Zip Code:
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
and a second	A Library on the last		10/26/2020	23 Mos. / Yes
			08/10/2018	4 Yrs / Yes
DA SARVE				
		and a could		

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or co Y - Yes, N - No, I	orrective actions needed. Additional O - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
 Is free of insect or rodent infestation 	Υ	No sign of infestation
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Y	Steam observed
Has a working inside toilet Look under sink	Y	
Has utilities for cooking, lighting and heating	Y	Electric stove lit
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Provider's cell called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Bandaids, gauze, alcohol wipes, tape
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Children Legione Life space
Medications of any kind	Y	Upper cabinet
Matches, lighters and flammable products	Y	On top of fridge
Alcoholic beverages	Υ	towns in the state of the state
• Guns	Y	2 locks and a key pad
Cleaning agents	Y	Locked under sink
Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met 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.			
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ		
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.	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	The state of the s	
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	t de lactolon Canació Totalis a Signas and sa windows. Il agravaga	
 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 	and proceed to a control of the cont	The substitution was a state for containing the containing of the containing the	
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.	γ		

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

Disaster Supply Kit

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

Items in the Disaster Supply Kit are clean, organized, and	usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily acc	essible in the event of an emergency (Y/N)	? Y
Location of The Emergency Ready to go Pack: Close		
Item Specification (if needed):		
CONTRACTOR OF THE SECOND OF TH	AND AND ADDRESS OF THE PARTY OF	
2 shirts, 2 pants, shorts, 2 pairs socks, 1 underwear, 2 ja 3 AA batteries, 2 books	acket, 2 blankets, wipes	
Band aids, gauze, tape, alcohol wipes,		
2 16oz water bottles, 2 cans of chicken noodle soup, 2 gr	ranola bars,	
Items to review on xx/xx/xxxx if needed: N/A		
Emergency Documents		rasalik salik bilay salah salah salah salah
	lan (this completed form)	
⊠Authorization for emergency medical care	ian (and complete term)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Ki	it and the Emergency Documents regular	ly:
First Name Amanda Last	Name Burrill	
Shelter In Place Procedure: The provider will grab the children, the ERTB and hear	d to the basement living room which has	3 doors and no windows. If the need
Shelter In Place Procedure: The provider will grab the children, the ERTB and head should arise the provider will use plastic and tape to see Evacuation Procedures: The provider will grab the children, the ERTB, her phocar seats that are already in the vehicle before driving location, they will head to the basement that has no we to seal the shelter. The provider will call the parents at they couldn't shelter at the primary location, they most of the time and the basement that has no window and one door. If the	d to the basement living room which has a call the shelter. The provider will call the provider and car keys and proceed to her vehicle to the primary evacuation location which indows and 3 doors. If the need should after they are secure in the evacuation location which indows and the provider would knock on the door to go the provider would arise the provider will use	3 doors and no windows. If the need parents once they are secure. cle where she will secure the children the is the provider's house. Once at the rise, the provider will use plastic and tape ation. evacuation location which is the party. Once there, they will shelter in
Shelter In Place Procedure: The provider will grab the children, the ERTB and head should arise the provider will use plastic and tape to see Evacuation Procedures: The provider will grab the children, the ERTB, her phocar seats that are already in the vehicle before driving ocation, they will head to the basement that has no wind seal the shelter. The provider will call the parents at the primary location, they most of the time and the basement that has no window and one door. If the provider will call the parents after they are secure in the Signatures & Date	d to the basement living room which has a seal the shelter. The provider will call the part and car keys and proceed to her vehic to the primary evacuation location which indows and 3 doors. If the need should after they are secure in the evacuation location the provider would knock on the door to go a need should arise the provider will use pare alternate evacuation location.	3 doors and no windows. If the need parents once they are secure. cle where she will secure the children the is the provider's house. Once at the rise, the provider will use plastic and tape ation. evacuation location which is gain entry. Once there, they will shelter in plastic and tape to seal the shelter. The
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Shelter In Place Procedure: The provider will grab the children, the ERTB and head should arise the provider will use plastic and tape to see Evacuation Procedures: The provider will grab the children, the ERTB, her photoar seats that are already in the vehicle before driving ocation, they will head to the basement that has no will oseal the shelter. The provider will call the parents at they couldn't shelter at the primary location, they most of the time and of the basement that has no window and one door. If the provider will call the parents after they are secure in the signatures & Date Acknowledgement: By signing below the parties acknowledgement: By signing below the parties acknowledgement: The parties also acknowledge that, if	d to the basement living room which has a call the shelter. The provider will call the provider and car keys and proceed to her vehicle to the primary evacuation location which indows and 3 doors. If the need should a fiter they are secure in the evacuation location which indows and 3 doors. If the need should a fiter they are secure in the evacuation location alternate evacuation which care is provider will use provider will use provider approved, the home in which care is provider will call the provider will use provide that all standards have been review approved, the home in which care is provider will call the provider will use provide the provide the provider will use provide the provide	3 doors and no windows. If the need parents once they are secure. cle where she will secure the children the is the provider's house. Once at the rise, the provider will use plastic and tape ation. evacuation location which is pain entry. Once there, they will shelter in plastic and tape to seal the shelter. The
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the basement that has no window and one door. If the provider will call the parents after they are secure in the provider will call the parents after they are secure in the parents after they are secure in the parties acknowledgement: By signing below the parties acknowledgement been discussed. The parties also acknowledge that, if pop up visit which will be conducted virtually or in-personal providers and the parties also acknowledgement in-personal providers.	d to the basement living room which has a call the shelter. The provider will call the provider and car keys and proceed to her vehicle to the primary evacuation location which indows and 3 doors. If the need should after they are secure in the evacuation location alternate extremely a control of the provider would knock on the door to go a need should arise the provider will use provider alternate evacuation location.	3 doors and no windows. If the need parents once they are secure. cle where she will secure the children the is the provider's house. Once at the rise, the provider will use plastic and tape ation. evacuation location which is pain entry. Once there, they will shelter in plastic and tape to seal the shelter. The
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☑ □Virtual Inspection In-person Inspection	Maryland Sta	INFORM	Education/Office plarship Program AL CARE I CHECKLIST	of Child Care	Return to: ccs.informalproviders@maryland. ov
Inspection Date: 05/01/2023		Time In: 3:30PM	Time Out: 4:	44PM Resu	It: PASSED
Informal Care					
Type of Care (check one):	□ Non-relat	ive Informal Provid			
Provider Information	E MONTOIR	ive illicitilal Flovid	er care Mela	ative Informal Pro	ovider Care
First Name: Maria Provider ID #;		Last Name: Marti	nez De Vargas	Provid	der ID: <u>513455</u>
Care Location Inspected	Allendary May		3.5 S. 1.4 P. C. P.	17/19/20 10/19/20	
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:	
Name of Children in Care (add	pages if need	ed) Scholarsh	ip Date of Birt	h Age	/ Present (Y/N)
			(09/18/2018	- igc	/ Present (Y/N)
			(07/07/2022	/ //	
Safety of the Home			And the control of the control		
Directions: Review and determine pages may be used for comments	compliance w	ith each standard. N	ote any comments o	or corrective action	ns needed. Additional d, n/a – Not Applicable
lealth and Safety Training:			Standard Me	t Comments	
Basic Health and Safety Training	Completed?		Y		formal Care - Certificate Submitted
fome is free of health and safe	ty hazards:		Standard Me Y/N	t Comments/	
Is in good repair			Y		All areas were clean
Is free of insect or roder	t infestation		Y		No evidence of infestation
s well-lit and well-ventile	 		Y		were turned on and natural window lighting
Has hot and cold running	<u></u>		Y	Tested b	y provider and steam observed on
 Has a working inside toil 			Υ	Flus	camera hed by provider and observed
 Has utilities for cooking, 	ighting and he	eating	Y	1,43	ned by provider and observed
Has a working and safe		n	Y	Thermos	tat tested by provider for cooling & heating
Has a working refrigerate			Y	Test	ted by provider and observed
Has a working telephone			Y		nd call made to provider's phone
Has operational smoke d	etector(s)		T Y	_	ed by provider and observed
Has first aid kit/supplies			Y		stored in locked bathroom cabinet
Has protective coverings accessible to children			Y		tlets covered and/or occupied
mful items are stored appropi dren:	ately and aw	ay from	Standard Met Y/N	Comments/Not	es on /Timeframe if needed
Sharp or pointed items			Y		container holder on back of kitchen
 Medications of any kind 			Y		counter
 Matches, lighters and flam. 	nable product	s	Y	Stored in	upper level kitchen cabinet
Alcoholic beverages			Y	0.0160 (()	Does not own
• Guns			Y		Does not own
Cleaning agents			Y	Stored in bathro	om and kitchen cabinets with locks
 Poisonous substances 			Y		Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Diapering area in living room or provider's bedroom w/ supplies
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Dispose of diapers daily in bathroom trash car and then outside
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	Total Fillian and I needed
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	*** *** *** *** *** *** *** *** *** *** *** *** **	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services nit.	Υ	

Emergency Ready-to-Go Pack		A CONTRACTOR OF THE PARTY OF TH
The Emergency Ready-to-Go Pack must be av needed medications) <u>and</u> Emergency Docume	ailable and easily accessible in the event of an emonts.	ergency, This contains a Disaster Supply Kit (including
Disaster Supply Kit	of the Parish and the same of	Special religion for the subsection of
Directions: Review and determine that each ite enough supplies for each child in care. Also the	em is adequately included in the Disaster Supply Ki tems are clean, organized, and usable. Comment	t. Be certain that the Disaster Supply Kit contains
⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	☑Non-perishable food	
⊠Batteries for Flashlight ⊠Portable First Aid Kit	⊠Non-perishable food ⊠Diapers	⊠Backpack(s) or carrying case(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in	the event of an emergency (Y/N)? Y
	·
Location of The Emergency Ready to go Pack: Stored in hallwater Specification (if needed):	ay closet near exit
- 1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec mod	is, 4 bottled waters, 2 outfits (top/bottom) 4 diapers w/ 1 pk of wipes,
thermometer, gen med (Tylenol/Motrin), 6 heavy duty trasl	h bags, 1 roll of duct tape, 2 blankets, 5 canned foods, 1 can of bab
formula, 1 pair of scissors, 1 carry-on suitcase (carrying c	ase), folder w/ EPP and ECMA for each child 3 tove
Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
⊠Informal Provider Emergency Preparedness Plan (this co	ompleted form)
	mpotod formy
Planning and Maintenance	Control of the second s
Person responsible for updating the Disaster Supply Kit and the E	Mercrency Documents regulation
Last Name	morgandy boournerits regularly:
<u>Jennifer</u> <u>Vargas</u>	
Description of how the Emergency Ready-to-Go Pack will be trans	ported to an evacuation location: carried by the provider
Shows in Flace Flocedure.	
The provider will gather the children and the ERTG and head into I	laundry room (1 door 0 windows). The provider will use sealing plastic
Francis will contribe batel	nts before, during and after the emergency to give them updates
- Tocedures:	
Primary: The provider will call the parent, account for the children secure the younger child in the rear-facing car seat and older child	and the ETRG and walk to the grandmother's vehicle. She would
The provider will gain	in the forward-racing car seat. The provider and children will drive to
- h !! - h	Will the second of the second
emergency,	provider will give the parents a call before, during and after the
Attamata (f.)	
She would secure each child in their secure to Manual, the provide	ler will take the children and ERTG back to the grandmother's vehicle
would drive them The provider will	or car seat and older tinhward-facing) car seat. The grandmother
(1 door 2 windows). The provider will call the parents befo	She and the children will go into
Signatures & Date	5 onorganity.
Acknowledgement: By signing below the parties acknowledge that at	
Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the	Il standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random unapprovided
pop up visit which will be conducted virtually or in-person.	Il standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced
pop up visit which will be conducted virtually or in-person.	Il standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced INSPECTOR
Printed Name: Maria Mortina De Vargas	The in which care is provided is subject to random, unannounced
Printed Name: Maria Mortina De Vargas	INSPECTOR Printed Name:
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. PROVIDER Printed Name: Marica Marine De Vargas Signature: Date: 6 6 23 Phone:	INSPECTOR

☐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

Result: Follow-up Required. Result: PASSED Inspection Date: 05/09/2023 Time In: 1:30PM Time Out: 2:44PM Time Out: 4:06PM Follow-up Inspection Date: 05/09/2023 Time In: 4:00PM **Informal Care** ☐ Non-relative Informal Provider Care ⊠Relative Informal Provider Care Type of Care (check one): **Provider Information** Provider ID: 343908 First Name: Pamanetha Last Name: Massey

First Name: Pamanetna	Last Name: Massey			
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	led) Scholarship	Date of Birth	Age / Present (Y/N)	
		(01/23/2023)	4mos./ N	
		(01/23/2023)	4mos./ N	
Safety of the Home				
Directions: Review and determine compliance vages may be used for comments.	with each standard. Note	any comments or c Y – Yes, N – No,	orrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed	?	Y	Relative Informal Care – Certificate Submitted	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair		Y	All areas were clean	
Is free of insect or rodent infestation		Y	No evidence of infestation	
Is well-lit and well-ventilated		Y	All lights were turned on and natural window lighting	
Has hot and cold running water		Y	Tested by provider and steam observed on camera	
Has a working inside toilet		Υ	Flushed by provider and observed	
Has utilities for cooking, lighting and	l heating	Y		
Has a working and safe heating sys	tem	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) 		Υ	Tested by provider and observed	
Has first aid kit/supplies		Y	Corrective Action Completed: First aid kit added t the provider's bathroom closet	
 Has protective coverings on any ele accessible to children 	ctrical outlet that is	Y	All outlets were occupied or covered	
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items		Y	Stored in knife holder on back of kitchen counter and in high kitchen cabinet	
Medications of any kind		Y	Stored away in provider's locked bedroom closet	
Matches, lighters and flammable pro	oducts	Y	Moved to higher kitchen cabinet	
Alcoholic beverages		Y	Does not own	
• Guns		Y	Does not own	
Cleaning agents		Y	All cleaning agents in locked kitchen cabinets	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Stored in knife holder on back of kitchen counter and in high kitchen cabinet	
Sharp or pointed items	Y		
Medications of any kind	Y	Stored away in provider's locked bedroom closet	
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	All cleaning agents in locked kitchen cabinets	

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

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

Disaster Supply Kit

⊠Flashlight	⊠ Bottled water	□ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠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	Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and e	asily accessible in the	event of an emergency (Y/N)?	Υ	
Location of The Emergency Ready to go Pack: Stored in the laundry room near exit Item Specification (if needed): 1 tote (carrying case), 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds., 2 bottled waters, 1 gallon of water, 3 canned foods, 1 can of baby formula, 2 outfits (onesie/top), 2 blankets, 2 diapers w/ 1 pk of wipes, folder w/ EPP and ECMA per child, 2 small toys, 1 pair of scissors, 1 roll of duct tape and 2 heavy duty trash bags				
Items to be reviewed on 05/09/2023: Corrected	d & Reviewed 05/09/2	023		
- First aid kit for the home				
Emergency Documents				
⊠Informal Provider Emergency Prepared	ness Plan (this compl	eted form)		
⊠Authorization for emergency medical ca	are			
Planning and Maintenance				
Person responsible for updating the Disaster Su	pply Kit and the Emer	gency Documents regularly:		
First Name Pamanetha	Last Name Massey			
Description of how the Emergency Ready-to-Go	Pack will be transpor	ted to an evacuation location	carried by the provider.	
Shelter In Place Procedure: The provider will gather the children and grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise the provider will use sealing plastic and tape to secure the areas. The provider will call the parent before, during and after, in addition to calling 911 if needed.				
Evacuation Procedures:				
Primary: The provider will account for the children and grab the ERTG tote, the provider will carry the bag and children to the provider's vehicle. She will secure each child in their rear-facing car seats and upon arrival the provider and once she and the children are secured she will call the parent. The provider and children will go into on first floor. Provider will call the parent to give emergency updates.				
Alternate: If they could not access the primary location, the provider will gather the children, grab the ERTG and head to her vehicle. She will secure each child in their rear-facing car seats and drive to gain instruction about where to shelter for safety. Once secured she will call the parent again to give emergency updates.				
Signatures & Date				
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.				
PROVIDER			NSPECTOR	
Printed Name: Townson Tha Me	gsscy	Printed Name:		
S	/	Signature:		
Date: 05/25/2023 Phone:		Date: 05/09/2023	Phone: 1-877-227-0125	

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 08/10/2023 Follow-up Inspection Date: 08/11/2023		In: 10:30AM In: 8:30AM	Time Out: 11:51A Time Out: 8:40AN		Follow-up Requiredup Result: PASSED
Informal Care					
Type of Care (check one):	-relative Info	rmal Provider C	are ⊠Relative I	nformal Prov	vider Care
Provider Information					
First Name: Adrienne Provider ID #:	Last	Name: Matthew	vs	Provide Email:	er ID: <u>518054</u>
Care Location Inspected	High King		No. of the second	Linear	
Street Address: Address Verified? Yes.	City:	Count	y:	State	Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(07(40(0045)	O / M	
			(07/16/2015)	8yr. / N	
			(11/30/2018)	4yr. / N	

	(11/30/2010)	Ty1.7 14	
	(02/11/2022)	1yr. / N	
Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		corrective actions needed. Additional D - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Υ	All areas were clean	
 Is free of insect or rodent infestation 	Y	No evidence of infestation	
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting	
Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass	
Has a working inside toilet	Y	Flushed by provider and observed	
 Has utilities for cooking, lighting and heating 	Y	7207	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating	
 Has a working refrigerator and stove 	Y	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider phone	
 Has operational smoke detector(s) 	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Medical supplies stored in drawer in parent's bedroom	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y	Stored in knife holder on back of counter	
Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen	
Matches, lighters and flammable products	Y	Moved to top of kitchen cabinet	
Alcoholic beverages	Y	Does not own	
Guns	Y	Does not own	

•	Cleaning agents	Y	All cleaning products on high shelf in bathroom closet
•	Poisonous substances	Y	Does not own
GENER	AL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All area	s of the home are kept clean, including diapering area.	Y	Changing area in providers bedroom
	garbage and wet and soiled diapers are disposed of in a manner.	Υ	Trash thrown away daily via diaper baggies
Child is diaper,	changed immediately when s/he has a soiled or wet clothing or bedding.	Υ	
Diaperir	ng procedures are followed.	Y	
	ashing procedures are followed. Provider and child's hands 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 including	in care is not subjected to any form of neglect, g: 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	1 31
neglect	ovider immediately reports any suspected child abuse, or mistreatment by calling 911 and your <u>local</u> ment of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

⊠Flashlight	⊠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	F	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
⊠Medications	⊠Blanket(s)	t .	pags
Items in the Disaster Supply Kit are clean, orga	MACHINE AND THE		
Emergency Ready-to-Go Pack is available and		n emergency (Y/N)?	,
Location of The Emergency Ready to go Paltem Specification (if needed): 1 backpack (carrying case), 1 flashlight bars and fruit snacks, 3 outfits (top/bot duct tape, 1 pair of scissors, sheets of tems to be reviewed on 08/11/2023: Compared to the state of the stat	t, 1 pk of D batteries, 1 first aid k ttom), 2 large blankets, folder w/ sealing plastic, and 1 thermome prected & Reviewed on 08/11/20/	it, no specific meds, of EPP and ECMA per coter	4 bottled waters, juice, crackers, fruit hild, 1 pk of playing cards, 1 roll of
Emergency Documents	Cherry Principles		
⊠Informal Provider Emergency Prepare ⊠Authorization for emergency medical	그렇지 않는데 그 그리가 많아 하는데 하나 하는데 하는데 하는데 하는데 하다면 하다.))	
Planning and Maintenance		SECOLULE DE	
Person responsible for updating the Disaster S		cuments regularly:	
Adrienne	Last Name Matthews		
Alternate: If they could not access the primar provider's vehicle. The provider will carry the secure the youngest child in their rear-facing of will drive to	dren, grab the ERTG and head to children walking to her car. The pest child in their booster seat. The Pency updates. The provider and children would seemly updates. The provider will accommodate the provider will be provided the provider will be provided the provider will be provided the provide	o the provider's vehicle provider will secure the provider will drive to eek shelter will be	der would call or text the parent, once de. The provider will carry the de youngest child in rear-facing car described by the control of the
Signatures & Date			
Acknowledgement: By signing below the partie been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the home in wh	have been reviewed, nich care is provided is	and any corrections if needed have subject to random, unannounced
PROVIDER		INS	SPECTOR
Printed Name: Avelage Matt	Printed 1	Name:	
Signatu	Signatur	e:	
Date: 9/19/33 Phone:	Date: 08	/11/2023	Phone: 1-877-227-0125

⊠Virtual Ins	pection
□In-person	Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 08/10/2023	Time In: 2:30PM	Time Out: 3:38PI	M Result: PASSED
inspection Date. 00/10/2023	Time in. 2.30FW	Time Out: 3:36Pi	W Result: PASSED
Informal Care			
Type of Care (check one): ☐ Non-relat	ive Informal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Shirley	Last Name: Maynard	i	Provider ID: 438037
Provider ID #:			Email:
Care Location Inspected			
Street Address: City:	County:	State	Zip Code:
Address Verified? Yes.	70 61		
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
		(03/04/2013)	10yr. / N
		(04/19/2014)	9yr. / N
		(08/10/2017	5yr. / Y

d. Additional Not Applicable
imeframe if needed
are – Certificate Submitte
imeframe if needed
eas were clean
nce of infestation
ned on and natural window lighting
and observed the ice melt i clear glass
rovider and observed
by provider for cooling & heating
ovider and observed
by informal team to provide rior to inspection
ovider and observed
ored on high shelf in hallwa closet
e covered or occupied
meframe if needed
older on back of counter
cabinet of bathroom
es not own
es not own es not own

Cleaning agents

All cleaning products stored in locked garage

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

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

Disaster Supply Kit

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

⊠Medications (N/A)	⊠Blanket(s)			
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y				
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y				
Location of The Emergency Ready to go Pack Item Specification (if needed): 1 suitcase(carrying case), 1 flashlight, 2 waters, 5 dried packed foods, and fruit, 3 stuffed animals, 1 pair of scissors, 1 roll of tems to be reviewed on xx/xx/xxxx: N/A	O extra batteries, 1 outfits (top/bottom/	first aid kit, 1 thermometer, no underwear), 3 blankets, folder		
Emergency Documents				
⊠Informal Provider Emergency Prepared	ness Plan (this com	pleted form)		
	re			
Planning and Maintenance				
Person responsible for updating the Disaster Sup	oply Kit and the Eme	ergency Documents regularly:		
First Name Shirley	Last Name Maynard			
Description of how the Emergency Ready-to-Go		orted to an evacuation location	carried by the provider.	
Shelter In Place Procedure:				
The provider will gather the children and go into the basement (1 door 2 windows) in which the ERTG is already located and proceed to ock the door and then seal the door, vents and windows if the need should arise with the sealing plastic and tape. The provider would call the parent, once she and the children are secured. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to upon arrival. The provider and children would seek shelter in the (1 door 1 window) and then call the parent once secured with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to the provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children would seek shelter in the provider will patio window) and then call the parent once secured with emergency updates.				
Signatures & Date	almandadas #* "	atandarda bassa bassa sasta	Landan and the March 18	
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		ll l	NSPECTOR	
Printed Name: Shirtey Mayne	red	Printed Name:		
Signature		Signature:		
Date: 8-1/- 23 Phone		Date: 08/10/2023	Phone: 1-877-227-0125	

327383

☑ Virtual Inspection In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 07/05/2022 Follow-up Inspection Date: 07/12/2022	Time In: 1:50PM Time In: 8:45AM	Time Out: 3:25PM Time Out: 8:47 AM		Resu	lt: PAS	SSED.	
Informal Care		9 1					
Type of Care (check one): Non-relati	tive Informal Provider C	Care ⊠Relativ	e Info	mal Pr	ovider	Care	
Provider Information							
First Name: Shirley Provider ID #	Last Name: Maynar	d		Provid		377383	
Care Location Inspected	1			Email			
Street Address City:	County:				State		Zip Code:
Address Verified? Yes	County.				State		Zip Code.
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth		Age	1	Present	(Y/N)
Traine of official in our (and pages if need	(South Controller	8/10/2017	4	/ Yes		1103011	s (my
		4/19/2014	8			ımmer Ca	mn
		3/04/2013	9			ımmer Ca	
		4/28/2010	12			ummer Ca	·
		4/20/2010		7 140,	ato	ullillier Ca	amp
Safety of the Home		10.75					
Directions: Review and determine compliance pages may be used for comments.	with each standard. Note	any comments or Y – Yes, N – No,					
Health and Safety Training:		Standard Met Y/N		Comments/Notes Corrective Action /Timeframe if needed			
Basic Health and Safety Training Completed	?	Y			Rel	ative Info	rmal Care
Home is free of health and safety hazards	e is free of health and safety hazards:			Comments/Notes Corrective Action /Timeframe if needed			
Is in good repair		Y					
 Is free of insect or rodent infestation 		Y					
Is well-lit and well-ventilated		Y					
Has hot and cold running water		Y	4	0.9 Cels	sius/10	5 Fahrenh	eit using thermometer
Has a working inside toilet		Y		Cleanin	U .	lucts move	ed to garage which is
Has utilities for cooking, lighting and	l heating	Y	Ele	ctric St	ove lig	hted	
Has a working and safe heating syst	tem	Y					
Has a working refrigerator and stove		Υ					
Has a working telephone		Y	Pro	vider's	cell ca	lled	
Has operational smoke detector(s)		Y	_				
Has first aid kit/supplies		Y		ndage, drogen			ntment Benadryl cream,
 Has protective coverings on any ele accessible to children 	ctrical outlet that is	Y	Co	vered if	not in	use or bel	nind furniture
Harmful items are stored appropriately and	away from	Standard Met	Com	ments/N	lotes		
children:		Y/N	Corre	ctive A	ction	/Timefram	e if needed
Sharp or pointed items		Y	Knive	s back	of cour	nter	
Medications of any kind		Υ					
 Matches, lighters and flammable prod 	fucts	Υ	Garag	ge			
Alcoholic beverages		Υ	None				
Guns		Υ	None				
Cleaning agents		Υ					
Poisonous substances		Υ	None				

377383

		37738
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 local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

Medications N/A	Blanket(s)		377383		
Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N)? Y	7		
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 Paci	c: Corner in Family	Room			
Item Specification (if needed):					
2 D Batteries, Band-Aids, scissors, tape, gaux	ze, cortisone cream,	ointment, facemask			
4 16 oz water bottles, 3 Chicken Noodle soup		itos, fruit cups, cookies,			
4 Shirts, 4 pants, 2 large blankets, book, card	s, toys,				
Items to review on 07/12/2022 if needed: Corr					
- Provider must have the EPP & ECMA prin	nted and stored with	in emergency bag			
Emergency Documents					
⊠Informal Provider Emergency Prepared	ness Plan (this com	oleted form)			
⊠Authorization for emergency medical ca		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Planning and Maintenance					
Person responsible for updating the Disaster Su		ergency Documents regularly:			
First Name	Last Name				
Description of how the Emergency Ready-to-Go	Pack will be transpo	orted to an evacuation location:	Carried		
Shelter In Diese Breedure:					
Shelter In Place Procedure: The provider will gather the children calling them	h by name before he	ading to the basement to shelte	er in the main room, where there are		
two windows and two doors. The ERTG is alread	dy kept in the basem	ent. The provider will use trash			
should the need arise. Once everyone is secure, provider will call the parent.					
Evacuation Procedures:					
Evapation 1000daros.					
The provider will gather the children and the ER					
			ey are on their way to her house. The e a spare key to gain entry and		
proceed to the living room where they will shelte					
If they couldn't shelter in the primary evacuation			Provider will follow the same		
procedures used to evacuate from care location make sure all the children are secure in car seat		er the children and the ERTG a t belts for the other children. Th			
her know they are on their way to her house so	she can let them in.	Once there they will proceed to	the living room where there is one		
door and one window. Provider will call parent o location.	nce they get in the c	ar to head to Evacuation location	on and after getting to the evacuation		
Signatures & Date	1 miles FUX 3F L		TATES AND THE TOTAL OF THE TATE OF THE TAT		
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge to pop up visit which will be conducted virtually or in	hat, if approved, the l				
PROVIDER	, polooili	IN	SPECTOR		
Printed Name: Shirles Ma	unland	Printed Name:			
Signatu	-711.777 7 54	Signature:			
Date: 7-12-22 Phor		Date: 07/12/2022	Phone: 1-877-227-0125		

☑ Virtual Inspection☐ In-person Inspection

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

Inspection Date:	Time	ıln:	Time Out:	Result:	V 1005	
6/29/2021	10:00	D AM	12:00 PM	APPROVI	ED	
Informal Care						
☑ Type of Care (check one): □	Non-relativ	e Informal Provid	der Care 🗹 Rel	ative Informal Pro	vider Care	
Provider Information	***					
First Name:	Last	Name:	10 to	Provider 3	77383	
Shirley	Mayı	nard		Email:	******	THE STATE OF THE S
Care Location Inspected		* * *				
Street Address:		City	Cour	nty State	Zip Code	
			126-4-			
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
	*		04/28/2010	11/Y		
			03/04/2013	8/ Y	· ·	
		-	08/10/2017	3/Y	S-	
				IY		
200				/Y		11.5
		1		/Y		
						0.0

Safety of the H	lome		
Directions: Additional	Review and determine compliance with each stan 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 Hea	alth and Safety Training Completed?	n/a	Relative are exempt from this regulation
Home is free of h	ealth 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 a	nd cold running water	Y	
 Has a wo 	rking inside toilet	Υ	
Has utilitie	es for cooking, lighting and heating	Y	
 Has a wo 	rking and safe heating system	Y	
Has a wo	rking refrigerator and stove	Y	
 Has a wo 	rking telephone	Y	Mobile phones only
 Has opera 	ational smoke detector(s)	Y	×
 Has first a 	id kit/supplies	Y	
	ctive coverings on any electrical outlet that is a to children	Y	
Harmful items are children:	stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or i	pointed items	Y	
 Medicatio 	ns of any kind	Y	
 Matches, 	lighters and flammable products	Y	
 Alcoholic 	beverages	Y	
Guns		Y	
Cleaning	agents	Y	
Poisonous	s substances	Y	

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

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

8			
Items in the Disa	aster Supply Kit are clean, organized, an	d usable (Y/N)? Y	
Emergency Rea	dy-to-Go Pack is available and easily ac	cessible in the event of an emergency (Y/N)? Y
	Kit Comments/Notes: Il be stored in the closet on the main leve	el by front door.	
Emergency Doc	uments		
	ovider Emergency Preparedness Plan on for emergency medical care	(this completed form)	
Planning and Ma	aintenance		
Description of horoster the child booster seat and the relocation to	. The relocation by the relocation control in the relocation control i	Name vill be transported to an evacuation locally out the front door towards the craditional seat belt. Then, the Province address is The Provider has an entry ke	cation:
Signatures & Dat		N 9000	
Acknowledgement been discussed.	t: By signing below the parties acknow	ledge that all standards have been rev	viewed, and any corrections if needed have
	PROVIDER		INSPECTOR
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 6/29/2021	Phone: 410-767-7932

☑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: 03/07/2023	Time In: 10:30AM	Time Out: 11:29AM	M Result: PASSED			
Informal Care						
Type of Care (check one): ☐ Non-relat	ive Informal Provider C	are ⊠Relative Ir	nformal Provider Care			
Provider Information						
First Name: Allison	Last Name: McIntyr	9	Provider ID: <u>508595</u>			
Provider ID #:	The state of the s		Email:			
Care Location Inspected	00					
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:			
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)			
		(08/25/2022)	6 mos. / Y			
		<u> </u>				
		1				

Safety of the Home		
Directions: Review and determine compliance with each standard, No pages may be used for comments,		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
lealth 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 Submitte
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	All areas were clean and in great condition
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 lots of 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, lock on the bathroom door
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat settings tested and observed
 Has a working refrigerator and stove 	Υ	Tested by provider and observed
Has a working telephone	Y	Called provider's working phone
Has operational smoke detector(s)	Y	Observed and tested by provider
Has first aid kit/supplies	Y	Retrieved from kitchen cabinet by provider and observed
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered with coverings and/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 upper level kitchen cabinet
Medications of any kind	Y	Stored in upper level kitchen cabinet
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own

Cleaning agents	Y	Cleaning agents on high 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	Provider keeps diapers, wipes and baby products in compartments of the changing pad
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Small trash container to dispose of any diapers wet items
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	Diapering area has 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.	Υ	,

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

Disaster Supply Kit

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

⊠Thermometer		⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash			
		bags			
⊠Medications	⊠Blanket(s)				
Items in the Disaster Supply Kit are clean, organized	3				
Emergency Ready-to-Go Pack is available and easily	y accessible in the event of an emergen	cy (Y/N)? Y			
Location of The Emergency Ready to go Pack: In	the living room by the exit door.				
 Item Specification (if needed): 1 flashlight, 1 bag of extra D batteries, 1 first aid baby food, 1 can of formula, 1 onesie, 3 shirts & roll of sealing plastic, no specific medications, 1 Items to be reviewed on xx/xx/xxxx: N/A 	k 1 bottom, 2 small blankets, 1 small boo	k and 1 toy, 1 pair of scissors, 1 roll of duct tape, 1			
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	Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:				
Last Name					
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Rolled by the provider.					
Shelter In Place Procedure: The provider will account for the child and ensure emergency bag is in the living room (1 door 3 windows). She will then lock and seal any doors on windows in the space as needed. Once they are safely secured she will text the parent and inform her of the emergency. Evacuation Procedures: Primary: The provider will carry the child and roll the emergency bag and go to her vehicle. She will secure the child in his car seat and hen text his parent of where they are evacuating to. Upon arrival the provider and would go into the (1 door 1 double-faced window). Once they are settled and any necessary area sealed and locked, she would call or text the parent to inform them of more emergency details. Alternate: The provider will the grab the child and roll the emergency bag and head to her car. She will then secure the baby in his car seat. The provider will call or text the parent once they are secured in the vehicle before driving to Upon arrival they would go to the vehicle before driving to 1 door 1 wide window). Provider will call the parent once they are safe					
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: Allison MEIntyre	Printed Name:				
Signature	Signature:				
Date: 03\07\2023 Phone:	Date: 03/07/2023	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: 09/17/2021 & 09/20/2021 Informal Care	Time In: 2:00 pm : 9:16 am	Time Out: 4:00 pm 9: 30 am	Result: Approved	d if returned by 5 pm	
Type of Care (check one): Non-relative Provider Information	ve Informal Provider C	are ⊠Relative Informa	al Provider Ca	are	
First Name: Hope Care Location Inspected	Last Name: McIver		Provider I	D: N/A	
Street Address: Verified?: Yes	City	County	Stat	e Zip Code	
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age /	Present (Y/N)	Section
		6/12/2008	13 / N	· · · · · · · · · · · · · · · · · · ·	
		06/29/2011	10 / N		
		6/11/2012	9 /N		
			1		
			1		

Safety of	the	Home
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Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.

Additional pages may be used for comments.

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

Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
	Basic Health and Safety Training Completed?	N/A		
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
	Is in good repair	Y		
	Is free of insect or rodent infestation	Y	Viewed under counter and baseboards	
	Is well-lit and well-ventilated	Y	Natural and artificial lighting in each room.	
0	Has hot and cold running water	Y	Observed Steam	
	Has a working inside toilet	Y	Observed Flush	
ū	Has utilities for cooking, lighting and heating	Y	Burners are operational, lights in kitchen are operational, and the thermostat turned on	
Ö	Has a working and safe heating system	Y	Thermostat temp increased.	
	Has a working refrigerator and stove	Υ	Frozen food in the freezer and refrigerator light turns on.	
	Has a working telephone	Y	Dial tone heard.	
	Has operational smoke detector(s)	Y	Fire and carbon monoxide detector. Test button pressed.	
Ģ	Has first aid kit/supplies	Y	Heat wraps, Q-Tips, Wound Care Kit, Hand Sanitizer, Neosporin, Bandages, gloves	
	Has protective coverings on any electrical outlet that is accessible to children	Y	No exposed outlet	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Kitchen drawer and kitchen counter with plastic covers or knife block.
□ Medications of any kind	Y	In drawer in bedroom. Bedroom door remains locked.
 Matches, lighters and flammable products 	Y	Kept on shelf higher than the children.
Alcoholic beverages	Y	On high shelf in the kitchen and computer room.
□ Guns	Y	Doesn't own any guns.
□ Cleaning agents	Y	Located on the top of the stacked dryer.
Poisonous substances	Y	Scotch Guard on the top shelf
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	Home kept cleaned. No diapering area in the home. Children aren't in diapers.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Recycling bin and a garbage bin.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No children in diapers.
washed thoroughly with soap and warm running water after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	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	Υ	

The provider immediately reports any sur neglect or mistreatment by calling 911 and Department of Social Services Child Prote	l your local	Y	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be (including needed medications) and Emergence	e available and easily accessible in gency Documents.	the event of an emergen	cy. This contains a Disaster Supply Kit
Disaster Supply Kit			
	ch item is adequately included in the	Disaster Supply Kit Re	certain that the Disaster Supply Kit contains
enough supplies for each child in care. Als	o that the items are clean, organize	d, 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, org	anized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available an	d easily accessible in the event o	f an emergency (Y/N)?	1
 Graham Crackers, Dried Cranberries, Gand AAA Batteries. Children does not take any medications Shopping Bag. Word Search Books, color pencils, Man Trash Bags for sealing plastic Nissan First Aid Kit- Scissors, Bandage and tape. Large Cowboys Blanket Thermometer Change of clothes in zip lock bags for e Black duct tape Large scissors 	Children are not in diape cala Board and sidewalk chalk II s, Burn Cream, Cleansing Towels	Scissors	Pack of AA e bottled water weezers, Gauze,
Emergency Documents			
☑Informal Provider Emergency Prepal ☑Authorization for emergency medica		rm)	
Planning and Maintenance			
	er Supply Kit and the Emerge larly: Last Name	ency Documents	
First Name	Cott Hallio		

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

Shelter In Place:

The Provider will grab the ready to go bag from near the bookshelf and direct children to shelter in the closet in the home (1 door 0 windows. Locks from the inside.). Will text the parent once they are secured in shelter in place. Will also FaceTime once the emergency is over.

Evacuation:

The Provider will grab the bag and the children. Inform them to grab their backpacks and head to the car. The provider will text the parent and put seatbelts on and head to the local public library. Once the children are safe and secured the provider will contact the parent. If the provider cannot shelter at the library the provider will load the children in the car. Put their seatbelts on and transport the children to the Public recreation center next to the library. The provider will call the parent when the emergency is over. Last resort if both locations are not available is a middle school for whether shelter in place.

Signatures & Date	
Acknowledgement: By signing below the parties acknowledgement been discussed.	edge that all standards have been reviewed, and any corrections if needed have
PROVIDER	INSPECTOR
Printed Name: Hope McIver	Printed Name:
Signatu	Signature:
Date: 09/20/202 Phone:	Date: 09/20/2021 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: 12/20/2023	Time In: 1:30PM	Time Out: 2:29PN	Result: PASSED
Informal Care			
Type of Care (check one):	Non-relative Informal Provider	Care ⊠Relative I	Informal Provider Care
Provider Information			
First Name: Terry	Last Name: McFarla	and	Provider ID: <u>535919</u>
Provider ID #:	Last Name. Wicharia	iiiu	Email:
Care Location Inspected			
Street Address: Address Verified? Yes.	City: County	State	Zip Code:
Name of Children in Care (add page	es if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(12/19/2019)	4yr. / Y
	7	(11/17/2021)	2yr. / Y

	(12/19/2019)	4yr. / Y
1	(11/17/2021)	2yr. / Y
Safety of the Home		20-1-07/25
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed melting ice under hot water
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider phone
Has operational smoke detector(s)	. Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit in under bathroom sink
 Has protective coverings on any electrical outlet that is accessible to children 	Y	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	Knife holder and block on back of kitchen counter
Medications of any kind	Y	Stored in bin on top of fridge
Matches, lighters and flammable products	Y	Moved to top of laundry shelf
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Y	All cleaning products in locked kitchen and bathroom cabinets
Poisonous substances	Y	Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Both children in diapers changing station in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All supplies at changing station
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury	Y	
Any sexual abuseMental injury		
A child in care is not subjected to any form of neglect, ncluding:	3) # = 2	8 E
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

Items in the Disaster Supply Kit are	clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is av	ailable and easily accessible in the event of an emergency (Y/N)? Y
 1 back pack (carrying case), waters, 3 canned foods, 1pk 	y to go Pack: Stored in the hallway closet by exit 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 therm of wipes/9 diapers, 2 outfits (sleeper sets), 1 large blanke rolls of duct tape and 1 roll of trash bags	
Emergency Documents		
	ev Proposedness Blog (this completed form)	page calcover to the extreme transcription of the first of the state o
⊠Authorization for emergence	cy Preparedness Plan (this completed form) y medical care	
Planning and Maintenance		
Person responsible for updating the	Disaster Supply Kit and the Emergency Documents regu	larly:
First Name Teya	Last Name McFarland	*
Description of how the Emergency F	Ready-to-Go Pack will be transported to an evacuation loc	cation: carried by the provider.
Shelter In Place Procedure:		<u> </u>
Evacuation Procedures	and window if needed. The provider will call the parent we children and grab the ERTG. The provider and children was	
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehild updates.	children and grab the ERTG. The provider and children of the description of the provider and children of the provider and children of the primary location, the provider will gather all children a cle where she will secure each child in their forward-facing	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehild updates.	children and grab the ERTG. The provider and children of defacing car seat and drive in one of the control of the provider (1 door 1 window). The provider the primary location, the provider will gather all children a cle where she will secure each child in their forward-facing	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and ag car seat and
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehi Upon arrival the provider will receive updates. Care Hours: Signatures & Date Acknowledgement: By signing below been discussed. The parties also acknowledgements are selected as a contract of the provider will receive updates.	children and grab the ERTG. The provider and children of defacing car seat and drive in one of the provider (1 door 1 window). The provider the primary location, the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children as the provider instructions from the provider will gather all children as the p	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and ag car seat and rovider will call the parent with emergency
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehi Upon arrival the provider will receive updates. Care Hours: Signatures & Date Acknowledgement: By signing below been discussed. The parties also acknowledgements are said to see the country of the countr	children and grab the ERTG. The provider and children of defacing car seat and drive in one of the provider (1 door 1 window). The provider the primary location, the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children as the provider will gather all childre	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and ag car seat and covider will call the parent with emergency
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehi Upon arrival the provider will receive updates. Care Hours: Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted to PROVID	children and grab the ERTG. The provider and children of defacing car seat and drive in one of the provider (1 door 1 window). The provider the primary location, the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children as the provider will gather all childre	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and ag car seat and rovider will call the parent with emergency iewed, and any corrections if needed have vided is subject to random, unannounced
Evacuation Procedures Primary: The provider will gather all will secure each child in their forward. They will shelter updates. Alternate: If they could not access children will go to the provider's vehi Upon arrival the provider will receive updates. Care Hours: Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted provider.	children and grab the ERTG. The provider and children of defacing car seat and drive in one of the provider (1 door 1 window). The provider the primary location, the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter instructions from the provider will gather all children a cle where she will secure each child in their forward-facin shelter in the provider will gather all children a cle where she will be considered with the provider will be considered with the provider will gather all children a cle where she will be considered with the provider will be considered with the cle will be considered with the cle will b	will go to the provider's vehicle where she Upon arrival the provider will call the parent with emergency and grab the ERTG. The provider and ag car seat and rovider will call the parent with emergency iewed, and any corrections if needed have vided is subject to random, unannounced

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/29/2023	Time In: 1:30PM	Time Out: 2:46PN	Result: PASSED	
Informal Care				
Type of Care (check one): □ N	on-relative Informal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information	Sacratical Control of the Control of			
First Name: Geovese	Last Name: McKnig	ıht	Provider ID: 530281	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: Address Verified? Yes.	City: County:	State Zip 0	Code:	
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present (Y/N)	
		(09/20/2017)	6yr. / N	
		(08/12/2019)	4yr. / N	
		(09/11/2022)	1yr./Y	

	(09/11/2022)	1 yr. / Y
Safety of the Home		A CONTROL OF THE STATE OF THE S
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or o	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
 Has a working inside toilet 	Υ	Flushed by provider and observed
 Has utilities for cooking, lighting and heating 	Υ	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating and utility bill submitted
Has a working refrigerator and stove	Υ	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider phone
 Has operational smoke detector(s) 	Υ	Tested by provider and observed
 Has first aid kit/supplies 	Y	Alcohol and Band-Aids stored on high shelf in kitchen cabinet
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	All outlets were covered or occupied
armful Items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in locked kitchen pantry on top shelf
 Medications of any kind 	Y	Stored in high cabinet in kitchen
 Matches, lighters and flammable products 	Y	Moved to a higher cabinet shelf in kitchen
 Alcoholic beverages 	Y	Does not own
• Guns	Y	Does not own

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021

	Υ	Stored on bathroom shelf over the toilet, under locked bathroom and kitchen cabinets and moved
Cleaning agents	1	to top shelf of room closet
	Υ	Bug spray stored on top shelf of hallway closet
Poisonous substances TANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
GENERAL CLEANLINESS STANDARDS All areas of the home are kept clean, including diapering area.	Y	Child is changed in changing station in providers bedroom
Trash, garbage and wet and soiled diapers are disposed of in a	Y	Trash thrown away daily via kitchen bin
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 necessary supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

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

 ⊠ Portable First Aid Kit
 ⊠ Diapers (N/A)
 ⊠ Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

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Revised 10/2021

T	⊠Change of clothes	⊠ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
⊠Thermometer	ØChange of diother	bags
⊠Medications (N/A)	⊠Blanket(s)	
	d, and usable (Y/N)? Y	sency (Y/N)? Y
Emergency Ready-to-Go Pack is available and cast	,	endy (my
Location of The Emergency Ready to go Pack: S	Stored near basement door exit t, 1 pk of AAA batteries, 4 bottled v	vaters, 20 dried food and canned items, 1pk of contractor bags, 1 pair of scissors, 3 outfits
Emergency Documents		State of the sum was as a second of the seco
⊠Informal Provider Emergency Preparedne	ss Plan (this completed form)	
		ote regularly.
Person responsible for updating the Disaster Supp	ly Kit and the Emergency Docume	ns regularly.
Firet Name	ast Name	
Geovese Description of how the Emergency Ready-to-Go Pa	ack will be transported to an evacu	ation location: carried by the provider.
Shelter In Place Procedure:		Three (O door 0 window) There are no direct doors,
The provider will gather the children and grab the E windows or vents to be sealed in this space. The provider will be sealed in this space.	RTG and go into the downstairs n	allway (0 door 0 window). There are no direct doors, nce secured with emergency updates.
windows or vents to be sealed in this space. The pr	TOVIDEL WILL CALL OF LOVE LINE PROPERTY	1
to Upon arrival, the provider too is familiar with the shelter options. The provider Alternate: If they could not access the primary loc child and head to the provider's vehicle. The provider and the provider is a seat and drive	ation, the provider will account for will ensure the oldest child is in to the children will shelter in the	of where to shelter specifically, she with emergency updates. the children, grab the ERTG and shoes for each his car seat belt, toddler in a booster seat and
Care Hours:		
Signatures & Date	A Land of the standards bearing	been reviewed, and any corrections if needed have
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-per	, it approved, the nome in which c	AND THE RESIDENCE OF THE PARTY
PROVIDER	William Marie and the Control of the	INSPECTOR
Printed Name: MCV MCV	Printed Name	:
Signati	Signature:	
Date: 1301 3 Phone:	Date: 09/29/2	023 Phone: 1-877-227-0125

miorital Crina Car	e wontoring	rorm
Informal Provider Name:	Coury	
Care Address:	Coulder	
	Time: In	1:000
	Time: Out	7 34 01
	Tillio. Out	Z . PM
Children in Care: (use additional pages is needed) Name Date of Birth	Age	Present (Y/N)
12/10/18		esent (T/N)
5/27/12		N
Directions: Review and determine compliance with each St Additional pages may be used for comments.	andard. Note any	y comments or corrective actions needed.
Safety of th	e Home	KEY: Y = Yes N = No D = Discussed
Standard	Standard	Comments/Notes
1. Basic Health and Safety Training Completed	Met (Y/N)	Corrective Action/Timeframe, if needed
2. Home free of health and safety hazards:		
a) In good repair	Y	
b) Free of insect or rodent infestation	O ST	
c) Well-lit and well-ventilated	Y	
d) Hot and cold running water	Ý	
e) Working inside toilet	Y	
figurities for cooking lighting and heating	Y	
g) Working and safe heating system	1	electric + oil heated
h) Working refrigerator and stole	Ý	CHIC TON NUMBER
ill Working telephone	4	cell phases not
Operational smoke detector	Ý	cell phones only
 k) First aid supplies (band aids gauze, tape gloves, thermor soap washcloth, tweezers ice pack/bag) 	eter.	
Protective covering on electrical outlets accessible to children	ren 🔪	
3. Harmful items are stored appropriately and away from chil	dren:	
a) Sharp or pointed items	Y	
b) Madigations of any kind	V	over the counter made who
c) Matches lighters and flammable products	1	needed
d) Alcoholic beverages		
e) Guris	·	+ DOME COLAN
f Cleaning agents	V	* peper speay
g) Poisonous substances		
* The last to the state of the		to the state down to a party

General Cleanliness Standard Comm Standard Met (Y/N) Correct Action/Timeframe, if needed 4. All areas of the home are kept clean, including diapering area, 5. Trash, garbage and wet or soiled diapers are disposed of in a once a week sanitation serva sanitary manner. 6. Children are changed immediately when they have a soiled or every 2 hours diaper check wet diaper, clothing or bedding. 7. Diapering procedures are followed. 8. Handwashing procedures followed: Provider and child's hands washed thoroughly with spap and warm running water after: · Toileting: Diapering · Before food preparation and eating After playing outdoors; and At other times when necessary to prevent the spread of disease. Child Abuse, Neglect and Mistreatment Standard Comments/Notes Standard Met Corrective Action/Timeframe, if needed (Y/N/D)9. A child is not subjected to any form of abuse, including: yrs Friend of Family Physical injury. · Any sexual abuse Mental injury 10 A child in care is not subjected to any form of neglect. includina: 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. 11. A child in care is not subjected to mistreatment, including: Any deliberate aut that hurts a child physically or emotionally. including: pping of hand 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 feet as purchasen.

Tying child to a cot or other equipment.

12 The provider immediately reports any suspected child abuse. neglect or mistreatment to the protective services unit of the Local Department of Social Services or to the local law enforcement agency.

By signing below the parties acknowledge that all standards have been reviewed and corrections, if needed, have been

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: 02/16/2023	Time In: 1	0:39AM	Time Out: 11:37A	M Result: PASSED
Informal Care				
Type of Care (check one):	relative Informal	Provider C	are Relative	Informal Provider Care
Provider Information				monnar Provider Care
First Name: Melissa	Last Name: Melendez Ortiz		Provider ID: 507104	
Provider ID #		i Name. Melendez Ortiz		Email:
Care Location Inspected			The parties with the	
Street Address: City: Address Verified? Yes.	County:		State	Zip Code:
Name of Children In Care (add pages if	needed) Sc	holarship	Date of Birth	Age / Present (Y/N)
			(09/02/2020)	2yr / N

Safety of the Home Directions: Review and determine compliance with an annual to the compliance with a second compliance with a secon		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	Y - Yes, N - No,	orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non- Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas generally clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	Artificial and lots of natural light
Has hot and cold running water	Y	Observed steam in bathroom shower, tested by provider
Has a working inside toilet	Y	Observed and flushed by provider in all bathroom
 Has utilities for cooking, lighting and heating 	Y	
 Has a working and safe heating system 	Y	Provider tested their thermostat and observed
 Has a working refrigerator and stove 	Y	Gas stove top fire observed
Has a working telephone	Y	Call was made to the provider's phone
 Has operational smoke detector(s) 	Y	Observed and tested by provider
Has first aid kit/supplies	Y	Stored in high level 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 high level kitchen cabinet
 Medications of any kind 	Y	Stored in high level kitchen cabinet
 Matches, lighters and flammable products 	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Y	Stored in high kitchen cabinet above fridge
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	□ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠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	y accessible in the event of an emergency (Y/N)? Y			
Location of The Emergency Ready to go Pack: Bag	is stored on top of refrigerator			
and 1 pk of wipes, 1 big blanket, 1 sweat s tape, 1 pair of scissors, 2 heavy duty trash	eter, 2 bottled waters, 1 first ald kit, 2 fruit pouches, 2 canned foods, 1 pk of diapers suit (top/bottom), 1 pair of socks, shoes & underwear, 3 small toys, 1 roll of duct h bags, 1 binder of EPP and ECMA docs, and no specific medications			
Items to review on xx/xx/xxxx if needed: N/A				
Emergency Documents				
⊠Informal Provider Emergency Preparednes ⊠Authorization for emergency medical care	ss Plan (this completed form)			
Planning and Maintenance Person responsible for updating the Disaster Supply	v Kit and the Emergency Documents regularly:			
	ast Name			
Description of how the Emergency Ready-to-Go Pa	ack will be transported to an evacuation location: carried by provider.			
Shelter In Place Procedure:				
hathroom (1 door 0 windows) depending on which I	supply kit and go into either the first floor bathroom (1 door 0 windows) or second floor level she is on with the child at the time of the emergency. If the need should arise the I the doors. The provider would call the parent before the emergency and call and text			
Evacuation Procedures:				
Primary: The provider will count the child as present his car seat and ensure he is safely buckled in. Once	nt and then carry the child and emergency bag to her vehicle. She will put the child in ce secured the provider will drive to the and the provider will call on arrival the will direct the provider and child in which area to at the beginning of the emergency, and will text the parent during until they are safe			
had to becambicle. She will secure the child in his c	ion on where she and the child would			
Signatures & Date Acknowledgement: By signing below the parties ack	mowledge 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			
been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-per	erson.			
PROVIDER	INSPECTOR			
Printed Name: Medissa, Medis	dez Ortiz Printed Name:			
Signature:	Signature:			
Date: 02/16/2023 Phor	Date: 02/16/2023 Phone: 1-877-227-0125			

☐ In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Does not own

INSPECTION CHECKLIST Result: Follow-up Required. Time Out: 11:20AM Time In: 10:30AM Inspection Date: 09/27/2023 Result: PASSED Time Out: 11:15AM Follow-up Inspection Date: 09/28/2023 Time In: 11:00AM Informal Care ⊠Relative Informal Provider Care Type of Care (check one): □ Non-relative Informal Provider Care **Provider Information** Provider ID: 529814 Last Name: Miller First Name: Christopher Email: Provider ID #: Care Location Inspected State Zip Code: County: Street Address: City: Address Verified? Yes.

Present (Y/N) Name of Children in Care (add pages if needed) Scholarship Date of Birth Age (09/03/2020) 3уг. / Ү 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 Relative Informal Care - Certificate Submitted Basic Health and Safety Training Completed? Standard Met Comments/Notes Home is free of health and safety hazards: Y/N Corrective Action /Timeframe if needed Is in good repair Y All areas were clean Y Is free of insect or rodent infestation No evidence of infestation All lights were turned on and natural window Y Is well-lit and well-ventilated lighting Tested by provider and observed steam in the Has hot and cold running water Y bathroom Flushed by provider and observed Has a working inside toilet Υ Has utilities for cooking, lighting and heating Thermostat tested by provider for cooling & Y Has a working and safe heating system heating Y Tested by provider and observed Has a working refrigerator and stove Outbound call made by informal team to provider's Y Has a working telephone phone Y Has operational smoke detector(s) Tested by provider and observed Alcohol, wipes, gauze pads, Band-Aids, ointment Y Has first aid kit/supplies in kitchen cabinet Has protective coverings on any electrical outlet that is Υ All outlets were covered or occupied accessible to children Harmful items are stored appropriately and away from Standard Met Comments/Notes children: YIN Corrective Action /Timeframe if needed Sharp or pointed items Y Stored in knife block on back of kitchen counter Medications of any kind Y Stored in medicine cabinet of providers bathroom Matches, lighters and flammable products Y Stored in holder onto of china cabinet Alcoholic beverages Does not own Guns

Cleaning agents	Y	Corrective Action Completed: Lock added to kitchen cabinet with cleaning products	
Poisonous substances	Υ	Stored in outside locked shed	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	No diaper age children	
Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away dally	
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
 ⊠Folder or binder for EPP documents

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

 ⊠Portable First Aid Kit
 ⊠Diapers (N/A)
 ⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
⊠ Medications (N/A)	⊠Blanket(s)	bags
Items in the Disaster Supply Kit are clean,	Organized and	
Emergency Ready-to-Go Pack is available	and usable (Y/N)? Y	4.30
	e and easily accessible in the event of an emerge	ency (Y/N)? Y
tem Specification (if needed): 1 backpack (carrying case) 4 feet	to Pack: Stored in the hallway closet by endt d	loor
bottled waters, 2 canned foods	nlight. 1 pk of extra AA batteries . 1 first aid ki	t. 1 thermometer, no specific medications, 2
		t, 1 thermometer, no specific medications, 2 erwear), 1 blanket, 2 toys, 1 pair of scissors, 1 roll
Lock needed on kitchen cabinet w	rith cleaning product	
- EN G: Folder with Eman	products	
Description of Shelter in-Place and	orn cleaning products Paredness Plan (5 pgs) and Emergency Care d Evacuation Plans	& Medication Authorization (2 pgs)
- mergency Documents		
⊠Informal Provider Emergency Pr	reparedness Plan (this completed form)	
⊠ Authorization for emergency me	eparegness Plan (this completed form)	
and distribution of the	dical care	
Planning and Maintenance		
Ferson responsible for updating the Disa	I set Name	
Tiffany	Last Name	a regularly:
	I BALLET	
Description of how the Emergency Read	y-to-Go Pack will be transported to an evacual	
Shelter In Place Procedure:	and an evacual	ion location: carried by the provider.
The provider will gather the child and the	ERTG bag and go into the basement (2 doors doors and windows if the need arises. The pro-	
plastic from ETRG to tape and seal the o	doors and windows if the need arises. The area	2 windows). The provider will use the sealing
emergency updates.	and need anses. The prov	s 2 windows). The provider will use the sealing rider will call or text the parents once secured with
Evacuation Procedures		
Primary: The provider will account for the	e child, grab the ERTG and walk to the teast	on. The provider will ensure the child is secured in
his stroller before walking to specifically. The provider will call or text	Upon arrival the provider will receive inst the parents once secured with emergency upd	n. The provider will ensure the child is secured in ruction from about where to shelter
	. The second with emergency upo	ates.

The provider will ensure instruction from updates.	Id not access the primary location, the provider will account for the child, grab the ERTG and walk to the location. The the child is secured in his stroller before walking to the about where to shelter specifically. The provider will call or text the parents once secured with emergency
Care Hours	

Signatures & Date

0

Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	all standards have been revie to home in which care is prov	ewed, and any corrections if needed have rided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: 1 110 of all a 12 miller	Printed Name:	
Sign	Signature:	
Date: 16-20 -2023 Phone:	Date: 09/28/2023	Phone: 1-877-227-0125

	Virtual Inspection	Virtual	
In-	person Inspection	-person	

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

Inspection Date:	Time In:	Time Out:	Res	sult:	
4/13/2021	10:00 AM	12:15 PM	AP	PROVED	
Informal Care					
Type of Care (check one):	Non-relative Informal Provide	er Care	e Informal	Provider	Care
Provider Information		***			
First Name:	Last Name:		Pro	vider ID:	
Nona	Mitchell		Em	ail:	
	200000000000000000000000000000000000000	46.00			
Care Location Inspected					
Care Location Inspected Street Address:	City	Count	ty	State	Zip Co
		Count	ty	State	Zip Co
	City	****	ty Age	ter/current	Zip Co Present (Y/N)
Street Address:	City	****		ter/current	
Street Address:	City	ip Date of Birth	Age	1	
Street Address:	City	ip Date of Birth 6/25/2009	Age 11	/ I	
Street Address:	City	ip Date of Birth 6/25/2009 6/20/2019	Age 11 1	/ I /Y /Y	
Street Address:	City	ip Date of Birth 6/25/2009 6/20/2019 8/9/2017	Age 11 1 3	/ I /Y /Y /Y	

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y - Yes, N - No, D - Discussed, n/a - Not Applicable					
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed			
Basic Health and Safety Training Completed?	Y	Certificate received via email			
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed			
Is in good repair	Y				
 Is free of insect or rodent infestation 	Y				
 Is well-lit and well-ventilated 	Y				
Has hot and cold running water	Y				
Has a working inside toilet	Y				
 Has utilities for cooking, lighting and heating 	Y	1000			
Has a working and safe heating system	Y				
 Has a working refrigerator and stove 	Y	Frigidare 1/2016			
Has a working telephone	Y	Mobile phones only			
Has operational smoke detector(s)	Y	w/ carbon monoxide detectors			
Has first aid kit/supplies	Y				
 Has protective coverings on any electrical outlet that is accessible to children 	Y				
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed			
Sharp or pointed items	Y				
Medications of any kind	n/a	None of the children take meds			
Matches, lighters and flammable products	Y				
Alcoholic beverages	Y				
Guns	n/a	No weapons in the home			
Cleaning agents	Y				
Poisonous substances	Y	Stored on top shelf in a locked closer			

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.	nanner. can outside in front of the house hanged immediately when s/he has a soiled or wet Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.			
Diapering procedures are followed.	Υ	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	Frequent hand washing practices w/ children throughout the day. Countertops and hands are cleaned before and after meals. Breakfast, lunch & snacks are served by Provider.	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including:	Y		
Physical injury Any sexual abuse Mental injury	0.		
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.	Children are not disciplined by Provider	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply	

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

Emo	manay Pandy to Go Pack is available and entity according in the supplied in the supplied on the supplied of the supplied of the supplied on the supplied of th
	rgency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
	ster Supply Kit Comments/Notes:
Hug	e tote bag, it includes all the required items (3 sets of clothes and blankets for each child, many non-perishable food options).
Emerg	ency Documents
Ø	nformal Provider Emergency Preparedness Plan (this completed form)
	Authorization for emergency medical care
	ng and Maintenance
Person	responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First N	ame Last Name
Descri	ption of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
Provid	er will retrieve it from the front room closet and carry it to the evacuation location. Since the evacuation location is
ST.	Provider and children will walk to for safety purposes.

Signatures & Date			
Acknowledgement: been discussed.	By signing below the parties acknow	wledge that all standards have been re-	viewed, and any corrections if needed have
	PROVIDER		INSPECTOR
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date:4/16/2021	Phone: 410-767-7832

✓ Virtual Inspection

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

	Inspection Date: 09/01/2021 Follow-up Inspection: 09/01/2021	Time	In: 2:00 PM	Time Out 2:50 F	M Result: PASSED	
	1 Olow-up Hispection. Us/01/2021	Time	In: 4:30 PM	Time Out: 4:38	PM	
	Informal Care					
Т	ype of Care (check one):	e Infor	mal Provider Car	e Relative	Informal Provider Care	
	Provider Information					Ī
	First Name: Crystal	Last	Name: Moore		Provider ID: 353481	j
					Email:	
	Care Location inspected					
	Street Address:	ity:	Co	unty:	State: Zip Code	
	Name of Children in Care (add pages if nee	ded)	Scholarship	Date of Birth	Age / Present (Y/N)	
				09/22/2011	9 /Y	
				09/30/2014	6 /Y	_
		34/8			1	
	- AVC 12				I	
					1	
_					1	
_						
	Safety of the Home					
	Directions: Review and determine co Additional pages may be used for cor Applicable	mpliane nments	ce with each stan	dard. Note any con Y - Yes, N - No.	ments or corrective actions needed. D – Discussed, n/a – Not	
	Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
	Basic Health and Safety Training C	omple	ted?	N/A	Relative Informal Care	
Š.	Home is free of health and safety hazards	E.		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
	Is in good repair	***		Y	Showed the living room and kitchen area, cabinets	
	Is free of insect or rodent infestation	n		Y	Had a view of the home rooms, kitchen and living room	
	Is well-lit and well-ventilated		10	Υ	Lights on and windows opened	
	Has hot and cold running water			Y	Used thermometer and tested hot and cold water	
_	Has a working inside toilet	SPCs FDS		Y	Flushed the toilet	
171.00	Has utilities for cooking, lighting and	d heati	ng	Y	Showed kitchen and utensils	- 5
	Has a working and safe heating sys	stem		Y	Went to the thermostat and showed it regulating properly	
	Has a working refrigerator and stov	е		Y	Opened the fridge and freezer, put the stove light on, turned on the stove burner (gas stove)	
	Has a working telephone			Y	Yes, has a cellphone	
	Has operational smoke detector(s)			Y	Two functioning smoke detectors, brand new	
	 Has first aid kit/supplies 			Y	Had a kit in the home	

Has protective coverings on any electrical outlet that is accessible to children	Y	Displayed outlets that were covered by furniture or were being occupied, none were exposed to the children
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Counters and tables were cleared
Medications of any kind	Y	Medications store in the top cabinet in bathroom
Matches, lighters and flammable products	Y	Does not own any
Alcoholic beverages	Y	Doesn't have any Wine on the counter
Guns	Y	Does not own
Cleaning agents	Y	Stored in the cabinets
Poisonous substances	Ÿ	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	Showed the bedroom, living room and kitchen
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Showed trash can area
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	N/A	Has no children in care that require diapering procedures
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	Has soap in both areas (bathroom and kitchen)
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

	The Emergency Read needed medications) a	y-to-Go Pack must be ava and Emergency Documen	ilable and easily acces its.	sible in the event of an eme	ergency. This contains a Disaster Supply Kit (include
Disa	ster Supply Kit				
50	Directions: Review ar enough supplies for ea	nd determine that each iter ach child in care. Also, tha	n is adequately include t the items are clean, o	d in the Disaster Supply Kil rganized, and usable. Com	t. Be certain that the Disaster Supply Kit contains ment and note below if needed.
✓ Flashlight ✓ Bottled water			Bottled water	_	Folder or binder for EPP documents
	Batteries	✓	Non-perishable food	V	Backpack(s) or carrying case(s)
1	Portable First Aid Kit		Diapers	4	Consider special toys or games Scissors, tape & sealing plastic
1	Thermometer	1	Change of clothes		
1	Medications		Blanket(s)		
Ite	ms in the Disaster Supply	Kit are clean, organized	, and usable (Y/N)?	Υ	
En	nergency Ready-to-Go Pa	ick is available and easil	y accessible in the ev	ent of an emergency (Y/N)? Y
Dis	saster Supply Kit Comme	Manyotta.	- 5/1 (J) 4.35PM	- are showed me under	clothes, pajamas and outfits for each child.
Eme	rgency Documents				
1	Informal Provider Eme Authorization for emerg		Plan (this completed	form)	
Plan	ning and Maintenance			***	
Pers	on responsible for upda	ting the Disaster Supply	y Kit and the Emerge	ncy Documents regular	y:
First	Name	L	ast Name		
Des	cription of how the Emer	gency Ready-to-Go Pa	ck will be transporte	d to an evacuation locati	on: Her vehicle.
Sign	atures & Date		****		
Ackn	STATE CONTROL OF THE STATE OF T	g below the parties ack	nowledge that all sta	ndards have been revie	wed, and any corrections if needed have
	F	PROVIDER			INSPECTOR
Print	ed Name: Crystal Moore		Р	rinted Name:	
Sign	ature:		s	gnature:	
Date	:09/01/2021	Phone	D	ate: 09/01/2021	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

Return to: ccs.informalproviders@maryland.g ov

		IN	SPECTION CH	HECKLIST		
Inspection Date: 09/15/2022		Time	In: 1:45PM	Time Out: 2:56P	PM Resul	t: Passed
Informal Care						
Type of Care (check one):	☐ Non-relati	ve Info	rmal Provider Ca	are ⊠Relative	Informal Pro	ovider Care
Provider Information						
First Name: Lisa		Last I	Name: Moore		Provid	der ID: 495236
Provider ID #:					Email	
Care Location Inspected						
Street Address: Address Verified? Yes	City:	C	ounty:	State	Z	ip Code:
Name of Children in Care (ad	dd pages if need	ed)	Scholarship	Date of Birth	Age	Present (Y/N)
				8/27/2020	2 / No	
					1	
					-	
					1	
Safety of the Home						
Directions: Review and determing pages may be used for comment	ne compliance wats.	ith eac	h standard. Note	any comments or c Y - Yes, N - No,	orrective action D - Discusse	ons needed. Additional ed, n/a – Not Applicable
Health and Safety Training:				Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed
Basic Health and Safety Traini	ing Completed?			N	Provid	er to Register for 10/01/2022 class
Home is free of health and s	afety hazards:			Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
Is in good repair				Υ		
Is free of insect or root				Y	No sign of	infestation
Is well-lit and well-ver				Y		
Has hot and cold run				Y	Steam obs	erved
Has a working inside				Υ	Flush obse	erved
Has utilities for cooking			9	Y		
Has a working and sa		em		Y	Thermosta	t turned up
Has a working refrige				Y		
Has a working teleph				Y	Provider's	cell phone called
Has operational smol				Y		
Has first aid kit/suppli				Y	Bandaids,	alcohol wipes, gauze, tape,
Has protective covering accessible to children	1			У	Covered or	r in use
Harmful items are stored appointment	propriately and	away	from	Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed
Sharp or pointed item				Υ	Up on the ba	ack of the counter
Medications of any king				Υ	Locked in ca	abinet
 Matches, lighters and 	flammable prod	ducts		Υ		
Alcoholic beverages				Υ	High Cabine	et
Guns				Υ	None	
 Cleaning agents 				Y	Locked in ca	abinet

Poisonous substances

Other than medications and cleaning solutions

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

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠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		
Emergency Ready-to-Go Pack is available and easily accessible in the	e event of an emergency (Y/N)?	Υ
Location of The Emergency Ready to go Pack: Front hall closet		
Item Specification (if needed):		
, , , , , , , , , , , , , , , , , , , ,		
1 shirts, 1 pants, pairs socks, Shoes, 8 diapers, wipes, turtle toy, 2 extra AA batteries, Triple antibiotic Ointment, Cold compress, Glove	s Rand aids gauze tane alcoh	al wines Tulenel
2 16oz water bottles, Can of beef & Veggie soup, Tomato Soup, Mac		of wipes, Tylerior
N		
Items to review on xx/xx/xxxx if needed: N/A		-
	,	
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this com	oleted form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Eme	ergency Documents regularly:	
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transpo	erted to an avecuation leastion	
bescription of now the Emergency Neady-to-90 Fack will be transpo	orted to all evacuation location.	
Shelter In Place Procedure:		
	d to the become of which here	
Provider will call immediately, then will grab Kai, the ERTB and hear should arise the provider will use plastic and tape to seal the shelter.	The provider will call the pare	ne door and two windows. If the need not again once they are secure.
Evacuation Procedures:		
	ehicle where she will secure hi	m in his car sear before driving to the
primary evacuation location which is Provide	der will before leavin	g the care location to let her know
they are on the way. be there to let them in. Once at the let	ocation head to the basement t	hat has no windows and one door. If
the need should arise, the provider will use plastic and tape to seal to location, during and after they are secure in the evacuation location.	ne sneiter. The provider will cal	I the parents before leaving the care
If they couldn't shelter at the primary location, they will go to the alter	nate evacuation location whic	h is the parent's house. The provider
will call before letting parent & the parents partner know they are on	their way so they can be let in.	They will shelter in the basement that
has one window and one door. If the need should arise the provider parents before leaving the care location, during and after they are se		
parents before leaving the care location, during and after they are se	cure in the alternate evacuation	n 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	nome in which care is provided	is subject to random, unannounced
pop up visit which will be conducted virtually or in-person. PROVIDER		
D. L. IN		ISPECTOR
LISU MOORE	Printed Name:	
Signature:	Signature: .	
Date: 9/15/2022 Phone	Date: 9/15/2022	Phone: 1-877-227-0125

X	
□Virtual Inspection	
In-person Inspection	

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 07/05/2022 Follow-up Inspection: 07/05/2022		9:30 AM 1:30 PM	Time Out: 10:44 AM Time Out: 1:478	30 J	Result: APPROVED
Informal Care					
Type of Care (check one):	relative Inform	al Provider C	are ⊠Relativ	e Informa	al Provider Care
Provider Information					
First Name: Cynthia Provider ID #	Last Nar	me: Morrisor	Ĭ		Provider ID: 431652 Email:
Care Location Inspected		7	1077		
Street Address: Address Verified? Yes.	City	Co	unty	State	Zip Code 2
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Ag	ge / Present (Y/N)
			(07/06/2018)	4y	т / Ү
			(08/01/2014)	7y	r /Y
					1
					1
Safety of the Home Directions: Review and determine complian	nce with each s	standard. Note	any comments or	corrective	e actions needed. Additional
pages may be used for comments.			Y - Yes, N - No, I	D – Discı	ussed, n/a – Not Applicable ments/Notes
Health and Safety Training:			Y/N	950100000	ective Action /Timeframe if needed
Basic Health and Safety Training Comple	eted?		Y		Relative Informal Care
Home is free of health and safety haza	ards:		Standard Met Y/N		ments/Notes ective Action /Timeframe if needed
 Is in good repair 			Y		
 Is free of insect or rodent infeste 	ation		Y		No evidence of infestation
 Is well-lit and well-ventilated 			Y		
 Has hot and cold running water 	N.		Y		
 Has a working inside toilet 			Y	Т	oilets working properly in both bathrooms
 Has utilities for cooking, lighting 	and heating		Y		
 Has a working and safe heating 	system		Y	-	Observed and tested by the provider
 Has a working refrigerator and s 	stove		Y		
 Has a working telephone 			Y		Everyone only has cellphones
 Has operational smoke detector 	r(s)		Y		Observed and tested by the provider
 Has first aid kit/supplies 			Y	-	First aid kit observed
 Has protective coverings on any accessible to children 	y electrical out	let that is	Y		
Harmful items are stored appropriately children:	and away fro	m	Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
Sharp or pointed items			Y		Safety lock added to cabinet
Medications of any kind			Y	S	tored in locked totes in the dining area
 Matches, lighters, and flammable 	products		Y		
Alcoholic beverages			Y		Does not own

Cleaning agents

Guns

Y

Does not own

Knives and pizza cutter moved on top of the fridge

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

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

Disaster Supply Kit

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

☑Flashlight
 ☑Bottled water
 ☑Batteries for Flashlight
 ☑Non-perishable food
 ☑Portable First Aid Kit
 ☑Dianers (N/A)

⊠Folder or binder for EPP documents

☑Non-perishable food
 ☑Diapers (N/A)
 ☑Change of clothes

⊠Backpack(s) or carrying case(s)
 ⊠Consider special toys or games
 ⊠Heavy Duty Scissors, duct tape/

		packing tape & sealing plastic/trash
	EDDL-W-1	bags
⊠Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organi		
	asily accessible in the event	of an emergency (Y/N)? Y, stored in the dinning cabinet
Emergency Documents		A Ne
	ness Plan (this completed are	form)
Planning and Maintenance		
Person responsible for updating the Disaster Su First Name	pply Kit and the Emergenc Last Name	y Documents regularly:
Description of how the Emergency Ready-to-Go	Deal will be to see a day	
Shelter-in-Place Procedures: Provider will mal parent. Will seal any windows or doors if needed Evacuation Location(s): Primary – Provider will walk with the two children	oll of duct tape, 1 pair of so ke all children are accounted in the bedroom/bathroom	ast bars, 2 outfits (1/child), 1 big blanket, mask, sanitizer, issors, 3 trash bags, binder of EPP and ECMA documents. In the distribution of the emergency bag, will call 911 and the area for shelter. In the distribution of the emergency bag, will call 911 and the area for shelter. In the distribution of the emergency bag on back and walk to the neighbor's meowner. Once they have gained entry, they will go to her
Alternate – Provider will go into her car well. She will drive to	t the parent as soon as the	in car seat belt), provider will grab the emergency bag as They will go into e way to location and as soon as they arrive and get settled
Signatures & Date		
	acknowledge that all stands	ards have been reviewed, and any corrections if needed have
been discussed. The parties also acknowledge to pop-up visit which will be conducted virtually or in	hat, if approved, the home i	n which care is provided is subject to random, unannounced

Printed Name:

Date: 7/5/22

Signat

PROVIDER

Morrison

Printed Name:

Date: 07/05/2022

Signature:

INSPECTOR

Phone: 1-877-227-0125

In-person Inspection	IA IA	ment of Educations Scholarship I FORMAL CAR ECTION CHECK	rrogram E			
Inspection Date: 6/29/2021	Time	dental Control	Time Out 3:00 PM		esult PPROVI	ED
Informal Care			3.00 111			
☑ Type of Care (check one):	Distance in the last		- 1-41-4	e Informal f	Provider	Care
Provider Information	STACH-ISTRIBUS ILLI	ormal Provider Ca	re Relativ	9 (Mottmar)	10120	
First Name:				- 10	rovider 4	(88805
Jacqueline	Last Morris	Name: son		1		
Care Location Inspected			and the second second	E	mail:	
Street Address:		City	Cou	untv	State	Zip Code
Outper/ Addicas:		Oity		antity	2616	
Name of Children in Care (add p	pages if needed)	Scholarship	Date of Birti	h Age	1	Present (Y/N)
			11/22/2017	3/1		
			04/05/2019	2/	Y	
	-01		RETURN TO	IY		
				/Y		
-			7 17	/Y		
				/Y	- 500	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		772				
Directions: Review and de Additional pages may be u	etermine compliance used for comments.	with each standar Y	rd. Note any con ' – Yes, N – No	nments or co	orrective ussed, n	actions needed. /a – Not
Directions: Review and de Additional pages may be u Applicable Health and Safety Training:	etermine compliance used for comments.	with each standar Y	rd. Note any con Y - Yes, N - No Standard Me	t Comm	nents/No	12 - NOC
Additional pages may be un Applicable Health and Safety Training:	used for comments.		Standard Me	t Comm	nents/No	103
Additional pages may be u Applicable	raining Complete		Standard Me	et Come	nents/No	ntes tion /Timeframe if nea
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety	raining Complete		Standard Me Y/N Y Standard M	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safety	Training Complete ty hazards:		Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair	Training Complete ty hazards:		Standard Me Y/N Y Standard M Y/N Y Y Y Y Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent	Training Complete ty hazards; t infestation		Standard Me Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila	Training Complete ty hazards; t infestation tted water		Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running	Training Complete ty hazards: t infestation ted y water	d?	Standard Me Y/N Y Standard M Y/N Y Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile	Training Complete ty hazards: t infestation tted water et	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y	et Come	nents/No	otes
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has utilities for cooking, I	Training Complete ty hazards: t infestation ated y water et lighting and heating	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y	et Comm	ments/No ments/N ments/N	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has utilities for cooking, I	Training Complete ty hazards: t infestation ted y water et lighting and heating heating system or and stove	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y	et Comm	nents/No	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safety Is in good repair Is free of insect or rodenty Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has a working and safe to the safety Has a working refrigerator	Training Complete ty hazards: t infestation ted y water et lighting and heating heating system or and stove	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Comm	ments/No ments/N ments/N	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has a working and safe health a working refrigerato Has a working telephone	Training Complete ty hazards: t infestation ted y water et lighting and heating heating system or and stove	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Comm	ments/No ments/N ments/N	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has a working and safe health a working refrigerato Has a working telephone Has operational smoke de Has first aid kit/supplies	Training Complete ty hazards: t infestation ted water et lighting and heating neating system or and stove	d? 9	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Comm	ments/No ments/N ments/N	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has a working and safe health a working refrigerato Has a working telephone Has operational smoke de Has first aid kit/supplies	Training Complete ty hazards: t infestation ted water et lighting and heating neating system or and stove	d?	Standard Me Y/N Y Standard M Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Commonte	ments/Notive Active Act	otes otes otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has utilities for cooking, I Has a working and safe health and well-ventila Has a working telephone Has a working telephone Has operational smoke de Has first aid kit/supplies Has protective coverings accessible to children	Training Complete ty hazards: t infestation tted y water et lighting and heating heating system or and stove etector(s) on any electrical of	d?	Standard Met Y/N Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Commonte	ments/Notive Active Act	otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has a working and safe has a working refrigerato Has a working telephone Has a working telephone Has operational smoke de Has first aid kit/supplies Has protective coverings accessible to children Inful items are stored appropriation:	Training Complete ty hazards: t infestation tted y water et lighting and heating heating system or and stove etector(s) on any electrical of	d?	Standard Mer Y/N Y Standard M Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Commonte	ments/Notive Active Act	otes otes otes ction /Timeframe if nee ction /Timeframe if nee
Additional pages may be a Applicable Health and Safety Training: Basic Health and Safety Home is free of health and safet Is in good repair Is free of insect or rodent Is well-lit and well-ventila Has hot and cold running Has a working inside toile Has utilities for cooking, I Has a working and safe health and well-ventila Has a working telephone Has a working telephone Has operational smoke de Has first aid kit/supplies Has protective coverings accessible to children	Training Complete ty hazards: t infestation tted y water et lighting and heating heating system or and stove etector(s) on any electrical of	d?	Standard Met Y/N Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	et Commonte	ments/Notive Active Act	otes otes otes ction /Timeframe if nee ction /Timeframe if nee

Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including dispering area.	Y	
Trash, garbage and wet and solled 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.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Tolleting; 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 extention 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	Y	
Tying child to a cot or other equipment The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local pepartment of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply

Emergency Ready-to-Go Pack	
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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.

(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. Folder or binder for EPP documents

Flashlight \square

Bottled water

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Page 2 of 3

Batteries		N	Backpack(s) or carrying case(s)
	⊠ Non-perishable food	2	Databacu(a) or cert/ing com-(-)
Portable First Aid (Qt	☑ Diapers	₩.	Consider special toys or games
El Thermometer			Scissors, tape & sealing plastic
Medications	Change of clothes		
Items in the Disease Co.	Blanket(s)		
Emergency Ready to Go Back	lean, organized, and usable (Y/N)? Y		
Disaster Supply Kit Comments/Notes Ready-to-Go will be stored in the livin		emergency (Y/N)? Y	
mergency Documents			
☑ Informal Provider Email			west of the Park o
Authorization 4	Preparedness Plan (this completed form)		
Authorization for emergency m	redical care		
HARLING And Malak			
erson responsible for updating the i	Disaster Supply Kit and the Emergency Doc		The second secon
HSL PLUMS	Supply Kit and the Emergency Do	cuments requires	
escription of hourst	Last Name	and in	
he Provides with	leady-to-Go Pack will be transported		
he Provider will grab the Ready-t	Ready-to-Go Pack will be transported to an olo-Go kit, gather the children and	evacuation location:	
he Provider will grab the Ready-t which is less	Ready-to-Go Pack will be transported to an o to-Go kit, gather the children and walk or than 5 minutes away. Provider has a con-	evacuation location: ut the front door. Ti	ney will walk down the elders it to
he Provider will grap the Ready-t which is less helter. Once safe inside, the Prov hey can stay until the emergency	Ready-to-Go Pack will be transported to an o to-Go kit, gather the children and walk or s than 5 minutes away. Provider has a en vider will use her personal cell phone to	evacuation location: ut the front door. The itry key and can end alert the mother of	ney will walk down the sidewalk to
helter. Once safe inside, the Province the P	Ready-to-Go Pack will be transported to an o to-Go kit, gather the children and walk or s than 5 minutes away. Provider has a en vider will use her personal cell phone to vis lifted.	evacuation location: ut the front door. Ti try key and can eni alert the mother of	ney will walk down the sidewalk to ber the residence for safety and all changes. This location is where
helter. Once safe inside, the Prov hey can stay until the emergency	s than 5 minutes away. Provider has a en vider will use her personal cell phone to vis lifted.	evacuation location: ut the front door. Ti try key and can en alert the mother of	ney will walk down the sidewalk to er the residence for safety and all changes. This location is where
heiter. Once safe inside, the Province to less the province can stay until the emergency the 2 nd evacuation location is	Ready-to-Go Pack will be transported to an oto-Go kit, gather the children and walk or is than 5 minutes away. Provider has a envider will use her personal cell phone to y is lifted. The address is	evacuation location: ut the front door. The itry key and can ent alert the mother of	ney will walk down the sidewalk to per the residence for safety and all changes. This location is where
theiter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is	s than 5 minutes away. Provider has a envider will use her personal cell phone to is lifted. The address is	ut the front door, Ti try key and can en alert the mother of	all changes. This location is where
helter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is	s than 5 minutes away. Provider has a envider will use her personal cell phone to is lifted. The address is	ut the front door, Ti try key and can en alert the mother of	all changes. This location is where
helter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is Signatures & Date Acknowledgement: By signing below been discussed.	s than 5 minutes away. Provider has a envider will use her personal cell phone to selfited. The address is the parties acknowledge that all standards	ut the front door. To try key and can end alert the mother of	aff changes. This location is where
heiter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is Signatures & Date Acknowledgement: By signing below been discussed. Printed Name:	s than 5 minutes away. Provider has a envider will use her personal cell phone to a lifted. The address is the parties acknowledge that all standards	ut the front door. Ti try key and can ent alert the mother of the mother of	all changes. This location is where
heiter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is Signatures & Date Acknowledgement: By signing below seen discussed. Printed Name:	s than 5 minutes away. Provider has a envider will use her personal cell phone to selfited. The address is the parties acknowledge that all standards	ut the front door. Ti try key and can ent alert the mother of the mother of	all changes. This location is where
helter. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is Signatures & Date Acknowledgement: By signing below seen discussed. Printed Name:	than 5 minutes away. Provider has a envider will use her personal cell phone to selfited. The address is the parties acknowledge that all standards DER Printed I	ut the front door. Ti try key and can ent alert the mother of have been reviewe Name:	aff changes. This location is where
theirer. Once safe inside, the Province can stay until the emergency The 2 nd evacuation location is Signatures & Date Acknowledgement: By signing below been discussed. Printed Name:	than 5 minutes away. Provider has a envider will use her personal cell phone to its lifted. The address is the parties acknowledge that all standards DER Printed I	ut the front door. Ti try key and can ent alert the mother of have been reviewe Name:	all changes. This location is where

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 07/11/2023 Follow-up Inspection Date: 07/12/2023	Time In: 10:30AM Time In: 9:00AM	Time Out: 12:14PM Time Out: 9:32AM	Result: Follow-up Required. Follow-up Result: PASSED	
Informal Care				
Type of Care (check one):	ive Informal Provider Ca	are MRelative Inf	formal Provider Care	
Provider Information				
First Name: Antoinette	Last Name: Mott		Provider ID: 289203	
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)	
		(02/03/2017)	6yr. / N	
		(06/24/2012)	11yr. / N	

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(02/03/2017)	6yr. / N
		(06/24/2012)	11yr. / N
Safety of the Home			
Directions: Review and determine compliance with ea pages may be used for comments.			corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		Y	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		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	ng	Y	
Has a working and safe heating system		Υ	Thermostat tested by provider for cooling & heating
 Has a working refrigerator and stove 		Y	Tested by provider and observed
Has a working telephone		Y	Outbound call made by informal team to provider phone
 Has operational smoke detector(s) 		Y	Tested by provider and observed
Has first aid kit/supplies		Y	First aid kit stored in basement play room
 Has protective coverings on any electrical accessible to children 	outlet that is	Y	All outlets covered or occupied
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Stored onto of the fridge
Medications of any kind		Y	Stored in locked hallway closet and onto of the cabinet in provider's bedroom
Matches, lighters and flammable products		Y	Stored in locked hallway closet
Alcoholic beverages		Y	Does not own
• Guns		Y	Does not own
Cleaning agents		Y	Stored in locked 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 in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

Antoinette Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure. The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and ape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergangupdates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge child in their booster seat and older child in a car seat belt. She will drive to upon arrival the provider will speak with to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from primary of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed he does do not call the parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce to up up visit which will be conducted virtually or in-person. Printed Name: Printed Name: Printed Name:	⊠Medications	⊠Blanket(s)	
Location of The Emergency Ready to go Pack: Stored bin living room near exit Item Specification (if needed): Ender w/EPP and ECMA per child, 2 flashlights, 4 extra D batteries, 1 first aid kit, 1 thermometer, no spec meds, 10 bottled waters, 5 canned foods, 2 outflist(top/hottom/underwear), 2 blankets, 1 duffle bag (carrying case), flash cards and coloring books/crayons, gloves, bug protectent, 1 pair of acissons, 2 rolls of duct of tape, and 1 roll of sealing plastic Items to be reviewed on 07/12/2023: Locks added to two rooms upstains with safety hazards Emergency Documents Informal Provider Emergency Preparedness Plan (this completed form) Authorization for emergency preparedness Plan (this completed form) Authorization for emergency preparedness Plan (this completed form) Authorization for emergency medical care Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name Mott Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter in Place Procedure. The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and ape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergancy apidates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge plate and the provider will secure the younge plate and the provider will secure the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children grab the ERTG and head to the vehicle. The provider will secure the younger child in their booster seat and older child in a can seat belt. She will drive to upon arrival the provider will cal	Items in the Disaster Supply Kit are clean, organi	ized, and usable (Y/N)? Y	
Tem Specification (if needed):			(Y/N)? Y
Energency Documents ☑ Informal Provider Emergency Preparedness Plan (this completed form) ☑ Authorization for emergency medical care Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: □ Institute	 Item Specification (if needed): Folder w/ EPP and ECMA per child, 2 flas waters, 6 canned foods, 2 outfits(top/bott) 	shlights, 4 extra D batteries, 1 first aid kit, 1 ttom/underwear), 2 blankets, 1 duffle bag (ca	rrying case), flash cards and coloring
Emergency Documents Informal Provider Emergency Preparedness Plan (this completed form) Mauthorization for emergency medical care Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Irist Name	Items to be reviewed on 07/12/2023: Corn	rected & Reviewed on 07/12/2023	
Elementary Provider Emergency Preparedness Plan (this completed form) Elementary Endowed Emergency Preparedness Plan (this completed form) Elementary Endowed Emergency Preparedness Plan (this completed form) Endowed Emergency Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedures: The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and appeto seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergupdates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge public in their booster seat and older child in a car seat belt. She will drive to provider will call, text and video call the parent hroughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a car seat belt. She will drive to provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to provide will call, text and video call the parent throughout with emergency updates. Care Hours: Bignatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed he peen discussed. The parties also acknowledge that, if approved, the home in which care is provide	Locks added to two rooms upstairs with	safety hazards	
Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name	Emergency Documents		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Last Name Mott			
Last Name Antoinette Mott Mott Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure: The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and ape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emerg updates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge child in their booster seat and older child in a car seat belt. She will drive to upon arrival the provider will speak with the mergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from the provider will account of the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from the provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from the provider will call, text and video call the parent throughout with emergency updates. Signatures & Date	Planning and Maintenance		
Antoinette Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure. The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and tape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergupdates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge child in their booster seat and older child in a car seat belt. She will drive to provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to provide will secure the younger child in their booster seat and older child in a care seat belt. She will drive to provide will secure the younger child in their booster seat and older child in a care seat belt. She will drive to provide will secure the younger child in their booster seat and older child in a care seat belt. She will drive to provide will secure the younger child in their booster seat and older child in their booster seat and older child in their booster seat and older child in their booster seat and ol	Person responsible for updating the Disaster Su	upply Kit and the Emergency Documents regi	ularly:
to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from provider will of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have not provided in the parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce on up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signature Printed Name: Printed Name: Printed Name:			
The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and ape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emerg updates. Evacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge child in their booster seat and older child in a car seat belt. She will drive to upon arrival the provider will speak with to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed he cannowledge that the parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce approached to the provider will be conducted virtually or in-person. PROVIDER Printed Name: INSPECTOR	Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation lo	ocation: carried by the provider.
ape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emerg updates. Exacuation Procedures Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younge child in their booster seat and older child in a car seat belt. She will drive to to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce on the printed Name: Printed Name: Printed Name: Printed Name: Signatures Printed Name: INSPECTOR	Shelter In Place Procedure:		
child in their booster seat and older child in a car seat belt. She will drive to to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates. Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from primary of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Signatures & Date Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signature Printed Name: Printed Name: Printed Name: Printed Name:	ape to seal all doors, windows and vents if the rupdates. Evacuation Procedures	need to should arise. The provider will call ar	nd text the parent throughout with emergency
children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a seat belt. She will drive to upon arrival she will receive instruction from present of where to she for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates. Care Hours: Care	child in their booster seat and older child in a car to receive instruction about	r seat belt. She will drive to	upon arrival the provider will speak with a
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed has been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounce pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Printed Name: Printed Name:	children, grab the ERTG and head to her vehicle seat belt. She will drive to	e. The provider will secure the younger child rrival she will receive instruction from	in their booster seat and older child in a car of where to shelter
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, unannounce pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Printed Name: Printed Name:	Care Hours:		
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, unannounce pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Printed Name: Printed Name:	Signatures & Date		
Printed Name: Antoinette Mott Printed Name: Printed Name:	Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the	that, if approved, the home in which care is pr	
Untoinette Mott			INSPECTOR
Signature:	Printed Name: Untoinette Mo	Printed Name:	
	Signature	Signature:	
Date: 08 09 2123 Phone: Date: 07/12/2023 Phone: 1-877-227-0125	Date: 08 09 2023 Phone:	Date: 07/12/2023	Phone: 1-877-227-0125

⊠Virtual	Ins	pect	ion
□In-pers	on	Insp	ection

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: 08/04/2022	Time	n: 11:00AM	Time Out: 12:15	PM Result: PASSED.
Informal Care				
Type of Care (check one):	tive Info	mal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Antoinette	Last N	lame: Mott		Provider ID: 289203
Provider ID #				Email:
Care Location Inspected				
Street Address: City: Address Verified? Yes		County:	S	State Zip Code:
Name of Children in Care (add pages if need	ded)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/3/2017	5 / No
			6/24/2012	10 / No
Section 1.	complete the delay deal	en e	num di subustincia della franzia della husen accessora escuercia della constitucione della constitucione della	water that the response and the foreign water over the supportance of the support

Safety of the Home		
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	e any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider is registered for the course
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 	Υ	Steam observed
 Has a working inside toilet 	Υ	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 observed when door opened.
Has a working telephone	Y	Provider cell phone called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Band aids, gauze, tape, alcohol wipes, ointment
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	On top of the fridge
Medications of any kind	Y	Linen closet with locks
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	None
Guns	Y	None
Cleaning agents	Y	
Poisonous substances	Y	None Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	N/A
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	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Tolleting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <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	
⊠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, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the	e event of an emergency (Y/N)?	′		
Location of The Emergency Ready to go Pack: In the corner of the	ne living room			
Item Specification (if needed): 4 16oz Water bottles, 4 Cans of chicken noodle soup, Large can	Snagettine annle sauce 2 Reet	stew Ravioli		
5 shirts, 4 shorts, 2 underwear, 1 pants, 6 D batteries, 2 blankets Band-aids, cintment, gauze, Neosporin, gloves, Benadryl cream,	, coloring books, crayons, bing			
Items to review on xx/xx/xxxx if needed: N/A				
Emergency Documents				
⊠Informal Provider Emergency Preparedness Plan (this com	pleted form)			
⊠Authorization for emergency medical care				
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit and the Em First Name Last Name	ergency Documents regularly:			
Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation location:	Carried		
Shelter In Place Procedure: The provider will call and let the parents know there is an emergency situation then the provider will take the ERTB and the children and head to the basement and shelter in the front of the basement. There are two doors and two windows that the provider would seal with plastic and tape if the need should arise. Once secure, the provider will call the parent back to inform them what is going on and keep them updated.				
Evacuation Procedures: The provider will call and let the parents know there is an emergency situation, then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before heading to which is the primary evacuation location. The provider will ask the reception desk where they will shelter once they get to the location. Once secure the provider will call parent to let them know what is going on and update them periodically.				
If they could not shelter at the primary location, they will head the alternate location which is Before leaving the care location the provider will call parent and inform them that there is n emergency situation. Then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before driving to the mall. Once they get to the evacuation location the provider will get directed to the shelter area. Once secure the provider will call the parent again and keep updating them.				
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	IN	SPECTOR		
Printed Name: antoinette Mott	Printed Name:			
Signature:	Signature:			
Date: 8/5/2022 Ph	Date: 08/04/2022	Phone: 1-877-227-0125		

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/26/2023 Follow-up Inspection Date: 10/27/2023	Time In: 9:30 Time In: 2:00		Time Out: 10:51A Time In: 2:30PM	Result: Fo Result: PA	llow-up Required. SSED	
Informal Care						
Type of Care (check one): ☐ Non-re	lative Informal Pi	rovider Ca	are ⊠Relative l	nformal Provide	r Care	
Provider Information						
First Name: Gail	Last Name:	Mullen		Provider II	D: <u>530711</u>	
Provider ID #:			Email			
Care Location Inspected						
Street Address: Yes.	City:	Coun	ity:	State D	Zip Code:	
Name of Children in Care (add pages if ne	eeded) Scho	larship	Date of Birth	Age /	Present (Y/N)	5 Set 1
			(05/19/2011)	12yr. / N		
			(06/30/2016)	7yr. / N		

Safety of the Home				
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable				
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Y	All areas were clean		
Is free of insect or rodent infestation	Y	No evidence of infestation		
Is well-lit and well-ventilated	Υ	All lights were turned on and natural window lighting		
Has hot and cold running water	Y	Tested by provider and steam observed on camera via bathroom shower and mirror		
Has a working inside toilet	Y	Flushed by provider and observed		
Has utilities for cooking, lighting and heating	Y			
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating		
Has a working refrigerator and stove	Y	Tested by provider and observed		
Has a working telephone	Y	Outbound call made by informal team to provider's phone		
Has operational smoke detector(s)	. Y	Tested by provider and observed		
Has first aid kit/supplies	Y	Corrective Action Completed: First aid kit and additional medical supplies under bathroom sink		
 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 knife holder on back counter		
Medications of any kind	Y	Corrective Action Completed: Medications moved to top of fridge inside a bin		
Matches, lighters and flammable products	Y	Does not own		
Alcoholic beverages	Y	Corrective Action Completed: Alcoholic beverages moved to top shelf of bakers rack		
Guns	Y	Does not own		

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

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

Disaster Supply Kit

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

⊠Flashlight		⊠Bottled water	⊠ Folder or binder for EPP documents
⊠Batteries for Flashlight	75	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
		⊠Diapers (N/A)	⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	
⊠Medications	⊠ Blanket(s)	bags
Items in the Disaster Supply Kit are clean, organize		14774
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an emerg	ency (Y/N)? Y
Location of The Emergency Ready to go Pack: Item Specification (if needed): 1 flashlight, 1 first aid kit, inhaler needed for fruit cups and dried oatmeal, 1 pair of scist of D batteries, 1 thermometer, 3 games, 3 and Items to be corrected on 10/27/2023: Corrected on 1	Stored in the hallway closet near exicor oldest child (keeps on-person at a sors, 1 roll of packing tape, 4 trash b activity books, 4 books, 2 blankets, a ected & Reviewed on 10/27/2023	t Il times), 6 bottled waters, 3 canned foods, 4pk of ags, folder w/ EPP and ECMA docs per child, 2 pk
5. Alcohol beverages moved to a higher le		n child, 1-2 blankets, games or books for both
children	miometer, change of clothes for each	Territo, 1-2 biankets, games of books for both
Emergency Documents		
⊠Informal Provider Emergency Preparedn	ess Plan (this completed form)	
⊠Authorization for emergency medical car	50 50	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	ply Kit and the Emergency Document	ts regularly:
First Name Gail	Last Name Mullen	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacua	tion location: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the children and ERTG at plastic and tape to secure the door if needed. The		
Evacuation Procedures	e provider will call of text the parent to	million them of enlergency updates.
Primary: The provider will gather the children and secured in their seat belts and	. Upon arrival the provider	
Alternate: If they could not access the primary lo provider's vehicle. She will ensure both children a will receive emergency updates.	are secured in their seat belts and	nildren and the ERTG, they will head to the Upon arrival the provider will call or text the parent to inform them of
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties as been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the home in which car	
PROVIDER		INSPECTOR
Printed Name: Gail M. M.	ullen Printed Name:	
Signature:	Signature:	
Date: (1/3/23 Phone:	Date: 10/27/202	3 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

	DELCONO TO SECURITION OF THE PARTY OF THE PA	
		1 Devider Care
nformal Provider Ca	are ⊠Relative	Informal Provider Care
st Name: Murphy		Provider ID: 528948
		Email:
Undergreen early		Ti. Ondo
County	State	Zip Code:
Scholarship	Date of Birth	Age / Present (Y/N)
	(04/15/2023)	6mos. / Y
	st Name: Murphy County	st Name: Murphy County State Scholarship Date of Birth

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or Y - Yes, N - No,	D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
	Y	Relative Informal Care - Certificate Submitted
Basic Health and Safety Training Completed? Home is free of health and safety hazards:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
	Y	All areas were clean
Is in good repair Is a good repair Is a good repair In factorian In factorian	Y	No evidence of infestation
Is free of insect or rodent 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 via kitchen sink
	Y	Flushed by provider and observed
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating Has a working and safe heating system 	Y	Thermostat tested by provider for cooling & heating
	Y	Tested by provider and observed
Has a working refrigerator and stove Has a working telephone	Y	Outbound call made by informal team to provider phone
	Y	Tested by provider and observed
Has operational smoke detector(s) Has first aid kit/supplies	Y	Bin w/ medical supplies stored in living room
 Has first aid kit/supplies 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	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Stored in knife holder on back counter
Snarp or pointed items Medications of any kind	Y	Medicine bin moved to top shelf of provider's bedroom closet
Matches, lighters and flammable products	Y	Lighter stored on person of additional adult household member
Alcoholic beverages	Y	Corrective Action Completed: Alcoholic beverages moved to higher level
• Guns	Y	Does not own

Cleaning agents	Υ	Corrective Action Completed: Lock added to cabinet
	Y	Stored outside in a locked storage room
Poisonous substances SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Changing table in provider's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Diapers thrown away daily via trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	Changing station has all supplied
Diapering procedures are followed.	Y	Changing state
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
A child in care is not subjected to any form of neglect, including:	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

h supplies for each child in care. Also th	e items are cican, organized	
	⊠ Bottled water	
⊠ Flashlight	⊠ Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Batteries for Flashlight		□ Consider special toys or games
□ Portable First Aid Kit	⊠Diapers	

⊠Thermometer	Change of clothes		bags
Medications (N/A)	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean,	organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available	and easily accessible in the event of	of an emergency (Y/N)7 Y
Location of The Emergency Ready to g Item Specification (if needed): - 1 flashlight, 1 first aid kit, 1 thermo food, 3 diapers, 1 pk of wipes, 2 on (carrying case), 1 toy, and folder w - Items to be corrected on 11/08/202 - Lock added to basement door - Lock for kitchen cabinet with clean - Alcoholic beverages moved higher Emergency Documents	meter, 1 pk of AA batteries, no species, 2 rolls of duct tape, 6 black / EPP and ECMA docs 3: Corrected & Reviewed on 11/08/	ecific meds, 2 bo large bags, 1 pa	ottled waters, 2 canned foods, 6 jars of baby ir of scissors, 1 blanket, 1 backpack
⊠Informal Provider Emergency Pre	eparedness Plan (this completed fo	rm)	
⊠ Authorization for emergency med	dical care		
Planning and Maintenance			I walker
Person responsible for updating the Disas	ster Supply Kit and the Emergency	Documents regu	larly:
First Name Takara	Last Name Murphy		in the state of th
Takara Description of how the Emergency Ready	-to-Go Pack will be transported to a	an evacuation loc	cation: carried by the provider.
Evacuation Procedures Primary: The provider will gather the child the provider will receive instruction parent to inform them of emergency upda Alternate: If they could not access the prescriber and specifically. The provider will call, text, emergency.	and the ERTG, and secure the chabout where to shelter space. Timary location, the provider will gate.	her the child and	the ERTG, and secure the child in his bout where to shelter
C'ture & Date			
Acknowledgement: By signing below the parties also acknowledgement been discussed. The parties also acknowledge up visit which will be conducted virtual	edge that, if approved, the home in t	ds have been revi	ewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: Takara Mu	Printed	Nam	
Control of the Contro	Signatu	ure:	
Signatur	Oigilate		

⊠ Heavy Duty Scissors, duct tape/

ID # 354427

Dawn Myers

⊠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: 08/18/2023	Time In: 9:00AM	Time Out: 10:11AM	Result: PASSED
Informal Care			
Type of Care (check one):	on-relative Informal Provider C	are ⊠Relative In	nformal Provider Care
Provider Information			
First Name: Dawn	Last Name: Myers		Provider ID: <u>354427</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 needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(10/17/2012)	10yr. / Y
		(03/06/2014)	8yr. / Y

	(03/06/2014)	8yr. / Y
Safety of the Home		
Directions: Review and determine compliance with each standard. I pages may be used for comments.	Note any comments or c Y - Yes, N - No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
 Has a working inside toilet 	Y	Flushed by provider and observed
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
 Has a working refrigerator and stove 	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
 Has operational smoke detector(s) 	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored on providers bedroom shelf
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on top shelf of pantry closet
Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
 Matches, lighters and flammable products 	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Y	Stored on high garage shelf
Poisonous substances	Y	Stored on high garage shelf
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Frash, garbage and wet and solled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen or bathroom trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	(92)
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	
	Non-perishable food	⊠Backpack(s) or carrying case(s)
	⊠Diapers (N/A)	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	

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

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

ID # 354427

Dawn Myers

200						
Location of The Emergency Ready to go Paci	k: Stored in front	closet near exit				
Hom Consideration (if product):			tild 4 II of duct tage 1 pair of			
1 flashlight, 2 pk of D batteries, 1 first aid kit, 1 thermometer, 1 asthma pump for oldest child, 1 roll of duct tape, 1 pair of scissors, 1 box of sealing plastic, 6 bottled waters 5 pouches of juice, 10 + dried foods/snacks, 4 outfits						
scissors, 1 box of sealing plastic, 6 bottle	ed waters 5 pouc	hes of juice, 10 + dried foods/s	heachs (carrying case)			
(top/bottoms/underwear), 2 blankets, fold	(top/bottoms/underwear), 2 blankets, folder w/ EPP and ECMA docs per child, and 2 backpacks (carrying case)					
- Items to be reviewed on xx/xx/xxxxx; N/A						
Emergency Documents						
⊠Informal Provider Emergency Prepared	ness Plan (this c	ompleted form)				
Planning and Maintenance						
Person responsible for updating the Disaster Su	pply Kit and the E	mergency Documents regularly	y.			
First Name	Last Name					
Dawn	Myers					
Description of how the Emergency Ready-to-Go	Pack will be tran	sported to an evacuation location	on: carried by the provider.			
Shelter In Place Procedure:						
The provider will gather the children and ERTG	and go into the ba	sement bedroom (1 door 0 win	dows). If the need should arise the			
provider will use the sealing plastic and tape from	n the ERTG to se	al the door and vents. Once se	cured the provider will call or text the			
parent with emergency updates.						
Evacuation Procedures						
Primary: The provider will account for the children	en, grab the ERT	G and head to her vehicle. The	provider will ensure each child is			
secured in their car seat belts and drive to	,	Upon arrival the provider	and they will			
head into (1 door 0 windows)	. Once they are s	ecured the provider will call or t	ext the parent with emergency updates.			
Alternate: If they could not access the primary I			grab the ERTG and heading to her			
vehicle. The provider will ensure each child is se		seat belts and drive	Upon arrival the			
	head into	(1 door 1 window).	Once secured the provider will call or			
text the parent with emergency updates.						
Care Hours:						
oute modis.						
Signatures & Date						
Acknowledgement: By signing below the parties a	cknowledge that	all standards have been reviewe	d, and any corrections if needed have			
been discussed. The parties also acknowledge th		e home in which care is provide	d is subject to random, unannounced			
pop up visit which will be conducted virtually or in-	-person.		7025-1-2-2			
PROVIDER	- 1 "	A STATE OF THE STA	NSPECTOR			
Printed Name:	ers	Printed Name:				
Signature:		Signature:				
diataca						
Date: 8/18/2023 Phone		Date: 08/18/2023	Phone: 1-877-227-0125			

Dawn Myers

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

Return to: ccs informalproviders@maryland.g ov

	or Ection	CHECKEIST				
Inspection Date: 08/10/2022	Time In: 1:45PM	Time Out: 2:32P	M Result: PA	SSED		
Informal Care						
Type of Care (check one):	relative Informal Provide	or Care MRelative	Informal Provide	r Care		
Provider Information	SOUTE INDITION TO VIOLE	a care garteanve	I IIIOIIII TOVIGE	Carc		
First Name: Dawn Provider ID #	Last Name: Myer	s	Provider ID): 354427		
			Email:	Email:		
Care Location Inspected						
Street Address: City: Address Verified? Yes	County:	S	State Zip Co	ode:		
Name of Children in Care (add pages if	needed) Scholarsh	ip Date of Birth	Age /	Present (Y/N)		
		10/17/2012	10 / No			
		03/06/2014	8 / No			
0-64 44 44						

Directions: Review and determine compliance with each standard. Not		
pages may be used for comments.	Y – Yes, N – No,	D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 	Y	
 Is free of insect or rodent infestation 	Y	No sign of infestation
 Is well-lit and well-ventilated 	Y	•
 Has hot and cold running water 	Y	Steam observed
 Has a working inside toilet 	Y	
 Has utilities for cooking, lighting and heating 	Y	Electric stove turned on
 Has a working and safe heating system 	Y	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	Provider's cell phone called
 Has operational smoke detector(s) 	Y	, ronder a cen prione caned
Has first aid kit/supplies	Y	Band-Aids alcohol suphs sistemat
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Band-Aids, alcohol swabs, ointment, gauze
Harmful items are stored appropriately and away from children:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Sofrective Action / I linerrame if needed
 Medications of any kind 	Y	High Shelf
 Matches, lighters and flammable products 	Y	None
Alcoholic beverages	Y	None
• Guns	Y	NOTE
Cleaning agents	Y	
Poisonous substances	Y	In locked cabinet Other than medications and cleaning solutions



Dawn Myers

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

•		
⊠Flashlight	⊠Bottled water	⊠Fol

⊠Backpack(s) or carrying case(s)

□ Portable First Aid Kit

⊠Diapers N/A

⊠Consider special toys or games

ID# 354427		Dawn Myers
⊠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 av	ailable and easily accessible in the event of an emergi	ency (Y/N)? Y
Location of The Emergency Read	y to go Pack: Closet by front door	
Item Specification (if needed): 5 shirts, dress, 3 pants, panties, sho 2 extra DD batteries, coloring books Band aids, ointment, cold compress, 4 16oz water bottles, 2 Box tuna & coloring to the coloring books Items to review on xx/xx/xxxx if needed.	c, crayons, go fish game, Uno gloves, alcohol wipes, Neosporin, Benadryl, racker, 2 hi C juice boxes,, 4 packs of cheese cracker	ers, fruit snacks, graham cracker snacks
Emergency Documents Solution Informal Provider Emergency Authorization for emergency	cy Preparedness Plan (this completed form)	
Planning and Maintenance		
	Disaster Supply Kit and the Emergency Documen	ate reculado:
First Name	Last	is regularly.
Shelter In Place Procedure: The provider will grab the children, the	teady-to-Go Pack will be transported to an evacual transported transported to an evacual transported tra	
vacuation Procedures:		
leir seatbelts before driving to the p rovider will gain entry with spare ke	rimary evacuation location which is the yand head to the basement that has no windows	ovider's vehicle where she will secure the children. Once at the location, the sand one door. If the need should arise, the before leaving the care location and after they are
ouse. The provider will call before ne door. If the need should arise the	location, they will go to the alternate evacuation now they are on their way. They was provider will use plastic and tape to seal the she ey are secure in the alternate evacuation location	will shelter in the basement that has no window an elter. The provider will call the parents before

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge to been discussed. The parties also acknowledge that, if approved pop up visit which will be conducted virtually or in-person.	hat all standards have been revie d, the home in which care is prov	ewed, and any corrections if needed have ided is subject to random, unannounced	
PROVIDER	INSPECTOR Printed Name		
Printed Name: Dawn Muers			
Signature	Signature:		
Date: 8 / /0 / 2 x2) Phone	Date: 08/10/2022	Phone: 1-877-227-0125	

V	Virtual	Inspection
In-		Inspection

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

Inspection Date: 4/22/2021	1:30		Time Out: 3:30 PM		sult:	
Informal Care	1.30	VIVI	3:30 PM APPROVED		PROVED	
		A STATE OF THE PARTY.				
☑ Type of Care (check one):	☐ Non-relative	e Informal Provid	der Care 🗹 Rela	tive Inforr	nal Provide	r Care
Provider Information						
Per estare				Pro	vider ID:35	4427
First Name:		Name:		Em	nail:	
Dawn	Myer	S		20		
Care Location inspected						
Street Address:		City	Count	У	State	Zip Code
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age	/ P	resent (Y/N)
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth 6/12/2015	Age 5	/ P	resent (Y/N)
Name of Children in Care (add pages	if needed)	Scholarship			77.7700	resent (Y/N)
Name of Children in Care (add pages	if needed)	Scholarship	6/12/2015	5	/Y	resent (Y/N)
Name of Children in Care (add pages	if needed)	Scholarship	6/12/2015 12/9/2016	5 4	/Y /Y	resent (Y/N)
Name of Children in Care (add pages	if needed)	Scholarship	6/12/2015 12/9/2016 10/1/2000	5 4 10	/Y /Y /Y	resent (Y/N)

Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		
 Is free of insect or rodent infestation 		22
Is well-lit and well-ventilated		
 Has hot and cold running water 		N
Has a working inside toilet		
 Has utilities for cooking, lighting and heating 		
 Has a working and safe heating system 		
Has a working refrigerator and stove		
Has a working telephone	Y	Mobile phones only
Has operational smoke detector(s)		
Has first aid kit/supplies		
 Has protective coverings on any electrical outlet that is accessible to children 		
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		
Medications of any kind		
Matches, lighters and flammable products		
Alcoholic beverages		
Guns		

	Cleaning agents			
	Poisonous substances			
GENER	AL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All area	s of the home are kept clean, including diaperin	ng area.		
	garbage and wet and soiled diapers are dispose manner.	ed of in a		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.				
Diapering procedures are followed.				
Handwa	ashing procedures are followed. Provider and of thoroughly with soap and warm running water Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease.	after:		
CHILD	ABUSE, NEGLECT AND MISTREATMENT ST	TANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
•	is not subject to any form of abuse, includin Physical injury Any sexual abuse Mental injury			
A child	The failure to give proper care and attention to including leaving a child unattended under circulated that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk of injury that is caused by the failure to give propattention to a child. In care is not subjected to mistreatment, incoming and the subjected to mistreatment, incoming and deliberate act that hurts a child physically 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 ite child's mouth Requiring a child to stand on one foot as punitying child to a cot or other equipment ovider immediately reports any suspected child or mistreatment by calling 911 and your loce	o a child cumstances is harmed or f mental per care and cluding: or ms in a shment ilid abuse, al	Y	
	ment of Social Services Child Protective Ser			Verbally agreed to comply
Emerg	gency Ready-to-Go Pack			
	The Emergency Ready-to-Go Pack must be availab (including needed medications) and Emergency Do	le and easily accuments.	cessible in the event	t of an emergency. This contains a Disaster Supply Kit
Disaste	r Supply Kit			
	Directions: Review and determine that each item is contains enough supplies for each child in care. Also	adequately inclinate of that the items	uded in the Disaster are clean, organized	Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed.
2	Flashlight ☑	Bottled water		☑ Folder or binder for EPP documents
	Batteries ☑	Non-perishab	le food	☑ Backpack(s) or carrying case(s)
$\overline{\mathcal{Q}}$	Portable First Aid Kit ☑	Diapers		☑ Consider special toys or games

✓	Thermometer	2	Change of clothes		Scissors, tape & sealing plastic	
7	Medications	✓	Blanket(s)			
Items	in the Disaster Supply Kit are clea	n, organized, a	nd usable (Y/N)? Y		71 A	
Emer	gency Ready-to-Go Pack is availat	ole and easily a	ccessible in the event of an em	ergency (Y/N)? Y		
	ter Supply Kit Comments/Notes: tote bag, it includes all the requi	red items (air t	ght sealed clothes, separate	bags of toys, sev	eral flash lights)	
Emerg	ency Documents					
☑ lr	☑ Informal Provider Emergency Preparedness Plan (this completed form)					
☑ A	☑ Authorization for emergency medical care					
Planni	ng and Maintenance	**				
Person	responsible for updating the Disa	aster Supply K	t and the Emergency Docume	ents regularly:		
First Na		1	Last Name			
	er will retrieve it from the close the Provider and children wi	t and carry it	to the evacuation location.	Since the evacu	ation location is te drive to a Family friend's	
Signate	ires & Date					
Acknow been di	ledgement: By signing below the scussed.	parties acknow	ledge that all standards have	been reviewed, a	and any corrections if needed have	
	PROVIDER			INS	PECTOR	
Printed Name:			Printed Name	Printed Name:		
Signature:			Signature:	Signature:		

Phone:

Date:

Date:4/22/2021

Phone: 410-767-7832