

#### Child Care Scholarship Program

#### **Informal Child Care Monitoring Inspections**



First letter of the provider's last name.

Posted June 2025

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

#### ⊠Virtual Inspection □In-person Inspection

#### Maryland State Department of Education/Office of Child Care

## Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 02/03/2025	Time In: 1:45 pm	Time Out: 2:29 pr	m Result: Passed	
Informal Care	E PART OF STREET			MARKET STATE
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Shana	Last Name: Majesk	i	Provider ID: 570714 Email:	
Provider ID #: 1	dis ii -			
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	County:	State:	Zip Code: 2
Name of Children in Care (add page	es if needed) Scholarship	Date of Birth	Age / Pres	ent (Y/N)
		3/15/2023	1 year old/ N	
		8/7/2024	5 months/ N	

		3/15/2023	1 year old/ N
	TAN MALE AND THE	8/7/2024	5 months/ N
Safety o	of the Home		
	irections: Review and determine compliance with each standa dditional pages may be used for comments.		nents or corrective actions needed.  D – Discussed, n/a – Not Applicable
Health an	d Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
E	Basic Health and Safety Training Completed?	- Marie - 147	- <del>(2)</del> (4)
Home is f	ree of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• 1	s in good repair	Y	
• 1	s free of insect or rodent infestation	Y	2 21 11
• I	s well-lit and well-ventilated	Y	
• F	las hot and cold running water	(*) 6 T	Te distance
• F	Has a working inside toilet	Y	The second second second
*• F	las utilities for cooking, lighting and heating	Y	- 1 19 dig 11 0
• 1	las a working and safe heating system	Υ	
. • I	las a working refrigerator and stove	Υ	39 - 4 - 1
	las a working telephone	Υ'	200 40
• F	las operational smoke detector(s)	1 Y	- Table 1
	las first aid kit/supplies	Υ.	The second of th
• · · ·	las protective coverings on any electrical outlet that is accessible to children	<b>Y</b>	
Harmful i	tems are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
. 5	Sharp or pointed items	Y	
. 1	Medications of any kind	Υ	
. N	Matches, lighters and flammable products	Y	The second secon
* A	Alcoholic beverages	D. 4	
, (	Suns	- Y	er a de la companya d
. 0	cleaning agents	Υ	
• P	olsonous substances	Υ	A commence of a comment of the comme
GENERAL	CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas o	f 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.	¥	
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:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

#### Disaster Supply Kit

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

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

Emergency Ready-to-Go F	Pack is available ar	nd easily accessible in the event of an er	nergency (Y/	N)? Yes	
Location of Emergency F	Ready to go Pack	Coat Closet			
Emergency Documents					
⊠Informal Provider  ⊠Authorization for e		aredness Plan (this completed form)			
Planning and Maintenand	e		NORTH THE	COMPANY SECRETARIAN	Harris II
First Name Shana		r Supply Kit and the Emergency Docum Last Name Majeski p-Go Pack will be transported to an eva			
Shelter In Place Procedu The Provider will gather th	e ready to go bag	and the children,	1 de	oors, 0 window(s)). The p	rovider will
The Provider will gather the call/text parent before, du Evacuation Procedures: The Provider will gather the sheltering. The Provider will gather the parent before, during and	e ready to go bag ring and after she e children and the e children and the	ready to go bag, carrying both childs 2 doors, 0 window(s)). The ready to go bag, carrying both childs	en. The provider wen. The provider w	vider w <b>itting</b> vill <b>call/text</b> parent before,	during and afte
The Provider will gather the call/text parent before, du Evacuation Procedures: The Provider will gather the sheltering.	e ready to go bag ring and after she e children and the e children and the	ready to go bag, carrying both childs 2 doors, 0 window(s)). The ready to go bag, carrying both childs	en. The provider w	vider w <b>ill a</b> vill <u>call/text</u> parent before, vider will	during and afte
The Provider will gather the call/text parent before, du Evacuation Procedures: The Provider will gather the sheltering. The Provider will gather the parent before, during and CARE HOURS:  Signatures & Date Acknowledgement: By signi	e ready to go bag ring and after she e children and the e children and the after sheltering.	e ready to go bag, carrying both childs  2 doors, 0 window(s)). The ready to go bag, carrying both childs  a ready to go bag, carrying both childs  as acknowledge that all standards have be a that, if approved, the home in which care	en. The provider wen. The provider with the prov	vider will a parent before, vider will object will object. The provider will object window(s)). The provider will object window(s), and any corrections if need	during and after
The Provider will gather the call/text parent before, du Evacuation Procedures: The Provider will gather the sheltering. The Provider will gather the parent before, during and CARE HOURS:  Signatures & Date Acknowledgement: By signification been discussed. The parties pop up visit which will be considered.	e ready to go bag ring and after she e children and the e children and the after sheltering.	e ready to go bag, carrying both childs  2 doors, 0 window(s)). The ready to go bag, carrying both childs  a ready to go bag, carrying both childs  as acknowledge that all standards have be a that, if approved, the home in which care	en. The provider wen. The provider with the prov	vider will a parent before, vider will object will object. The provider will object window(s)). The provider will object window(s), and any corrections if need	during and after
The Provider will gather the call/text parent before, du  Evacuation Procedures:  The Provider will gather the sheltering.  The Provider will gather the parent before, during and care Hours:  Signatures & Date  Acknowledgement: By signification been discussed. The parties pop up visit which will be constituted to the parties pop up visit which will be constituted to the care to the parties pop up visit which will be constituted to the care to the	e ready to go bag ring and after she e children and the e children and the after sheltering.	e ready to go bag, carrying both childs 2 doors, 0 window(s)). The ready to go bag, carrying both childs a ready to go bag, carrying both childs as acknowledge that all standards have be a that, if approved, the home in which care in-person.	en. The provider went to the provider went to the provider went to the provided in the provide	vider with a vill call/text parent before, vider will vider will vindow(s)). The provider window(s), and any corrections if need is subject to random, unannotations.	during and after
The Provider will gather the call/text parent before, du Evacuation Procedures: The Provider will gather the sheltering. The Provider will gather the parent before, during and CARE HOURS:  Signatures & Date Acknowledgement: By signing been discussed. The parties pop up visit which will be considered Name:	e ready to go bag ring and after she e children and the e children and the after sheltering.	e ready to go bag, carrying both childs 2 doors, 0 window(s)). The ready to go bag, carrying both childs a ready to go bag, carrying both childs as acknowledge that all standards have be a that, if approved, the home in which care in-person.	en. The provider went to the provider went to the provider went to the provided in the provide	vider with a vill call/text parent before, vider will vider will vindow(s)). The provider window(s), and any corrections if need is subject to random, unannotations.	during and after

☑Virtual Inspection
☐In-person
Inspection

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

Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 11/26/2024	Time	In: 4:30 PM	Time Out: 5:36	pm Result Follow L	Jp needed	
Inspection Date: 11/27/2024	Time	In: 4:30 PM	Time Out: 4:52	om Result Passed		
Informal Care	<b>图图</b> 4 卷					
Type of Care (check one):   Non-	relative Info	ormal Provider C	are ØRelative	Informal Provider Care		
Provider Information						
First Name: Yawnet	Last	Last Name: Marshall		Provider ID: 567	Provider ID: 567195	
Provider ID #:				Email:	Email:	
Care Location Inspected						
Street Address: Address Verified?: Yes		ity:	County:	State	Zip Code	
lame of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Pro	sent (Y/N)	
			4/19/2024	7 months/ Y		
			4/19/2024	7 months/ Y		
afety of the Home						

	4/19/2024	7 months/ Y
Safety of the Home		
Directions: Review and determine compliance with each standard Additional pages may be used for comments.	ndard. Note any com Y - Yes, N - No.	ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Υ	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Υ	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Υ	
Poisonous substances	Y	
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
areas of the home are kept clean, including diapering area.		

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	<b>Y</b>	
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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	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 that the items are clean, organized, and usable. Comment and note below if needed.

	de die die die die die die die die die d	and daable. Comment and note below it needed.
⊠Flashlight	⊠ Bottled water	
⊠Batteries	⊠ Non-perishable food	Backpack(s) or carrying case(s)
	⊠Diapers	□ Consider special toys or games
⊠Thermometer	□ Change of clothes	
⊠Medications	⊠Blanket(s)	

The state of the s

Items in the Disaster Supply Kit are clean.  Emergency Ready-to-Go Pack is available	the same of the sa	and the second s	(Y/N)? Yes
Location of Emergency Ready to go Pag	k: In the provider's ca	<u>r</u>	
Item Specification (if needed):			
To be observed for compliance on 11/27	/2024 :		
Outlet Covers     Cabinet Locks			
Emergency Documents			
⊠Informal Provider Emergency Pre	paredness Plan (this o	ompleted form)	
☑ Authorization for emergency medi			
Planning and Maintenance			
Person responsible for updating the Disast	er Supply Kit and the I	Emergency Documents regu	ulariy:
First Name	Last Name		
Yawnet  Description of how the Emergency Ready-	Marshall to-Go Pack will be tran	enorted to an avaculation to	
Shelter in Place Procedures:	to our ack will be train	isported to air evacuation for	
The provider will window(s)). The provider will call/text the	e ready to go bag, tak parent before, during	ing them to the car securi	ng the twins in their rear facing car seats (1 doors, t)  ng the twins in their rear facing car seats (1 doors, 0 window(s)). The provider
Acknowledgement: By signing below the parti	se acknowledge that all	etandarde have been enview	
been discussed. The parties also acknowledge pop up visit which will be conducted virtually of	e that, if approved, the h	nome in which care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: Youngt Makh		Printed Name:	
Signature		Signature:	
Date 11/271/24 Phone		Date: 11/27/2024	Phone: 1-877-227-0125
Date U 23 24 Phone		Date: 11/27/2024	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person Inspection

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

Inspection Date: 10/10/2022	Time	In: 12:00PM	Time Out: 1:05PM	Result: PASSED
Informal Care				
Type of Care (check one):	on-relative Info	ormal Provider Ca	re	nformal Provider Care
Provider Information	N. Carlot	210	LI TOIGHT I	Mornial Flovider Care
First Name: Hannah Provider ID	Last	Name: Martin		Provider ID:
Care Location Inspected	3			Littali.
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)
		11	10/26/2020	23 Mos. / Yes
			08/10/2018	4 Yrs / Yes
		1		
		A		

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	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 Certificate Submitted	
Basic Health and Safety Training Completed?	Y		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No sign of infestation	
Is well-lit and well-ventilated	Y	V-	
Has hot and cold running water	Y	Steam observed	
Has a working inside toilet Look under sink	Y	V. T.	
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	Υ	Provider's cell called	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Y	Bandaids, gauze, alcohol wipes, tape	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	Covered, in use or behind furniture	
Harmful items are stored appropriately and away from children:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	Y		
Medications of any kind	Y	Upper cabinet	
Matches, lighters and flammable products	Y	On top of fridge	
Alcoholic beverages	Υ	4	
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	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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

#### Disaster Supply Kit

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

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

items in the Disaster Supply Kit are clean, organized, and u	sable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily access	ssible in the event of an emergency (Y/f	N)? Y
Location of The Emergency Ready to go Pack: Closet	by the front door	
Item Specification (if needed):		
2 shirts, 2 pants, shorts, 2 pairs socks, 1 underwear, 2 jack	et. 2 blankets, wines	
3 AA batteries, 2 books	es, 2 Daines, Inpus	
Band aids, gauze, tape, acohol wipes,		
2 16oz water bottles, 2 cans of chicken noodle soup. 2 gran	nola bars,	
Items to review on xx/xx/xxx if needed: N/A		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan  ⊠Authorization for emergency medical care	(this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit a	nd the Emergency Documents regular	rlv:
	me Burrill	
Description of how the Emergency Ready-to-Go Pack will	be transported to an evacuation local	tion: Carried
	and the state of t	
Shelter in Place Procedure:		
The provider will grab the children, the ERTB and head to should arise the provider will use plastic and tape to seal t	the basement living room which has the shelter. The provider will call the p	3 doors and no windows. If the need parents once they are secure.
Evacuation Procedures:		
The provider will grab the children, the ERTB, her phone	and car keys and proceed to her vehic	cle where she will secure the children their
car seats that are already in the vehicle before driving to t	the primary evacuation location which	is the provider's house. Once at the
location, they will head to the basement that has no windo to seal the shelter. The provider will call the parents after	they are secure in the evacuation loss	rise, the provider will use plastic and tape
If they couldn't shelter at the primary location, they		evacuation location which is
most of the time and the	provider would knock on the door to a	ain entry. Once there, they will shelter in
the basement that has no window and one door. If the ne	ed should arise the provider will use p	lastic and tape to seal the shelter. The
provider will call the parents after they are secure in the a	Iternate evacuation location.	
Signatures & Date Acknowledgement: By signing below the parties acknowled	dea that all standards have been review	wed and any constitute it would be
been discussed. The parties also acknowledge that, if app pop up visit which will be conducted virtually or in-person.	roved, the home in which care is provi	ided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Hannah Martin	Printed Name;	
Signatur	Signature	
Date: 10-10-2022 Phone:	Date: 10/10/2023	Phone: 1-877-227-0125

☑Virtual Inspection
☐In-person
Inspection

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

Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 11/26/2024	Time	In: 4:30 PM	Time Out: 5:36	pm Result Follow L	Jp needed	
Inspection Date: 11/27/2024	Time	In: 4:30 PM	Time Out: 4:52	om Result Passed		
Informal Care	<b>图图</b> 4 卷					
Type of Care (check one):   Non-	relative Info	ormal Provider C	are ØRelative	Informal Provider Care		
Provider Information						
First Name: Yawnet Las		ast Name: Marshall		Provider ID: 567	Provider ID: 567195	
Provider ID #:				Email:	Email:	
Care Location Inspected						
Street Address: Address Verified?: Yes		ity:	County:	State	Zip Code	
lame of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Pro	sent (Y/N)	
			4/19/2024	7 months/ Y		
			4/19/2024	7 months/ Y		
afety of the Home						

	4/19/2024	7 months/ Y
Safety of the Home		
Directions: Review and determine compliance with each standard Additional pages may be used for comments.	ndard. Note any com Y - Yes, N - No.	ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Υ	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Υ	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Υ	
Poisonous substances	Y	
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
areas of the home are kept clean, including diapering area.		

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	<b>Y</b>	
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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	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 that the items are clean, organized, and usable. Comment and note below if needed.

	de die die die die die die die die die d	and daable. Comment and note below it needed.
⊠Flashlight	⊠ Bottled water	
⊠Batteries	⊠ Non-perishable food	Backpack(s) or carrying case(s)
	⊠Diapers	□ Consider special toys or games
⊠Thermometer	□ Change of clothes	
⊠Medications	⊠Blanket(s)	

The state of the s

Items in the Disaster Supply Kit are o	teen, organized, and usable	Y/N)? Yes	
Emergency Ready-to-Go Pack is ava	allable and easily accessible in	the event of an emergency (	Y/N/7 Yes
Location of Emergency Ready to g	o Pack: In the provider's ca		
Item Specification (if needed):			
To be observed for compliance on	11/27/2024 :		
Outlet Covers     Cabinet Locks			
Emergency Documents			
⊠Informal Provider Emergence	y Preparedness Plan (this o	ompleted form)	
☑ Authorization for emergency			
Planning and Maintenance			
Person responsible for updating the I	Disaster Supply Kit and the I	Emergency Documents regu	larly:
First Name Yawnet	Last Name Marshall		
Description of how the Emergency R	eady-to-Go Pack will be tran	sported to an evacuation loc	ation:
Shelter in Place Procedures:			
The Provider will gather the ready to call/text the parent before, during a		#.	of doors, # of window(s)). The provider will
Evacuation Procedures:			
The Provider will gather the children a	and the ready to go bag, tak	ing them to the car securin	ng the twins in their rear facing car seats.
window(s)). The provider will call/tex	xt the parent before, durin	and after sheltering.	
The Provider will gather the children	and the ready to go bag, tak	ing them to the car securin	ng the twins in their rear facing car seats.
The provider will will call/text the parent before, during			(1 doors, 0 window(s)). The provider
Will Calificate the parent designer,			
CARE HOURS			
Stanatures & Date			
Acknowledgement: By signing below the	e parties acknowledge that all	standards have been reviewe	d and any consections if anyther have
been discussed. The parties also acknown pop up visit which will be conducted virti	wledge that, if approved, the	nome in which care is provided	d is subject to random, unannounced
PROVIDE			INSPECTOR
Printed Name: YawneLMa	Rabell	Printed Name	
Signature		Signature:	
Date 11/20124 Phone		Date: 11/27/2024	Phone: 1-877-227-0125

⊠Virtual Inspection
☐In-person
Inspection

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

Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 11/26/2024	Time I	n. 4:30 PM	Time Out: 5:36	om Result: Follow U	needed	
Inspection Date: 11/27/2024	Time I	n: 4:30 PM	Time Out: 4:52	om Result Passed		
Informal Care						
Type of Care (check one):   Non	-relative Infor	mal Provider C	are ØRelative	Informal Provider Care		
Provider Information						
First Name: Yawnet	Last Name: Marshall			Provider ID: 5671	Provider ID: 567195	
Provider ID #:				Email:		
Care Location Inspected						
Street Address	Çit	Υ.	County	State	Zip Code:	
Address Verified?: Yes						
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Pres	sent (Y/N)	
			4/19/2024	7 months/ Y		
			4/19/2024	7 months/ Y		
Safety of the Home						

	4/19/2024	7 months/ Y
Safety of the Home		
Directions: Review and determine compliance with each standard Additional pages may be used for comments.	andard. Note any com Y - Yes, N - No.	ments or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Υ	
Has a working telephone	Υ	
Has operational smoke detector(s)	Υ	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Υ	
Poisonous substances	Y	
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
areas of the home are kept clean, including diapering area.		

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	<b>Y</b>	
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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	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 that the items are clean, organized, and usable. Comment and note below if needed.

	de die die die die die die die die die d	and daable. Comment and note below it needed.
⊠Flashlight	⊠ Bottled water	
⊠Batteries	⊠ Non-perishable food	Backpack(s) or carrying case(s)
	⊠Diapers	□ Consider special toys or games
⊠Thermometer	□ Change of clothes	
⊠Medications	⊠Blanket(s)	

The state of the s

Items in the Disaster Supply Kit are o	teen, organized, and usable	Y/N)? Yes	
Emergency Ready-to-Go Pack is ava	allable and easily accessible in	the event of an emergency (	Y/N/7 Yes
Location of Emergency Ready to g	o Pack: In the provider's ca		
Item Specification (if needed):			
To be observed for compliance on	11/27/2024 :		
Outlet Covers     Cabinet Locks			
Emergency Documents			
⊠Informal Provider Emergence	y Preparedness Plan (this o	ompleted form)	
☑ Authorization for emergency			
Planning and Maintenance			
Person responsible for updating the I	Disaster Supply Kit and the I	Emergency Documents regu	larly:
First Name Yawnet	Last Name Marshall		
Description of how the Emergency R	eady-to-Go Pack will be tran	sported to an evacuation loc	ation:
Shelter in Place Procedures:			
The Provider will gather the ready to call/text the parent before, during a		#.	of doors, # of window(s)). The provider will
Evacuation Procedures:			
The Provider will gather the children a	and the ready to go bag, tak	ing them to the car securin	ng the twins in their rear facing car seats.
window(s)). The provider will call/tex	xt the parent before, durin	and after sheltering.	
The Provider will gather the children	and the ready to go bag, tak	ing them to the car securin	ng the twins in their rear facing car seats.
The provider will will call/text the parent before, during			(1 doors, 0 window(s)). The provider
Will Calificate the parent designer,			
CARE HOURS			
Stanatures & Date			
Acknowledgement: By signing below the	e parties acknowledge that all	standards have been reviewe	d and any consections if anyther have
been discussed. The parties also acknown pop up visit which will be conducted virti	wledge that, if approved, the	nome in which care is provided	d is subject to random, unannounced
PROVIDE			INSPECTOR
Printed Name: YawneLMa	Rabell	Printed Name	
Signature		Signature:	
Date 11/20124 Phone		Date: 11/27/2024	Phone: 1-877-227-0125

☑ □Virtual Inspection In-person Inspection	Chi	epartment of Edu ild Care Scholare INFORMAL NSPECTION CH	CARE	hild Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 05/01/2023	Tin	me In: 3:30PM	Time Out: 4:44F	PM Resu	ilt: PASSED
Informal Care	N CONTROL OF				
Type of Care (check one):	☐ Non-relative I	nformal Provider (	Care ⊠Relative	Informal P	rovider Care
Provider Information	TO STATE OF THE PARTY OF	Charles of			
First Name: Maria Provider ID #:	Las	st Name: Martine	z De Vargaş	Prov	ider ID: <u>513455</u>
Care Location Inspected			<b>经国际社会办法</b> 保	de l'Est	N
Street Address: Address Verified? Yes.	City:	County:	State Z	p Code:	
Name of Children in Care (a	idd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(09/18/2018)	4yr. / N	
			(07/07/2022)	9mos./	Y
Safety of the Home			LEGISTA L	38619	
Directions: Review and determinates may be used for comme		ech standard. Not			ions needed. Additional sed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Commen	ts/Notes re Action /Timeframe if needed
Basic Health and Safety Train	ning Completed?		Y	Relative	Informal Care - Certificate Submitted
Home is free of health and s	afety hazards:		Standard Met Y/N	Commen Correctiv	ts/Notes re Action /Timeframe if needed
Is in good repair			Υ		All areas were clean
<ul> <li>Is free of insect or ro</li> </ul>	dent infestation		Y		No evidence of infestation
s well-lit and well-ve	ntilated		Y		its were turned on and natural window lighting
Has hot and cold run	ining water		Y	Teste	d by provider and steam observed on camera
<ul> <li>Has a working inside</li> </ul>	toilet		Υ	F	lushed by provider and observed
Has utilities for cooki	ing, lighting and hea	ting	Y		
• Has a working and s	afe heating system		Y	Therm	nostat tested by provider for cooling & heating
<ul> <li>Has a working refrige</li> </ul>	erator and stove		Y	7	Tested by provider and observed
Has a working teleph			Y	Out	cound call made to provider's phone
<ul> <li>Has operational smo</li> </ul>	ke detector(s)		ΥΥ	1	Tested by provider and observed
Has first aid kit/suppl	lies		Y	First aid	d kit stored in locked bathroom cabinet
<ul> <li>Has protective cover accessible to children</li> </ul>		I outlet that is	Υ	Al	l outlets covered and/or occupied
Harmful Items are stored app children:	ropriately and awa	y from	Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed
Sharp or pointed items	s		Y	Stored in kr	nife container holder on back of kitchen counter

Medications of any kind

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

Υ

Υ

Υ

Υ

Υ

Stored in upper level kitchen cabinet

Does not own

Does not own

Stored in bathroom and kitchen cabinets with locks

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

ttems in the Disaster Supply Kit are clean, organized, and usable ()  Emergency Ready-to-Go Pack is available and easily accessible in  Location of The Emergency Ready to go Pack: Stored in hallwaltem Specification (If needed):  1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec med thermometer, gen med (Tylenol/Motrin), 6 heavy duty trash	the event of an emergency (Y	(N)? Y
Location of The Emergency Ready to go Pack: Stored in hallwater Specification (if needed):  1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec med		/N)? Y
tem Specification (If needed):  1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec med	av closet near avit	
tem Specification (If needed):  1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec med		
- 1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec med	ay blobbt field balt	
	s. 4 hottled waters. 2 outfits	(ton/bottom) 4 diamers w/ 1 nk of wipes, 1
formula, 1 pair of scissors, 1 carry-on suitcase (carrying c		
Items to be reviewed on xx/xx/xxxx: N/A		<del></del>
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this co	ompleted form)	
⊠Authorization for emergency medical care	, in pro-section,	
Planning and Maintenance	mamana, Canumanta sasul	Confluence
Person responsible for updating the Disaster Supply Kit and the E	mergency Documents regul	any.
First Name Last Name  Jennifer Vargas		
Description of how the Emergency Ready-to-Go Pack will be trans	sported to an evacuation loc	ation: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the children and the ERTG and head into	laundry room (1 door 0 wind	lows). The provider will use sealing plastic
and tape to seal the door if needed. The provider will call the pare		
Evacuation Location(s) Procedures:		
Primary: The provider will call the parent, account for the children	and the ETRG and walk to	the grandmother's vehicle. She would
secure the younger child in the rear-facing car seat and older child		
. The provider will gain	that	The provider and
	e provider will give the parer	nts a call before, during and after the
emergency.		
Alternate: If they could not access the primary location, the provi		
She would secure each child in their car seats. Younger (rear-facily would drive them		ard-facing) car seat. The grandmother She and the children will go into
(1 door 2 windows). The provider will call the parents be		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that		
been discussed. The parties also acknowledge that, if approved, the sop up visit which will be conducted virtually or in-person.	ne home in which care is pro-	vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Maria Martinez De Vorgas		INSPECTOR
Printed Name: 1900 100 Proprinted DE 100 0815	Printed Name:	
Signature:	Signature:	
Date: 6 6 23   Phone:	Date: 05/01/2023	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.go		
Inspection Date: 7/23/2024	Tim	ne In: 1:30pm	Time Out: 2:	30PM	Result: Follow Up	
Inspection Date: 7/25/2024		e In: 1:30pm	Time Out: 1:	000000	Result: Passed	
Informal Care					10000	
Type of Care (check one):	Non-relative in	formal Provider C	are ØRela	tive Informs	al Provider Care	
Provider Information			an told	ave monne	ai Flovider Care	
First Name: Pamanethe Provider ID #:  Last Name: Mass					Provider ID: 343908	
Care Location Inspected				E	mail:	
Street Address: Address Verified : Yes	City		County:		State: Zip Code	
Name of Children in Care (add pa	ges if needed)	Scholarship	Date of Birth			
			1/23/2023		- control ( )	
			1/23/2023		r old/ N	
Safety of the Home		_	172372023	1 year	r old/ N	
Directions: Review and dete Additional pages may be use	d for comments.	with each stands	1101 11-110	, D-Discu	assed, n/a - Not Applicable	
lealth and Safety Training:			Standard Met Com		omments/Notes	
Basic Health and Safety Tr		d?	Y	Correc	tive Action /Timeframe if needed	
ome is free of health and safety	hazards;		Standard Met Y/N		ents/Notes tive Action /Timeframe if needed	
- is in good repair			Y		The state of needed	
<ul> <li>Is free of insect or rodent in</li> <li>Is well-lit and well-ventilated</li> </ul>	lestation		Y			
Has hot and cold running was			Y			
Has a working inside toilet	ster		Y	1		
Has utilities for cooking, light	ling and beating		Υ			
Has a working and safe heat	ing and realing		Υ			
<ul> <li>Has a working refrigerator ar</li> </ul>	d stove		Y	1		
Has a working telephone			Y			
<ul> <li>Has operational smoke detection</li> </ul>	tor(s)		Y	1		
<ul> <li>Has first aid kit/supplies</li> </ul>			Y			
<ul> <li>Has protective coverings on a accessible to children</li> </ul>			Y			
nful items are stored appropriat	ely and away fr	om	Standard Met Y/N	Comment	ts/Notes	
Sharp or pointed items			Y	POLIBETIA	e Action /Timeframe if needed	
Medications of any kind			Y			
Matches, lighters and flammat	ole products		Y			
Alcoholic beverages			Y			
Guns		-	Y			
Cleaning agents			Y			
Poisonous substances			Y			
RAL CLEANLINESS STANDAR			tandard Met Y/N	Comments	s/Notes Action /Timeframe if needed	
as of the home are kept clean, inc	duding diangring	aren	Y		remote if needed	

Tresh, garbege and wet and soiled diapers are disposed of in a	Y	
Trash, garbage and wet and solled diapers and solled or wet sanitary manner.	Y	
sanitary manner.  Child is changed immediately when s/he has a soiled or well diaper, clothing or bedding.	Y	
Diapering procedures are followed. Provider and child's hands Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileding: Diapering; Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of	Y	
disease.  CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury Any sexual abuse Any sexual abuse	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, Bitting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical needs  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, seglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Juit.	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

⊠Thermometer

July Carl

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit accordance in the Disaster Supply Kit accorda

⊠Flashlight ⊠Non-perishable food ⊠Batteries ⊠Portable First Aid Kit ⊠Diapers

⊠Change of clothes

⊠Bottled water

⊠Blanket(s) □Medications N/A

⊠Folder or binder for EPP documents ⊠Backpack(s) or carrying case(s)

⊠Consider special toys or games

⋈ Heavy Duty Scissors, Duct Tapa/
Packing Tape & Sealing Plastic/ Trash

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Page 2 of 3

Items in the Disaster Supply Kit are clean, organiz	ed, and usable (1714)	100	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the	event of an emergency (	(/N)? Yes
Location of Emergency Ready to go Pack: Kep  Item Specification (if needed):  Baby bottles  To be observed for compliance on :  .	at in the laundry room	n	
Emergency Documents			
⊠Informal Provider Emergency Preparedr ⊠Authorization for emergency medical ca		leted form)	
Planning and Maintenance	9-1		
Person responsible for updating the Disaster Sup First Name Pamanetha	pply Kit and the Eme Last Name Massey		larly:
The Provider will gather the children and the em Once inside, the Provider will use the duct tape, before, during and after the emergency.  Evacuation Procedures:  The Provider will gather both children and the er rear facing car seats. The Provider would drive that children will shelter in the the emergency.  The Provider will gather both children and the er rear facing car seats. The Provider would drive window(s). The Provider would contact the pare CARE HOURS:	mergency bag and he to the 2 door(s), 1 window mergency bag and he for the 2 door(s), 1 window mergency bag and he for the first the fir	and out to her vehicle wh and s)). The Provider would and out to her vehicle wh Provider and children w	ere she would secure both children in their Once inside, the Provider contact the parent before, during and after
Signatures & Date			
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge tha pop up visit which will be conducted virtually or in-	it, if approved, the hom	ndards have been review e in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: Tomanestha M	PASSEY	Printed Name	
Signate		Signature	
Date: 7/25/24   Phone:		Date: 7/25/2024	Phone: 1-877-227-0125

- 1 4

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 05/09/2023 Time In: 1:30PM Time Out: 2:44PM Result: Follow-up Required, Result: PASSED Follow-up Inspection Date: 05/09/2023 Time In: 4:00PM Time Out: 4:06PM **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 Provider ID #: Email: Care Location Inspected County: State Zip Code: City: Street Address:

Name of Children in Care (add pages if needed)	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 with eapages may be used for comments.	ch standard. Note	any comments or c	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
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	No evidence of infestation
Is well-lit and well-ventilated		Y	All lights were turned on and natural window lighting
Has hot and cold running water		Υ	Tested by provider and steam observed on camera
Has a working inside toilet		Y	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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 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 added to the provider's bathroom closet
<ul> <li>Has protective coverings on any electrical accessible to children</li> </ul>	outlet that is	Y	All outlets were occupied or covered
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Sharp or pointed items		Y	Stored in knife holder on back of kitchen counter and in high kitchen cabinet
Medications of any kind		Y	Stored away in provider's locked bedroom closet
<ul> <li>Matches, lighters and flammable products</li> </ul>		Υ	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

<ul> <li>Poisonous substances</li> </ul>	Y	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	Dispering 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.	Y	
Diapering procedures are followed.	Y	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:  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. So vertains that the Oceation County of the 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 c	an, organized, and usable (Y/N)? Y			
Location of The Emergency Ready Item Specification (if needed):  1 tote (carrying case), 1 flashl of water, 3 canned foods, 1 ca ECMA per child, 2 small toys,	ble and easily accessible in the event of an emergency (Y/N)? Y  go Pack: Stored in the laundry room near exit  ht, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds., 2 bottled waters, 1 gallon of baby formula, 2 outfits (onesie/top), 2 blankets, 2 diapers w/ 1 pk of wipes, folder w/ EPP and pair of scissors, 1 roll of duct tape and 2 heavy duty trash bags			
Items to be reviewed on 05/09/2023	Corrected & Reviewed U5/U9/2023			
- First aid kit for the home				
Emergency Documents				
The second secon	Preparedness Plan (this completed form)			
	iedicai care			
Planning and Maintenance				
Person responsible for updating the L First Name	easter Supply Kit and the Emergency Documents regularly: Last Name			
Pamanetha	Massey			
Shelter In Place Procedure: The provider will gather the children	dy-to-Go Pack will be transported to an evacuation location: carried by the provider.  d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise			
Shelter In Place Procedure: The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures: Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part Alternate: If they could not access the will secure each child in their real she will secure each child in the will secure e	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise tape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eir rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into 1 door 1 window) at to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. Facing car seats and drive 1 on the way the provider will call the parent via cell eak with a 1 to gain instruction about where to shelter for safety. Once secured she will call			
Shelter In Place Procedure: The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures: Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part Alternate: If they could not access to She will secure each child in their resphene. Upon arrival the provider will.	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise tape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eir rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into 1 door 1 window) at to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. Facing car seats and drive 1 on the way the provider will call the parent via cell eak with a 1 to gain instruction about where to shelter for safety. Once secured she will call			
Shelter In Place Procedure: The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures: Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part Alternate: If they could not access to She will secure each child in their reaphone. Upon arrival the provider will the parent again to give emergency to Signatures & Date  Acknowledgement: By signing below.	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise lape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eir rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into 1 door 1 window) and to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. It facing car seats and drive 1 door 1 window) and to gain instruction about where to shelter for safety. Once secured she will call dates.  It parties acknowledge that all standards have been reviewed, and any corrections if needed have owledge that, if approved, the home in which care is provided is subject to random, unannounced			
Shelter In Place Procedure: The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures: Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part of the will secure each child in their response. Upon arrival the provider will the parent again to give emergency to signatures & Date  Acknowledgement: By signing below the been discussed. The parties also ack pop up visit which will be conducted to PROVIDE.	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise tape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eir rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into 1 door 1 window) and to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. Facing car seats and drive 1 door 1 window). On the way the provider will call the parent via cell eak with a 1 door 1 window) to gain instruction about where to shelter for safety. Once secured she will call dates.			
Shelter In Place Procedure: The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures: Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part Alternate: If they could not access to She will secure each child in their reaphone. Upon arrival the provider will the parent again to give emergency to Signatures & Date  Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted to	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise tape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eir rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into 1 door 1 window) and to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. Facing car seats and drive 1 door 1 window). On the way the provider will call the parent via cell eak with a 1 door 1 window) to gain instruction about where to shelter for safety. Once secured she will call dates.			
Shelter In Place Procedure:  The provider will gather the children at the provider will use sealing plastic at calling 911 if needed.  Evacuation Procedures:  Primary: The provider will account for vehicle. She will secure each child in once she and the children are secure on first floor. Provider will call the part of the will secure each child in their reach chi	d grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise lape to secure the areas. The provider will call the parent before, during and after, in addition to the children and grab the ERTG tote, the provider will carry the bag and children to the provider's eight rear-facing car seats and upon arrival the provider and she will call the parent. The provider and children will go into (1 door 1 window) and to give emergency updates.  It primary location, the provider will gather the children, grab the ERTG and head to her vehicle. It facing car seats and drive (1 door 1 window) and to gain instruction about where to shelter for safety. Once secured she will call dates.  It parties acknowledge that all standards have been reviewed, and any corrections if needed have swiedge that, if approved, the home in which care is provided is subject to random, unannounced utility or in-person.  INSPECTOR			

⊠Virtual Inspection □In-person Inspection

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

Inspection Date: 08/10/2023 Follow-up Inspection Date: 08/11/2023	Time In: 10:30AM Time In: 8:30AM	Time Out: 11:51AM Time Out: 8:40AM	Result: Follow-up Required. Follow-up Result: PASSED
Informal Care			
Type of Care (check one): ☐ Non-rel	ative Informal Provider C	are Relative In	formal Provider Care
Provider Information			
First Name: Adrienne Provider ID #:			Provider ID: 518054 Email: @
Care Location Inspected			
Street Address: Yes.	City: Coun	ty:	tate Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(07/16/2015)	Byr. / N
		(11/30/2018)	4yr. / N
		(02/11/2022)	1yr. / N

(11/30/2016)	4yr. / N
(02/11/2022)	1yr. / N
Note any comments or c	orrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care – Certificate Submitted
Y	
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	All areas were clean
Υ	No evidence of infestation
Y	All lights were turned on and natural window lighting
Y	Tested by provider and observed the ice melt in the clear glass
Y	Flushed by provider and observed
Y	
Y	Thermostat tested by provider for cooling & heating
Y	Tested by provider and observed
Y	Outbound call made by informal team to provider's phone
Y	Tested by provider and observed
Y	Medical supplies stored in drawer in parent's bedroom
is Y	All outlets were covered or occupied
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	Stored in knife holder on back of counter
Y	Stored in high cabinet of bathroom and kitchen
Y	Moved to top of kitchen cabinet
Y	Does not own
Y	Does not own
	(02/11/2022)  I. Note any comments or comm

<ul> <li>Cleaning agent</li> </ul>		Y	All cleaning products on high shell in bathroom
<ul> <li>Poisonous subs</li> </ul>	tances	٧	Does not own
GENERAL CLEANLINE	SS STANDARDS	Standard Met. V/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are	kept clean, including diapening area.	Υ.	Changing area in providers bedroom
Trash, garbage and wet sanitary manner.	and soiled diapers are disposed of in a	Ψ.	Trash thrown away daily via diaper baggies
Child is changed immedi diaper, clothing or beddir	ately when s/he has a soiled or wet ng.	γ.	
Diapering procedures an	e followed.	Y	
washed thoroughly with a Tolleting; Diapering; Before food pre After playing ou	s are followed. Provider and child's hands soap and warm running water after; paration and eating; tdoors; and then necessary to prevent the spread of	, y	
CHILD ABUSE, NEGLE	CT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to  Physical injury  Any sexual abu  Mental Injury	any form of abuse, including: se	Y	
Including:  The fallure to give including leaving that indicate that placed at substantial injury to	ve proper care and attention to a child g a child unattended under circumstances at the child's health or welfare is harmed or antial risk of harm:  a child, or a substantial risk of mental used by the failure to give proper care and hild.		
A child in care is not su	bjected to mistreatment, including:		
Spanking, Biting     Any other mean     Not attending to     Shouting, Cursi     Washing a child     Putling pepper child's mouth     Requiring a child	act that hurts a child physically or luding.  g, Hitting, Shaking  s of physical discipline  a child's physical needs  ng, Shaming, Ridiculing  is mouth with soap  or other spicy or distasteful items in a  d to stand on one foot as punishment  cot or other equipment	Ÿ	
The provider immediate neglect or mistreatmen	ely reports any suspected child abuse, t by calling 911 and your <u>local</u> ervices Child Protective Services Unit	76	

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	⊞ottled water	∑Folder or binder for EPP documents
⊠Batteries for Flashlight	⊗Non-perishable food	■Backpack(s) or carrying case(s)
⊠Ponable First Aid Kit	⊠Diapers (N/A)	Consider special roys or games

⊠Change of clothes

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

**⊠**Medications

⊠Blanket(s)

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

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

#### Location of The Emergency Ready to go Pack: Stored in dining room near exit Item Specification (if needed):

- 1 backpack (carrying case), 1 flashlight, 1 pk of D batteries, 1 first aid kit, no specific meds, 4 bottled waters, juice, crackers, fruit bars and fruit snacks, 3 outfits (top/bottom), 2 large blankets, folder w/ EPP and ECMA per child, 1 pk of playing cards, 1 roll of duct tape, 1 pair of scissors, sheets of sealing plastic, and 1 thermometer
- Items to be reviewed on 08/11/2023: Corrected & Reviewed on 08/11/2023
- ERTG: Missing thermometer
- Observe additional bedroom for safety standards

#### **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 Adrienne Last Name Matthews

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 master bedroom (1 door 1 window) and proceed to lock the door and then seal the doors vent and window if the need should arise with the sealing plastic and tape. The provider would call or text 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 carry the smallest child and hold the hands of the older children walking to her car. The provider will secure the youngest child in rear-facing car seat, middle child in booster seat and the oldest child in their booster seat. The provider will drive to allow the way to be a secure with the provider and children would seek shelter to be a secure to the provider and then call or text 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 carry the smallest child and hold the hands of the older children walking to her car. The provider will secure the youngest child in their rear-facing car seat, middle child in booster seat and the oldest child in their booster seat. The provider will drive to will drive to along the way and along the way and the call or text the parent once secured with emergency updates.

Care	Hours:

#### Signatures & Date

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

PROVIDER	INSPECTOR		
Printed Name: Avienne Matthews	Printed Name:		
Signatu	Signature:	)	
Date: 9/19/33 Phone:	Date: 08/11/2023	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: 5/16/2024	Time In: 3:30pm	Time Out: 4:25pm	Result: Pass	ed .
Informal Care				
	tive Informal Provider C		Informal Provider (	
Provider Information				
First Name: Samone	Last Name: Matthews		Provider ID: 545245	
Provider ID			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City	County	State	Zip Code
Name of Children in Care (add pages if need	ied) Scholarship	Date of Birth	Age /	Present (Y/N)
		1/1/0/2024	4 mos. / Y	
		1/1/0/2024	4 mos. / Y	

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

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

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

Emergency Ready-to-Go Pack is available and e	asily accessible in the event of an emergency	/(Y/N)? Yes
Location of Emergency Ready to go Pack: Ke	pt in Closet	
<ul> <li>Scissors, packing tape and window sealir</li> <li>Sleeve of diapers and pack of wipes.</li> </ul>	ng plastic	
<ul><li> 3 Bottles of Water</li><li> 2 Bottles</li></ul>		
<ul><li> Jar Baby Food</li><li> 2 Plush Rattle Toys</li></ul>		
To be observed for compliance on :		
Emergency Documents		
⊠Informal Provider Emergency Prepared	·	
	are	
Planning and Maintenance		
Person responsible for updating the Disaster Su First Name Samone	Last Name Matthews	gurany:
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation	location:
Shelter In Place Procedures:		
The Provider will gather the children in their cardoor(s) 0 window(s)). The provider will contact the		
Evacuation Procedures:		
The Provider will load the children and the emer the children in their rear facing car seats and cal to shelter. The Provider ha The Provider the Parent once she arrives safely at the location	I the and the Pare s a mirror with a camera to keep an eye or	nt before heading to
The Provider will load the children and the emer the children in their rear facing car seats and cal shelter. The Provider has a mirror with a camera	I the and the Parent by to keep an eye on the children while in ro	ite to
the location.	(1 doors 1 windows). The Provider will	contact the Parent once she arrives safely at
CARE HOURS:		4848044
Signatures & Date		
Acknowledgement: By signing below the parties acl been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	, if approved, the home in which care is provi	
PROVIDER		INSPECTOR
Printed Name: Matthews	Printed Name:	
Signature:	Signature:	
Date: 5/16/2024 Phone:	Date: 5/16/2024	Phone: 1-877-227-0125
•		

#### ⊠Virtual Inspection □In-person Inspection

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

The state of the s		CONTROL DATE OF THE PARTY OF TH	The state of the s		
Inspection Date: 8/9/2024	Time	In: 3:30 pm	Time Out: 4:08 pr	n Result: Passed	
Informal Care		ASYMPHOTOLOGY T	The second		
Type of Care (check one):	e):   Non-relative Informal Provider Care   Relative			Informal Provider Care	
Provider Information	Mittor Committee				
First Name: Shirley	Last	Last Name: Maynard		Provider ID: 4948	14
Provider ID #:				Email: //	
Care Location Inspected					
Street Address: Address Verified?: Yes	<u>City</u> :	Co	ounty:	State:	Zip Code:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age / Pres	sent (Y/N)
			8/10/2017	6 years old/ Y	
		-		10 11/1/	
			4/19/2014	10 years old/ Y	

Safety of the Home		
Directions: Review and determine compliance with each stand Additional pages may be used for comments.	dard. Note any comm Y – Yes, N – No,	nents or corrective actions needed.  D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
Is free of insect or rodent infestation	Y	F-
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Υ	
Has a working inside toilet	Y	12
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Υ	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	

	A
Y	
Y	
Y	
Y	
Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Y	
Y	
Y	
Y	
ccessible in the even	nt of an emergency. This contains a Disaster Supply Kit
luded in the Disaste are clean, organize	r Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed.
	⊠Folder or binder for EPP documents
le food	⊠Backpack(s) or carrying case(s)
	⊠Consider special toys or games
thes	<ul> <li>☑ Heavy Duty Scissors, Duct Tape/</li> <li>Packing Tape &amp; Sealing Plastic/ Trash</li> <li>Bags</li> </ul>
	Y Y Standard Met Y/N Y  Y  Y  Coessible in the even luded in the Disaster are clean, organized the food

Items in the Disaster Supply Kit are clean, organized	, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily		//N)? Yes
Location of Emergency Ready to go Pack: In the I  Item Specification (if needed):  To be observed for compliance on :	basement	
Emergency Documents		
⊠Informal Provider Emergency Preparednes  ⊠Authorization for emergency medical care	es Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply	y Kit and the Emergency Documents regu	larly:
i list Name	ast Name laynard	
Description of how the Emergency Ready-to-Go Pa		cation:
Shelter In Place Procedures:		
Evacuation Procedures:  The Provider will gather children and ready to go be parent before, during, and after evacuation.  The Provider will gather children and ready to go be parent before, during, and after evacuation.  The Provider will gather children and ready to go be parent before, during, and after evacuation.  CARE HOURS:	ag, secure the children in seatbelts and  (1 of door, 2 of window(s	where will call, text, and email vive to where will call, text, and email vive to where will call, text, and email where will call, text, and email
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that, if pop up visit which will be conducted virtually or in-personal transfer or property of the parties also acknowledge that, if pop up visit which will be conducted virtually or in-personal transfer or property or prope	approved, the home in which care is provide	red, and any corrections if needed have ed is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Shirley Maunian	Printed Name:	
Signatu	Signature:	
Date: 8 - 9 - 24 Phone	Date: 8/9/2024	Phone: 1-877-227-0125

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/10/2023	Time In: 2:30PM	Time Out: 3:38Pi	M Result: PASSED
Informal Care			
Type of Care (check one): ☐ Non-re	elative Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Shirley	Last Name: Maynard		Provider ID: 438037
Provider ID #:			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if no	eeded) Scholarship	Date of Birth	Age / Present (Y/N)
		(03/04/2013)	10yr. / N
		(04/19/2014)	9yr. / N
		(08/10/2017	5yr. / Y

A		
Safety of the Home		w
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 Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care – Certificate Submitte
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Is in good repair	Y	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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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	Υ	Outbound call made by informal team to provider phone prior to inspection
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Medical supplies stored on high shelf in hallway closet
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own

Cleaning agents

All cleaning products stored in locked garage

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	
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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
☑ Portable First Aid Kit	⊠Diepers (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, organ	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and	asily accessible in the event of an emergency (Y/N)? Y
	D extra batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled outfits (top/bottom/underwear), 3 blankets, folder w/ EPP and ECMA docs per child, 3
Emergency Documents	
⊠Informal Provider Emergency Prepared  Mauthorization for emergency medical c	
Planning and Maintenance	
Person responsible for updating the Disaster St	oply Kit and the Emergency Documents regularly:
First Name Shirley	Last Name Maynard
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: carried by the provider.
Shelter In Place Procedure:	
and middle child in their car seat belts and the y the provider will use shelter in the (1 door 1 window) and Alternate: If they could not access the primary	en, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest bungest child in the booster seat. Once secure she and the children will drive to upon arrival. The provider and children would seek then call the parent once secured with emergency updates.  Cocation, the provider will account for the children, grab the ERTG and head to the dest and middle child in their car seat belts and the youngest child in the booster seat.  The provider will be the provider will be the parent once the parent
Signatures & Date	
	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: Shirley Mayn	Printed Name:
Signature	Signature:
Date: 8-11-23 Phone	Date: 08/10/2023 Phone: 1-877-227-0125

*371383* 

## 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	Time In: 1:50PM	Time Out: 3:25	
Follow-up Inspection Date: 07/12/2022	Time In: 8:45AM	Time Out: 8:47	
Informal Care		<u> </u>	
	ive Informal Provider C	are ⊠Relativ	e Informal Provider Care
Provider Information			a manna, rarnadi dara
First Name: Shirley	Last Name: Maynard		Provider ID: 377383
Provider ID #	Last Hanne, may		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)
		8/10/2017	4 / Yes
		4/19/2014	8 / No, at Summer Camp
		3/04/2013	9 / No, at Summer Camp
		4/28/2010	12 / No, at Summer Camp
		<u> </u>	
Safety of the Home			
Directions: Review and determine compliance w	ith each standard. Note	any comments or	corrective actions needed. Additional
pages may be used for comments.			D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		Y	Relative informal Care
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
Is free of insect or rodent infestation		Y	
Is well-lit and well-ventilated		Y	
Has hot and cold running water	-	Y	40.9 Celsius/105 Fahrenheit using thermometer
Has a working inside tollet		Y	Cleaning products moved to garage which is locked at all times
Has utilities for cooking, lighting and	heating	Y	Electric Stove lighted
Has a working and safe heating system		Y	
Has a working refrigerator and stove		Υ	
Has a working telephone		Y	Provider's cell called
Has operational smoke detector(s)		Y	
Has first aid kit/supplies		Y	Bandage, cotton swabs, ointment Benadryl cream, Hydrogen peroxide.
<ul> <li>Has protective coverings on any election accessible to children</li> </ul>	trical outlet that is	Y	Covered if not in use or behind furniture
Harmful items are stored appropriately and children:	away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Knives back of counter
Medications of any kind		Υ	
<ul> <li>Matches, lighters and flammable produced</li> </ul>	ucts	Y	Garage
Matches, lighters and nammable produ     Alcoholic beverages	ucts	Y	None Sarage
<u> </u>	ucts		

None

377383

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Commenta/Notes Corrective Action /Timeframe if needed
Ail 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	
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	¥	
A child in care is not subjected to mistreatment, including:  Any deliberate act that hurts a child physically or emotionelly, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physicel neede  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting pepper or other spicy or distasteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

#### **Emergency Ready-to-Go Pack**

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

#### **Disaster Supply Kit**

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

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

Medications N/A	Blanket(s)		.377.3.83
Items in the Disaster Supply Kit are clean, organi	zed, and usable (Y/N	)? Y	
Emergency Ready-to-Go Pack is available and e	asily accessible in the	event of an emergency (Y/N)?	? Y
Location of The Emergency Ready to go Pack	: Comer in Family	Room	
ttem Specification (if needed):			
2 D Batteries, Band-Aids, scissors, tape, gaux		•	:
4 16 oz water bottles, 3 Chicken Noodle soup, 4 Shirts, 4 pants, 2 large blankets, book, card	-	itos, fruit cups, cookles,	
4 oning, 4 pants, 2 large blankers, book, card	s, toys,		
Items to review on 07/12/2022 if needed: Corn			
- Provider must have the EPP & ECMA prin	ited 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	pply Kit and the Eme	ergency Documents regularly:	
First Name	Last Name		
Description of how the Emergency Ready-to-Go	Pack will be transpo	orted to an evacuation location	n: Carried
Shelter in Place Procedure:			
The provider will gather the children calling them			
two windows and two doors. The ERTG is alread should the need arise. Once everyone is secure.			on page and duct tape to seal windows,
Evacuation Procedures:			
The provider will gather the children and the ER' seat for the other child			sure all the children are secure in car hey are on their way to her house. The
	•	-	se 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 procedures used to evacuate from care location,			Provider will follow the same
make sure all the children are secure in car seat		t belts for the other children. T	
her know they are on their way to her house so s			
door and one window. Provider will call parent or location.	nce they get in the c	er to head to Evacuation local	aon end after getting to the evacuation
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge to pop up visit which will be conducted virtually or in	net, if approved, the		
PROVIDER			NSPECTOR
Printed Name: Shirles Ma	unlard	Printed Name:	
Signatu		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 Care

# Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 2/11/2025 Time In: 1:30pm Time Out: 2:13pm Result: Passed Informal Care Type of Care (check one): □ Non-relative Informal Provider Care Provider Information First Name: Maty Last Name: Mbaye Provider ID: 573282 Provider ID #: Email Care Location Inspected Street Address: City: County: Zip Code: State: Address Verified?: Yes Name of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N)

	9/13/2021	3yrs/ Y
	9/20/2023	1yrs/Y
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed.  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Υ	
Home is free of health and safety hazards:	Standard Met Y/N	Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Υ	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Υ	
Has a working inside toilet	Υ	
Has utilities for cooking, lighting and heating	Υ	
Has a working and safe heating system	Υ	
Has a working refrigerator and stove	Υ	
Has a working telephone	Υ	
Has operational smoke detector(s)	Υ	
Has first aid kit/supplies	Υ	
Has protective coverings on any electrical outlet that is accessible to children	Υ	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	
Medications of any kind	Υ	
Matches, lighters and flammable products	Υ	
Alcoholic beverages	Y	
• Guns	Υ	
Cleaning agents	Υ	
Poisonous substances	Υ	
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	

Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:	*	
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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

## Emergency Ready-to-Go Pack

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

## Disaster Supply Kit

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

contains enou	contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.			
⊠Flashlight		⊠Bottled water		
⊠Batteries		⊠Non-perishable food	⊠Backpack(s) or carrying case(s)	
	Aid Kit	⊠Diapers	⊠Consider special toys or games	
⊠Thermometer		⊠Change of clothes		
⊠Medications		⊠Blanket(s)		

Items in the Disaster Supply Kit are clea	n, organized, and usable (Y/N)?	Υ	
Emergency Ready-to-Go Pack is availal			Y/N)? Y
Location of Emergency Ready to go I  Item Specification (if needed):  To be observed for compliance on :  •			
Emergency Documents			
		ted form)	
Planning and Maintenance			
Person responsible for updating the Dis First Name	aster Supply Kit and the Emerg	ency Documents regu	larly:
Shelter In Place Procedures:  The Provider will gather the ready to go	bag and the children, take then	n to the lower	#1 of doors, #0 of window(s)). The
The Provider will gather the ready to go provider will contact parent before, during Evacuation Procedures:  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and #1.	the ready to go bag, they will The	be traveling e provider will travel to be provider will contact be traveling e provider will travel to	parent before, during and after sheltering
The Provider will gather the ready to go provider will contact parent before, during Evacuation Procedures:  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and gaining access and after sheltering.	the ready to go bag, they will The	be traveling e provider will travel to be provider will contact be traveling e provider will travel to	children secured by having gaining access by through the parent before, during and after sheltering children secured by
The Provider will gather the ready to go provider will contact parent before, during the Provider will gather the children and to shelter in #1.  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and gaining access and after sheltering  CARE HOURS:  - Monday-Saturday 9am-5pm	the ready to go bag, they will the shelter in #1 of doors, and arties acknowledge that all standardedge that, if approved, the home	be traveling e provider will travel to be traveling e provider will travel to be traveling e provider will travel to be of window(s)). The	children secured by having gaining access by through the parent before, during and after sheltering children secured by provider will contact parent before, during ed, and any corrections if needed have
The Provider will gather the ready to go provider will contact parent before, during Evacuation Procedures:  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and gaining access and after sheltering  CARE HOURS:  - Monday-Saturday 9am-5pm  Signatures & Date  Acknowledgement: By signing below the proper property of the parties also acknowledged to properly up visit which will be conducted virtual provider.	the ready to go bag, they will the shelter in #1 of doors, #3 arties acknowledge that all standedge that, if approved, the home by or in-person.	be traveling e provider will travel to be traveling e provider will travel to be traveling e provider will travel to be of window(s)). The	children secured by having gaining access by through the parent before, during and after sheltering children secured by provider will contact parent before, during ed, and any corrections if needed have
The Provider will gather the ready to go provider will contact parent before, during Evacuation Procedures:  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and gaining access and after sheltering  CARE HOURS:  - Monday-Saturday 9am-5pm  Signatures & Date  Acknowledgement: By signing below the proper property of the parties also acknowledged to properly up visit which will be conducted virtual provider.	the ready to go bag, they will the ready to go bag, they will the ready to go bag, they will The shelter in #1 of doors, #  arties acknowledge that all standedge that, if approved, the home bly or in-person.	be traveling e provider will travel to be traveling e provider will travel to be traveling e provider will travel to be of window(s)). The	children secured by having gaining access by through the parent before, during and after sheltering children secured by provider will contact parent before, during ed, and any corrections if needed have d is subject to random, unannounced
The Provider will gather the ready to go provider will contact parent before, during Evacuation Procedures:  The Provider will gather the children and to shelter in #1.  The Provider will gather the children and gaining access and after sheltering  CARE HOURS:  - Monday-Saturday 9am-5pm  Signatures & Date  Acknowledgement: By signing below the proper discussed. The parties also acknowledged up visit which will be conducted virtual	the ready to go bag, they will the ready to go bag, they will the ready to go bag, they will the shelter in #1 of doors, #3 arties acknowledge that all standedge that, if approved, the home bly or in-person.	be traveling e provider will travel to be traveling e provider will travel to be traveling e provider will travel to be of window(s)). The ards have been reviewed in which care is provided	children secured by having gaining access by through the parent before, during and after sheltering children secured by provider will contact parent before, during ed, and any corrections if needed have d is subject to random, unannounced

⊠Virtual Inspection
□In-person
Inspection

### 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: 01/10/2025	Time	In: 4:30 pm	Time Out: 5:46 p	m Result: Passed
Informal Care				
Type of Care (check one): ☐ No	n-relative Info	rmal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information				Springly fore office object topologicals
First Name: Angela Provider ID #:	Last	Name: McCollum	to pagaga art to	Provider ID: 570390 Email:
Care Location Inspected			en deur de menerale de side de la presentación de la constantación	er ander (1969), 1997 – 1992 – 1993 vol. en sje volget med mystyreteller (1967) (1967). Det sje volget (1968)
Street Address: Address Verified?: Yes	City:	Co	unty:	State: Zip Code: 3
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			6/11/2024	6 months old/ Y
			8/26/2019	5 years old/ Y group and to new to the second

	8/26/2019	5 years old/ Y
Safety of the Home		
Directions: Review and determine compliance with each star Additional pages may be used for comments.	ndard. Note any comm Y – Yes, N – No,	nents or corrective actions needed.  D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	151/2 F4 - 15 1 7
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	Stratteno Petras Strato Shaking
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	Any ether means of navsical discipline
Is well-lit and well-ventilated	Y	auton usos (PQ 2 otata 1. 13 ga total a. 1. a)
Has hot and cold running water	Y	no se diffu di nora soluta e nordissiti.
Has a working inside toilet	n rai <b>Y</b> motific	Puriting proper or attach opiny or distant
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	Beach - 12 Co
<ul> <li>Has a working and safe heating system</li> </ul>	hist <b>yle</b> mbys	neouse perits an issue of high care.
Has a working refrigerator and stove	estate Vijas he	HANNER AND A ROBERT FORCE A COMPANY OF THE
Has a working telephone	IYay ale	section must summent by pailing \$11 515.
Has operational smoke detector(s)	2311/6 <b>Y</b> _5_113	e or thing such to be the same as a second
Has first aid kit/supplies	Y	45
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	
Medications of any kind	Y	
Matches, lighters and flammable products	ison as a Adnastely in the	Duen or Fav. se and distribute 93 in
Alcoholic beverages	Y-	
• Guns	Υ	adjusted to:
Cleaning agents	erganemad Abusa	ESTRICT,
Poisonous substances	Y	SEPTEMBER OF SEPTEMBER SEP
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	

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		·
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	
<ul> <li>child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
e provider immediately reports any suspected child abuse, glect or mistreatment by calling 911 and your local	51.1 6.9	
epartment of Social Services Child Protective Services nit.	Y	×
HL.	1	

#### 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 **⊠**Batteries ⊠Backpack(s) or carrying case(s) □ Consider special toys or games **⊠**Diapers M Heavy Duty Scissors, Duct Tape/ **⊠**Thermometer Packing Tape & Sealing Plastic/ Trash Bags ☐Medications-N/A 

Items in the Disaster Supply			4000 M
Emergency Ready-to-Go Pa	ack is available and easily ac	accessible in the event of an emergency (	Y/N)? Yes
Location of Emergency Re	eady to go Pack: Basemen	<u>nt</u>	
Emergency Documents			
	mergency Preparedness P nergency medical care	Plan (this completed form)	
Planning and Maintenance		Water the second of the second	
Person responsible for updat First Name Angela	Last	it and the Emergency Documents regu Name ollum	llarly:
	and the second s	will be transported to an evacuation lo	cation:
Shelter In Place Procedures			
	hildren and the ready to o	o bag, securing the oldest child in a	forward facing car seat and the
the Provider will gather the cloungest in an infant car se (1 de provider will gather the cloungest in an infant car se (1 de provider will gather the cloungest in an infant car se (1 de provider will gather the provider will gather the cloungest in an infant car se (1 de provider will gather will gather will gather the cloungest in an infant car se (1 de provider will gather w	eat. The provider will doors, 0 window(s)). The hildren and the ready to go at. The provider will	o bag, securing the oldest child in a provider will text parent before, during to bag, securing the oldest child in a pre, during and after sheltering.	g and after sheltering.
oungest in an infant car se (1 d the Provider will gather the cl oungest in an infant car se	eat. The provider will doors, 0 window(s)). The hildren and the ready to go at. The provider will	provider will <u>text</u> parent before, during o bag, securing the oldest child in a	g and after sheltering.
the Provider will gather the cloungest in an infant car se (1 december 1) the Provider will gather the cloungest in an infant car se 0 window(s)). The provider will gather the cloungest in an infant car se 0 window(s)). The provider HOURS:	beat. The provider will shoors, 0 window(s)). The children and the ready to go beat. The provider will shoulder will text parent before the parties acknowled to acknowledge that, if approximation acknowledge that the control of the	provider will <u>text</u> parent before, during o bag, securing the oldest child in a	g and after sheltering.  forward facing car seat and the  (1)
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the Provider will gather the cloungest in an infant car se (1 d)  the Provider will gather the cloungest in an infant car se 0 window(s)). The provider will gather the cloungest in an infant car se 0 window(s)). The provider will gather the cloungest in an infant car se 0 window(s). The provider will be provided to the provider will gather the cloungest in an infant car se 0 window(s). The provider will be conducted to the provider will gather the cloungest in an infant car se (1 d).	beat. The provider will shoors, 0 window(s)). The children and the ready to go beat. The provider will be by	provider will <u>text</u> parent before, during to bag, <u>securing the oldest child in a ore, during and after sheltering.  Do bag, <u>securing the oldest child in a ore, during and after sheltering.</u>  Do bag, <u>securing the oldest child in a ore, during and after sheltering.</u>  Do bag, <u>securing the oldest child in a ore, during the oldest child in a or</u></u>	g and after sheltering.  forward facing car seat and the  (1)  ed, and any corrections if needed have d is subject to random, unannounced

## ⊠Virtual Inspection ☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 12/20/2023	Time	in: 1:30PM	Time Out: 2:29Pf	M Result: PASSED
Informal Care				
Type of Care (check one):	Non-relative Infor	rmal Provider Ca	are   Relative	Informal Provider Care
Provider Information				
First Name: Terry	1			Provider ID: <u>535919</u>
Provider ID #:	Last N	Last Name: McFarland		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
			(11/17/2021)	2yr./Y

		(11/1//2021)	Zy1.71	
Safety of the	Home			
Directions: Review pages may be use	w and determine compliance with each standard. Not differ comments.	te any comments or o Y - Yes, N - No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable	
Health and Safet	ty 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 I	health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in goo	d repair	Y	All areas were clean	
Is free or	f insect or rodent infestation	Y	No evidence of infestation	
Is well-life	t 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 w	orking inside toilet	Y	Flushed by provider and observed	
	ties for cooking, lighting and heating	Y		
	orking and safe heating system	Y	Thermostat tested by provider for cooling & heating	
Has a w	orking refrigerator and stove	Y	Tested by provider and observed	
	orking telephone	Y	Outbound call made by informal team to provider phone	
Has ope	rational smoke detector(s)	Y	Tested by provider and observed	
	aid kit/supplies	Y	First aid kit in under bathroom sink	
	ective coverings on any electrical outlet that is	Y	All outlets were covered or occupied	
Harmful items as	re 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	
	ons of any kind	Y	Stored in bin on top of fridge	
	, lighters and flammable products	Y	Moved to top of laundry shelf	
	beverages	Y	Does not own	
• Guns		Y	Does not own	
Cleaning	agents .	Y	All cleaning products in locked kitchen and bathroom cabinets	
Poisono	us substances	Y	Does not own	
	TE CTT: CTT.			

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed  Both children in diapers changing station in living room	
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	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.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including:			
<ul> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y		
<ul> <li>A child in care is not subjected to any form of neglect, including:</li> <li>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;</li> <li>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.</li> </ul>	Y		
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y		

#### **Emergency Ready-to-Go Pack**

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

#### **Disaster Supply Kit**

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

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

Items in the Disaster Supply Kit are	e clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is a	vallable and easily accessible in the event of an emergency	(Y/N)? Y
Location of The Emergency Rea	dy to go Pack: Stored in the hallway closet by exit	
	, 1 flashlight, 1 pk of AAA batteries, 1 first ald kit, 1 thei	mometer, no specific medications, 3 bottled
waters, 3 canned foods, 1pk	of wipes/9 diapers, 2 outfits (sleeper sets), 1 large blan	
	2 rolls of duct tape and 1 roll of trash bags	
Items to be reviewed on xx/xx/x	xxx: N/A	
Emergency Documents		
	ncy Preparedness Plan (this completed form)	
	cy medical care	
Planning and Maintenance		
Person responsible for updating the	e Disaster Supply Kit and the Emergency Documents re	gularly:
First Name	Last Name	
Teya	McFarland	
	Ready-to-Go Pack will be transported to an evacuation i	ocation: carried by the provider.
Shelter In Place Procedure:		
	n, grab the ERTG bag, go into the bathroom (1 door 1 wi	
	or and window if needed. The provider will call the parent	with enlergency appares.
trash bags and tape to seal the doc <u>Evacuation Procedures</u> <u>Primary:</u> The provider will gather a <u>will secure each child in their forwa</u>	all children and grab the ERTG. The provider and children	will go to the provider's vehicle where she
Evacuation Procedures Primary: The provider will gather a will secure each child in their forwa	all children and grab the ER <u>TG. The provider and childre</u>	will go to the provider's vehicle where she Upon arrival the provider
Evacuation Procedures Primary: The provider will gather a will secure each child in their forwa They will shelte updates.  Alternate: If they could not access children will go to the provider's velupon arrival the provider will receive updates.	all children and grab the ERTG. The provider and children rd-facing car seat and drive rin one of (1 door 1 window). The provider in one of (1 door 1 window). The provider will gather all children nicle where she will secure each child in their forward-fac	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 a will secure each child in their forwa They will shelte updates.  Alternate: If they could not access children will go to the provider's velupon arrival the provider will receivupdates.	all children and grab the ERTG. The provider and children rd-facing car seat and drive rin one of (1 door 1 window). The provider in one of (1 door 1 window). The provider will gather all children nicle where she will secure each child in their forward-fac	will go to the provider's vehicle where she Upon arrival the provider er will call the parent with emergency and grab the ERTG. The provider and
Evacuation Procedures Primary: The provider will gather a will secure each child in their forwa They will shelte updates.  Alternate: If they could not access children will go to the provider's vel Upon arrival the provider will receiv updates.  Care Hours:	all children and grab the ERTG. The provider and children rd-facing car seat and drive rin one of (1 door 1 window). The provider in one of (1 door 1 window). The provider will gather all children nicle where she will secure each child in their forward-fac	will go to the provider's vehicle where she Upon arrival the provider er will call the parent with emergency and grab the ERTG. The provider and
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Evacuation Procedures Primary: The provider will gather a will secure each child in their forwa They will shelte updates.  Alternate: If they could not access children will go to the provider's very updates.  Care Hours:  Signatures & Date Acknowledgement: By signing below the parties also accept up visit which will be conducted PROVII	all children and grab the ERTG. The provider and children rd-facing car seat and drive (1 door 1 window). The provider in one of (1 door 1 window). The provider will gather all children nicle where she will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact e shelter instructions from (1 the provider will secure each child in their forward-fact each child in their fact	and grab the ERTG. The provider and sing car seat and provider will call the parent with emergency
Evacuation Procedures Primary: The provider will gather a will secure each child in their forwa They will shelte updates.  Alternate: If they could not access children will go to the provider's very updates.  Care Hours:  Signatures & Date Acknowledgement: By signing below been discussed. The parties also accompon up visit which will be conducted PROVIDED.	all children and grab the ERTG. The provider and children rd-facing car seat and drive (1 door 1 window). The provider in one of (1 door 1 window). The provider the primary location, the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte shelter instructions from (1 the provider will gather all children nicle where she will secure each child in their forward-facte she will secure	and grab the ERTG. The provider and sing car seat and provider will call the parent with emergency

⊠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: 11:29Al	Result: PASSE	ED	
Informal Care					
Type of Care (check one):   Non-relati	ve Informal Provider Ca	are ⊠Relative Ir	nformal Provider Ca	re	
Provider Information			· - · · · · · · · · · · · · · · · · · ·		
First Name: Allison	Last Name: McIntyre	е	Provider ID: 50	<u>18595</u>	
Provider ID #:			Email:		
Care Location Inspected			<u></u>		
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 / F	Present (Y/N)	
		(08/25/2022)	6 mos. / Y		
				***	

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments,		orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitte
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 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
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Tested by provider and observed
Has a working telephone	Y	Called provider's working phone
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Observed and tested by provider
Has first aid kit/supplies	Y	Retrieved from kitchen cabinet by provider and observed
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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.	Υ	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
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit,	Y	

#### Emergency Ready-to-Go Pack

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

#### **Disaster Supply Kit**

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

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

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

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

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tapel packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean,	, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available	e and easily accessible in the event of an emergenc	y (Y/N)? Y
Item Specification (if needed):  - 1 flashlight, 1 bag of extra D batteries baby food, 1 can of formula, 1 onesie	s, 1 first aid kit, 1 thermometer, 5 bottled waters, 4 ce, 3 shirts & 1 bottom, 2 small blankets, 1 small bookdications, 1 carry-on sultcase, folder w/ EPP & ECM.	and 1 toy, 1 pair of scissors, 1 roll of duct tape, 1
Emergency Documents		
⊠Informal Provider Emergency Pre ⊠Authorization for emergency med	eparedness Plan (this completed form) dical care	
Planning and Maintenance		
Person responsible for updating the Disas First Name	ster Supply Kit and the Emergency Documents re Last Name	gularly:
any doors on windows in the space as new Evacuation Procedures:  Primary: The provider will carry the child then text his parent of where they are evaluated (1 door 1 double-call or text the parent to inform them of medium Alternate: The provider will the grab the	-faced window). Once they are settled and any no ore emergency details.  child and roll the emergency bag and head to he ent once they are secured in the vehicle before de-	e. She will secure the child in his car seat and and would go into the ecessary area sealed and locked, she would r car. She will then secure the baby in his car
Signatures & Date		
	parties acknowledge that all standards have been ledge that, if approved, the home in which care is ally or in-person.	
PROVIDER		INSPECTOR
Printed Name: Allison Me Lanyre	Printed Name:	
Signature	Signature:	
Date: 02/07/7022 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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 09/29/2023	Time In: 1:30PM	Time Out: 2:46PM	Result: PASS	ED
Informal Care			L D wider C	are .
Type of Care (check one):	on-relative Informal Provi	der Care Relative	Intormal Provider C	are
Provider Information				
Final Name of Contract	Last Name: Mo	Knight	Provider ID:	530281
First Name: Geovese Provider ID #:	Last Manie. INC		Email:	
Care Location Inspected				
Street Address: Address Verified? Yes.	City: County:	State Zip	Code:	
Name of Children in Care (add pages	s if needed) Scholar	ship Date of Birth	Age /	Present (Y/N)
		(09/20/2017)	6yr. / N	
1 -		(08/12/2019)	4yr. / N	
		(09/11/2022)	1yr. / Y	

	(03/11/2022)	1,1111	
Safety of the Home	y		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	te any comments or co Y - Yes, N - No, I	orrective actions needed. Additional  - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y	Relative Informal Care - 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	Υ	Thermostat tested by provider for cooling & heating and utility bill submitted	
Has a working refrigerator and stove	Y	Tested by provider and observed	
Has a working telephone	Y	Outbound call made by informal team to provider's phone	
Has operational smoke detector(s)	Y	Tested by provider and observed	
Has first aid kit/supplies	Y	Alcohol and Band-Aids stored on high shelf in kitchen cabinet	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	All outlets were covered or occupied	
farmful 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	

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

	CONTRACTOR OF THE PROPERTY OF	Children Company of the Company of t
-moraone		/-to-Go Pack
-mclucile	AND DIVERSION	A LU A LU N H H H H H H H

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

Page 2 of 3

Revised 10/2021

I	530hanna of algiber	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
⊠Thermonieter		bags
⊗Medications (N/A)	⊠Blanket(s)	
- Comply Kit are clean ornar	nized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and e	easily accessible in the event of an emerge	ency (Y/N)? Y
Location of The Emergency Ready to go Pacifice Specification (if needed):	k. Stored hear basement dos.	The second second second second
t amall suitage (carrying case), 1 flashi	ight, 1 pk of AAA batteries, 4 bottled wa	nters, 20 dried food and canned items, 1pk of ontractor bags, 1 pair of scissors, 3 outfits
where and Caroll upp 2 blankets 1 roll of	sealant tabe and neavy duty sapot s	ontractor bags, 1 pair of scissors, 3 outfits
(top/bottom/underwear), folder w/ EPP ar	nd ECMA, and 2 tablets and 1 tov	
Items to be reviewed on xx/xx/xxxx: N/A		
Emergency Documents		
☑Informal Provider Emergency Prepared	iness Plan (this completed form)	
Planning and Maintenance Person responsible for updating the Disaster Su	anly Kit and the Emergency Documents	s regularly:
	Last Name	, , ,
First Name Geovese	McKnight	
Description of how the Emergency Ready-to-Go		ion location: carried by the provider.
Shelter In Place Procedure:		A CONTRACT OF STREET
neiter in Place Procedure.	EPTC and so into the downstains hall	way (0 door 0 window) There are no direct doors
indows or vents to be sealed in this space. The  vacuation Procedures  image: The provider will account for the childre	provider will call or text the parent onc	child and head to the provider's vehicle. The
vacuation Procedures rimary: The provider will account for the childre ovider will ensure the oldest child is in his car so Upon arrival, the provider is familiar with the shelter options. The provider ternate: If they could not access the primary located and head to the provider's vehicle. The providence can be compared to the provider's vehicle. The providence can be compared to the provider's vehicle of the provider's the provider's vehicle. The providence can be compared to the provider's vehicle of the provider's vehicle of the provider's vehicle. The providence can be compared to the provider's vehicle of the provider's vehicle	en, grab the ERTG and shoes for each eat belt, toddler in a booster seat and der will receive instruction from the ler will text the parent once secured with the provider will account for the ider will ensure the oldest child is in him to the left will shelter in the	child and head to the provider's vehicle. The youngest child in his rear-facing car seat and drive of where to shelter specifically, she th emergency updates.  e children, grab the ERTG and shoes for each s car seat belt, toddler in a booster seat and rival, the provider will call
vacuation Procedures rimary: The provider will account for the childre rovider will ensure the oldest child is in his car so Upon arrival, the provider is familiar with the shelter options. The provider ternate: If they could not access the primary located and head to the provider's vehicle. The providingest child in his rear-facing car seat and drive once inside the provider at the parent once secured with emergency update Hours:	en, grab the ERTG and shoes for each eat belt, toddler in a booster seat and der will receive instruction from the ler will text the parent once secured with the provider will account for the ider will ensure the oldest child is in him to the left will shelter in the	child and head to the provider's vehicle. The youngest child in his rear-facing car seat and drive of where to shelter specifically, she th emergency updates.  e children, grab the ERTG and shoes for each s car seat belt, toddler in a booster seat and rival, the provider will call
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vacuation Procedures rimary: The provider will account for the childre ovider will ensure the oldest child is in his car so Upon arrival, the provider is familiar with the shelter options. The provider and head to the provider's vehicle. The providingest child in his rear-facing car seat and drive Once inside the provider at the parent once secured with emergency upder the parent. By signing below the parties ac discussed. The parties also acknowledge that up visit which will be conducted virtually or in-period Name:  PROVIDER	en, grab the ERTG and shoes for each eat belt, toddler in a booster seat and der will receive instruction from the er will text the parent once secured with example of the end	child and head to the provider's vehicle. The youngest child in his rear-facing car seat and driven of where to shelter specifically, she th emergency updates.  e children, grab the ERTG and shoes for each scar seat belt, toddler in a booster seat and rival, the provider will call or use (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window). The provider will emergency updates (1 door 0 window).

#### INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/19/2025/1:30pm	INSPECTION TYPE		AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	V	Initial Application	0-23 months				
- LIGARTID.		Renewal Application	2 year olds	1	1	1	
PROVIDER ID:		Complaint Investigation	3 year olds				
377394		Monitoring	4 year olds				
APPLICATION DATE:		Other	5's (pre-school)				
02/13/2025			5-12 (school age)	1	1		
COUNTY:		Follow-Up	13-19 year olds				
Harford			TOTAL	2	2	1	
nanora			Overnight				
					•		·
FATALITY:	SER	RIOUS INJURY:	С	OMPLAINT #:			
N/A		N/A					

INFORMAL PROVIDER PHOTO ID VERIFIED:

Yes

No

ID TYPE:
Driver License

EXP. DATE:
8/22/2027

CARE LOCATION:

Child's Home
Informal Child Care Provider's Home

CARE TYPE:

Relative Informal Child Care
Non-Relative Informal Child Care

INFORMAL PROVIDER NAME: Janetle McLain

PERSON(S) INTERVIEWED: Janetle McLain

ICCP Form IR108c Page 1

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 1 - Safety of Home

С	1.	Health & Safety Training (Basic 3 hrs. & the Annual Update)	С	k)	Has first aid kit/supplies
	2.	Home is free of health and safety hazards	С	l)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		rmful items are stored appropriately and away from ildren
С		b) Is free of insect or rodent infestation	С	a)	Sharp or pointed items
С		c) Is well-lit and well-ventilated	С	b)	Medications of any kind should be stored
С		d) Has hot and cold running water	С	c)	Matches lighters and flammable products
С		e) Has a working inside toilet	С	d)	Alcoholic beverages
С		f) Has utilities for cooking, lighting and heating	С	e)	Weapons and firearms
С		g) Has a working and safe heating system	С	f)	Cannabis edibles, smoking and vaping paraphernalia and by products
С		h) Has a working refrigerator and stove	С	g)	Cleaning agents
С		i) Has a working telephone	С	h)	Poisonous substances
N		j) Has operational smoke and carbon-monoxide detector(s)	С	i)	Interior environmental hazards

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st Area and Furnishings
С	5.		С	a)	SIDS prevention review
		of in a sanitary manner.	С	b)	Infant/toddler rest furnishings
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	С	c)	Crib safety
С	7.	Diapering procedures are followed.	С	d)	Individual rest place
	8.	Handwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.
С		a) Toileting	С		ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С	_ ]	eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag
С		c) Food preparation and eating		_	old, a bod, oot, mat, or oldoping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$  = In Compliance,  $\underline{\mathbf{D}}$  = Discussed,  $\underline{\mathbf{N}}$  = Not in Compliance,  $\underline{\mathbf{X}}$  = Not Inspected,  $\underline{\mathbf{NA}}$  = Not Applicable

#### Part 3 - Child Abuse, Neglect and Mistreatment Standards

#### 10. A child is not subjected to any form of abuse 12. A child in care is not subjected to mistreatment a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking b) Child abuse/neglect: Sexual abuse b) Physical discipline or any other means of discipline Child abuse/neglect: Mental injury c) Not attending to a child's physical needs 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect child's mouth c) Recognition and reporting of child abuse and neglect Requiring a child to stand on one foot as punishment h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

ICCP Form IR108c Page 4

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$  = In Compliance,  $\underline{\mathbf{D}}$  = Discussed,  $\underline{\mathbf{N}}$  = Not in Compliance,  $\underline{\mathbf{X}}$  = Not Inspected,  $\underline{\mathbf{NA}}$  = Not Applicable

#### Part 4 - Vehicular Traffic and Transportation Safety

C 14. Vehicle safety awareness

- С
- 15. Individual child vehicle safety
- С
- 16. Child seat safety compliance

#### Part 5 - Outdoor Activity Area

- C 17. Safe outdoor play area
- C 18. Enclosed safe play area
- C 19. Traffic and congested areas assessment

- 20. Pool Safety
- С
- a) 4 ft. fence that surrounds the pool
- С
- b) Self-closing and self-latching mechanism on the entry/exit way
- С
- c) Secured Lock
- С
- d) Sensor or alarm on the access door

ICCP Form IR108c Page 5

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 6 – Emergency Ready-to-Go Pack

21	I. Disaster Supply Kit	C k) Folder or binder for EPP documents
С	a) Flashlight	C I) Backpack(s) or carrying case(s)
С	b) Batteries	C m) Special toys or games
С	c) Portable First Aid Kit	C n) Scissors, tape & sealing plastic
С	d) Thermometer	22. Emergency Documents
N/A	e) Medications	C a) Informal Provider Emergency Preparedness Plan
С	f) Bottled water	b) Emergency Care & Authorization Form (one for each child in care)
С	g) Non-perishable food	C c) Reportable Incident Report Form (blank copy)
С	h) Diapers	23. Planning and Maintenance
С	i) Change of clothes	C a) Person responsible
С	j) Blanket(s)	b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

Instructions:

consistent with standards for parental consent

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

Part 7 - Hoalth & Safety Poviow

Part 7 – Health & Safety Review						
C 24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection					
C 25. Lockdown (partial & full)	C 32. Emergency response planning					
26. Home is free of health and safety hazards	C 33. Food allergy emergency preparedness					
C a) Primary Evacuation Location	C 34. Hazardous materials management					
C b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)					
C 27. Infant sleep safety	C 36. Pediatric first-aid and CPR					
C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C 37. Appropriate precautions in transporting children					
C 29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment					
C 30. Health & Safety Review: Administration of medication,						

#### MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

Janetle McLain	Sign and upload form to		Liliana Martinez	2/20/2025
Janetie McLain	3/21/25	PROVIDER PORTAL	Liliana Manunez	3/20/2025
Signature of Informal Child Care Provider	nature of Informal Child Care Provider Date		Signature of Agency Representative	Date

Time Out: 3/19/2025

14:24

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
3/19/2025	1:30pm	2:24PM	54	
3/20/2025	10:30am	10:40	10	<b>✓</b>
	10:30am	10:40	10	

Total Duration:

64

Minutes

## Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

#### Review and sign at time of a follow-up inspection to address any noncompliances

INCDECT		/DUDATION:	INSPECTION TYPE:						
INSPECTION DATE/TIME/DURATION: 3/20/2025/10:30am		Follow-Up Inspection		AGES	Total Approved	# Scholarship	# Present	Resident Children	
			now-op mspection	2yrs	1	1			
PROVIDE	R ID:		APPLICANT ID:		9yrs	1	1		
377394			-		- Cy.C	-			
	L PROVIDER N	IAME:	PERSON(S) INTERVIE	EWED:					
Janetle N	∕IcLain		Janetle McLain						
				,					
INFORMA	L PROVIDER F	PHOTO ID VER	IFIED: Yes	No	ID TYPE: Driver Licens	se		EXP. DATE 8/22/202	
CARE LO	CATION:	Child's Home	Informal Child Car	e Provider's Home	CARE TYPE:	Relati	ve Care (	Non-Re	lative Care
	<u>C</u> :		nce, <u>D</u> = Discussed, <u>N</u> =	Not in Compliance, <u>x</u>	= Not Inspecte	a, <u>NA</u> = No	Аррисави	•	
	Standard #	Inspection #	Standard Description						
С	IIS.P1.2.j	2j	Safety of the Home, Home is free of and carbon-monoxide detector(s)	health and safety hazards: Has oper	ational smoke				
, .,				Sign and upload form to		Include	es overflow page		
Janetle	McLain		3/21/25	PROVIDER PORTAL	Liliana Mari	tinez			3/20/2025
Signat	ture of Informal	Child Care Prov	vider Date		Signatur	e of Agency F	Representativ	⁄e	Date Page 9

#### **SUMMARY OF CORRECTION**

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:	
377394		21001	Harford	
INFORMAL PROVIDER NAME:  Janetle McLain		CARE LOCATION: Child's He	ome Informal Child Care Provider's Home	
person(s) interviewed:  Janetle McLain				
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:		
Virtual 3/19/2		3/19/2025/ 1:30pm		
		olarship Program (CCSP) in response to submitted summary of correction(s) and I		
All lufa al	Child Care increation standards bare	in one marraged by COMAD #, 42A 444	0C 44 E 40/b)	

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	Safety of the Home, Home is free of health and safety hazards: Has operational smoke and carbon-monoxide detector(s)	Provider installed a carbon-monoxide detector	03/20/2025
Liliana Martinez		Includes overflow page	
Signature o	f Agency Representative Date	•	CCP Form SOC108c

#### **SUMMARY OF CORRECTION**

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:			
377394		21001	Harford			
INFORMAL PROVIDER NAME:  Janetle McLain		CARE LOCATION: Child's He	ome Informal Child Care Provider's Home			
person(s) interviewed:  Janetle McLain						
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:				
Virtual		3/19/2025/ 1:30pm				
		olarship Program (CCSP) in response to submitted summary of correction(s) and I				
All lafaman	Child Care increation atomicands have	in one marraged by COMAD #, 42A 444	OC 44 E 40/b)			

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	Safety of the Home, Home is free of health and safety hazards: Has operational smoke and carbon-monoxide detector(s)	Provider installed a carbon-monoxide detector	03/20/2025
Liliana Martinez		Includes overflow page	
Signature o	f Agency Representative Date	•	CCP Form SOC108c

⊠Virtual Inspection

□In-person
Inspection

### Maryland State Department of Education/Office of Child

# Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 4/09/2024 Inspection Date: 4/10/2024		In: 1:30pm In: 10:00am	Time Out: 2:30pr	Ď.	ow up needed sed		
Informal Care			•				
Type of Care (check one): ☐ No	on-relative info	rmal Provider C	are ⊠Relative	Informal Provider	Care		
Provider Information							
First Name: Janetie Last Provider ID # Last		Name McLain	1.00 A400.00 A400.00		Provider ID: 377394		
Care Location Inspected				Email			
Street Address: Market Address Verified?: Yes	City		Oteraty	State	Zip Code		
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)		
			11/09/2015	8 /Y			

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

Trash, garbage and wet and spiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet baper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soup and warm numing water after:  Toileting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	¥	
A child in care is not subjected to any form of neglect, netuting:  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 hammed or placed at substantial risk of ham.  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.		
child in care is not subjected to mistreatment, including:  Any deliberate act that hunts a child physically or emotionally, including:  Spanking, Biting, Hitting, Shaking  Any other means of physical discipline  Not attending to a child's physical meets  Shouting, Cursing, Shaming, Ridiculing  Washing a child's mouth with soap  Putting papper or other spicy or defaeteful items in a child's mouth  Requiring a child to stand on one foot as punishment  Tying child to a cot or other equipment	•	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local department of Social Services Child Protective Services Unit.	Y	

#### **Emergency Ready-to-Go Pack**

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

#### **Disaster Supply Kit**

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

⊠ Flashlight	<b>⊠</b> Bottled water	<b>⊠Folder or binder for EPP documents</b>
X Batteries	Miniperishable food	Readquarities) or carrying case(s)
<b>⊠Portable First Aid-Kit</b>	<b>XDapers</b>	MConsider special tays or games
⊠Thermometer	<b>SChange of clothes</b>	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags.
N. Maringtions	W (Cliffornikoviffe-))	

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

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

Location of Emergency Ready to go Pack:							
Ham Specification (if meeted):							
To be observed for compliance on 4/10/2024: Observed  • Packing Tape/ Duct Tape							
<b>Emergency Documents</b>							
⊠Informal Provider Emergency Preparedness F  ⊠Authorization for emergency medical care	Plan (this completed form)						
Planning and Maintenance							
Person responsible for updating the Disaster Supply K First Name Jamette	it and the Emergency Documents regulations in the Midaim	arily:					
Description of how the Emergency Ready to Go Pack Shelter in Place Procedures:	will be transported to an exacuation loc	ation: In a closet near the front door					
The Provider will gather the child and head to the child heading to the bedroom. The Provider will also update	(2 windows 1 door)). The parent once secured in the sheller i	The Provider will contact the parent prior to ocalion.					
Evacuation Procedures:							
The Provider will gather the children and the emergent seat belt while the younger child would be in the car se Provider will contact the parent once secured.	cy bag and make the provide	If walking the child in care will be in the					
The Provider will gather the children and the emergence seat belt while the younger child would be in the car se to shelter. The Provider will contact the parent once se	sat. The Provider all 1	th. If walking the child in care will be in the request information on where					
CARE HOURS:							
Signatures & Date	v						
Acknowledgement: By signing below the parties acknowle been discussed. The parties also acknowledge that, if app pop up visit which will be conducted virtually or in-person.	proved, the home in which care is provided						
PROVIDER		INSPECTOR					
Printed Name: Janetle McLain	Printed Name:						
Signatur	Signature:						
Date: /4/10/24   Pthome:	Date:4/10/2024	Phone: 1-877-227-0125					

#### INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 6-9-2025/3:00pm/	INSPECTION TYPE AGES				Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	/ Initial Application		0-23 months					
-		Renewal Application	2 year olds		2	2	2	
PROVIDER ID:		Complaint Investigation	3 year olds					
581721		Monitoring	4 year olds					
APPLICATION DATE:		Other	5's (pre-schoo	ol)				
05/07/2025			5-12 (school age)		2	2	0	
COUNTY:		Follow-Up	13-19 year olds					
Baltimore County			TOTAL Overnight		4	4	2	
Zammere County								
FATALITY:	SERIOUS INJURY:			COMPLAINT #:				
N/A	N/A	N/A			N/A			

INFORMAL PROVIDER PHOTO ID VERIFIED:

Oriver's License

Oriver's License

EXP. DATE:
7/19/2030

CARE LOCATION:

Child's Home

Informal Child Care Provider's Home

CARE TYPE:

Relative Informal Child Care

Non-Relative Informal Child Care

INFORMAL PROVIDER NAME:Rosalind Mcneill

PERSON(S) INTERVIEWED: Rosalind Mcneill

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 1 - Safety of Home

С	1.	Health & Safety Training (Basic 3 hrs. & the Annual Update)	С	k)	Has first aid kit/supplies
	2.	Home is free of health and safety hazards	С	l)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		rmful items are stored appropriately and away from ildren
С		b) Is free of insect or rodent infestation	С	a)	Sharp or pointed items
С		c) Is well-lit and well-ventilated	С	b)	Medications of any kind should be stored
С		d) Has hot and cold running water	С	c)	Matches lighters and flammable products
С		e) Has a working inside toilet	С	d)	Alcoholic beverages
С		f) Has utilities for cooking, lighting and heating	С	e)	Weapons and firearms
С		g) Has a working and safe heating system	С	f)	Cannabis edibles, smoking and vaping paraphernalia and by products
С		h) Has a working refrigerator and stove	С	g)	Cleaning agents
С		i) Has a working telephone	С	h)	Poisonous substances
С		j) Has operational smoke and carbon-monoxide detector(s)	С	i)	Interior environmental hazards

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st Area and Furnishings
С	5.		С	a)	SIDS prevention review
		of in a sanitary manner.	С	b)	Infant/toddler rest furnishings
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	С	c)	Crib safety
С	7.	Diapering procedures are followed.	С	d)	Individual rest place
	8.	Handwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.
С		a) Toileting	С		ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С	_ ]	eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag
С		c) Food preparation and eating		_	old, a bod, oot, mat, or oldoping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

#### MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

10. A child is not subjected to any form of abuse

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.

12. A child in care is not subjected to mistreatment

3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$  = In Compliance,  $\underline{\mathbf{D}}$  = Discussed,  $\underline{\mathbf{N}}$  = Not in Compliance,  $\underline{\mathbf{X}}$  = Not Inspected,  $\underline{\mathbf{NA}}$  = Not Applicable

#### Part 3 - Child Abuse, Neglect and Mistreatment Standards

#### a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking b) Child abuse/neglect: Sexual abuse b) Physical discipline or any other means of discipline Child abuse/neglect: Mental injury c) Not attending to a child's physical needs 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect child's mouth c) Recognition and reporting of child abuse and neglect Requiring a child to stand on one foot as punishment h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

	Part 4 – Vehicular Traffic	and Tra	ansportation Safety
С	14. Vehicle safety awareness	С	15. Individual child vehicle safety
		С	16. Child seat safety compliance

#### Part 5 – Outdoor Activity Area

С	17. Safe outdoor play area	2	20. Po	ol Safety
С	18. Enclosed safe play area	С	a)	4 ft. fence that surrounds the pool
С	19. Traffic and congested areas assessment	С	b)	Self-closing and self-latching mechanism on the entry/exit way
		С	c)	Secured Lock
		С	d)	Sensor or alarm on the access door

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

#### Part 6 – Emergency Ready-to-Go Pack

21	. Disaster Supply Kit	C k) Folder or binder for EPP documents
С	a) Flashlight	C I) Backpack(s) or carrying case(s)
С	b) Batteries	C m) Special toys or games
С	c) Portable First Aid Kit	C n) Scissors, tape & sealing plastic
С	d) Thermometer	22. Emergency Documents
С	e) Medications	C a) Informal Provider Emergency Preparedness Plan
С	f) Bottled water	b) Emergency Care & Authorization Form (one for each child in care)
С	g) Non-perishable food	C c) Reportable Incident Report Form (blank copy)
NA	h) Diapers	23. Planning and Maintenance
С	i) Change of clothes	C a) Person responsible
С	j) Blanket(s)	b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

#### All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions:

consistent with standards for parental consent

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

 $\underline{C}$  = In Compliance,  $\underline{D}$  = Discussed,  $\underline{N}$  = Not in Compliance,  $\underline{X}$  = Not Inspected,  $\underline{NA}$  = Not Applicable

	Part / – Health & Safety Review					
С	24. Shelter in Place	С	31. Health & Safety Review: Premises safety, hazard protection			
С	25. Lockdown (partial & full)	С	32. Emergency response planning			
2	26. Home is free of health and safety hazards	С	33. Food allergy emergency preparedness			
С	a) Primary Evacuation Location	С	34. Hazardous materials management			
С	b) Alternate Evacuation Location	С	35. Prevention and control of infectious diseases (including immunization)			
С	27. Infant sleep safety	С	36. Pediatric first-aid and CPR			
С	28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	С	37. Appropriate precautions in transporting children			
С	29. Recognition and reporting of child abuse and neglect	С	38. Substance-free child care environment			
С	30. Health & Safety Review: Administration of medication,					

Sign and upload form to

Sign and upload form to

PROVIDER PORTAL

Blessen Harris

O6/09/2025

Date

Date

Date

Date

Time Out:

06/09/2025

4:30pm

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
06/09/2025	3:00pm	4:30pm	90 minutes	

**Total Duration:** 

90 minutes

Minutes

		SUMMARY OF	CORRECTION			
PROVIDER ID:		APPLICANT ID:	ZIP CODE:		COUNTY:	
581721		-	21221		Baltimore Cou	nty
INFORMAL PROV	IDER NAME:		CARE LOCATION:	<u> </u>	Informal	Child Care
Rosalind Mo	cneill			Child's Ho	me Provider's	
PERSON(S) INTE	RVIEWED:					
Rosalind Mc	neill					
VISIT TYPE:			INSPECTION TIME/DATE/DURATION:			
Initial Applic	cation		3:00pm/6-9-2025/90 minutes			
inspection. CCSP	has either observed t	as been submitted to the Child Care School he following corrections or reviewed the school he child Care inspection standards herei	submitted summary of	correction(s) and ha	as made a determination	n as follows:
STANDARD NUMBER		STANDARD TEXT	SU	MMARY OF CORREC	CTION	DATE OF CORRECTION
	No corrections ne	eded				

06/25 Includes overflow page Blessen Harris Complete

Signature of Agency Representative Blessen Harris

Date

ICCP Form SOC108c

#### ⊠Virtual Inspection □In-person Inspection

### Maryland State Department of Education/Office of Child

# Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 12/12/2024	Time Ir	n: 4:30pm	Time Out: 5:30pm	Result: Passed	
Informal Care					
Type of Care (check one):	on-relative Inforr	nal Provider Ca	are ⊠Relative I	nformal Provider Care	
Provider Information					
	Lost No	ame: Medrano	Pause	Provider ID: 558376 Email:	
First Name: Juana	Lastina	anie. Mediano	Reyes		
Provider ID #:					
Care Location Inspected	LA SIETA				
<u>Street Address:</u> <u>Address Verified?</u> : Yes	City	County	State:	Zip Code:	
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			3/22/2018	6yrs/ Y	
			9/25/2015	9yrs/ Y	

	9/25/2015	9yrs/ Y
Safety of the Home		What is a second of the second
Directions: Review and determine compliance with each stand Additional pages may be used for comments.	dard. Note any commo Y - Yes, N - No, I	ents or corrective actions needed.  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	9 (1871)
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
A child in care is not subjected to any form of neglect, including:  The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	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.	٧	

#### **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 ⊠Non-perishable food Backpack(s) or carrying case(s) **⊠**Batteries □ Consider special toys or games **⊠Diapers N/A** □ Change of clothes **⊠Thermometer** Packing Tape & Sealing Plastic/ Trash Bags

⊠Blanket(s)

**Medications N/A** 

Items in the Disaster Supply Kit are clean, organ	ized and usable (V/N)? V
	easily accessible in the event of an emergency (Y/N)? Y
Location of Emergency Ready to go Pack: Pa	
Emergency Documents	是1000年的1915年,1915年
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)
	are
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name Juana	Last Name Medrano Reyes
Shelter In Place Procedures:  The Provider will gather the ready to go bag and The provider will contact parent before, during a Evacuation Procedures:  The Provider will gather the children and the ready to the provider will travel travel travel travel	dy to go bag, they will be traveling by talking access by respectively.  The evacuation log talking access by respectively. The shelter he provider will contact parent before, during and after sheltering
The provider will travel to the shelter in the shelter in (#1 of doors, #1 of windown CARE HOURS:	
Signatures & Date	
	knowledge that all standards have been reviewed, and any corrections if needed have

gnatures & Date				
en discussed. The		pproved, the home		d, and any corrections if needed have d is subject to random, unannounced
	PROVIDER			INSPECTOR
inted Name:	Juana Hedron	no Reyes	Printed Name:	
gnature:			Signature:	
te: [2][2]	2024 Phone:		Date: 12/12/2024	Phone: 1-877-227-0125
te:  2  2	2024 Phone:		Date: 12/12/2024	Phone: 1-87

ØVirtual 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: 02/16/2023	Time In: 10:39AM	Time Out: 11:37AA	Result: PASSED	
Informal Care				
Type of Care (check one). ⊠ Non-re	lative Informal Provider C	are Relative in	nformal Provider Care	
Provider Information			CITY CITY	
First Name: Melissa	Last Name: Molendez Ortiz		Provider ID: 507104	
Provider ID #	and the state of t	L Oraz	Email	
Care Location Inspected				
Street Address City.  Address Verified? Yes.	County;	Stale	Zip Code.	
Name of Children in Care (add pages if no	eded) Scholarship	Date of Birth	Age / Present (Y/N)	
		(09/02/2020)	2yr / N	

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e 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 Salety 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
<ul> <li>Is free of insect or rodent infestation</li> </ul>	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
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Provider tested their thermostat and observed
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Gas stove top fire observed
Has a working telephone	Y	Call was made to the provider's phone
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Observed and tested by provider
Has first aid kit/supplies	Y	Stored in high level kitchen cabinet
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	Does not own
Alcoholic beverages	Y	Does not own
• Guns	Y	Daes 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 dispers 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 wel diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Child is potty-trained but if the provider needs to use dispers 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 tree 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	¥	
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	MFolder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
MPortable First Aid Kit	©Diapers (N/A)	
⊠Thermometer	El Change of clothes	Theavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

	Blanket(s)		
Items in the Disaster Supply Kit are clean	, organized, and usable (Y/N	)? Y	
Emergency Ready-to-Go Pack is available	e and easily accessible in the	e event of an emergency (Y	(N)? Y
Location of The Emergency Ready to go	Pack: Bag is stored on top	of refrigerator	
Item Specification (if needed):			
<ul> <li>1 flashlight, 1 extra D battery, 1 and 1 pk of wipes, 1 big blanker tape, 1 pair of scissors, 2 heavy</li> </ul>	, 1 sweat suit (top/bottom),	1 pair of socks, shoes &	pouches, 2 canned foods, 1 pk of diapers underwear, 3 small toys, 1 roll of duct and no specific medications
Items to review on xx/xx/xxxx if neede	d: N/A		
Emergency Documents			
⊠Informal Provider Emergency Programmer ⊠Authorization for emergency me		pleted form)	
Planning and Maintenance			
Person responsible for updating the Disa First Name	ster Supply Kit and the Eme Last Name	ergency Documents regula	arly;
bathroom (1 door 0 windows) depending provider will use the tape and sealing platthem throughout until the emergency is dependent or the tape and sealing platthem throughout until the emergency is dependent or the children of the country of the c	e disaster supply kit and go in on which level she is on with lastic to seal the doors. The pover.  If as present and then carry sted in. Once secured the province of the parent at the beginning of the parent at the beginning of the primary location, the province primary location, the province in the seat and then the instruction on where she	the child and emergency to ovider will count the child and emergency to ovider will drive to the will directly and will the emergency, and will the emergency, and will the emergency and will the der will count the child as drive the child would	throom (1 door 0 windows) or second floor the emergency. If the need should arise the ent before the emergency and call and text that the provider will call and the provider will call est the provider and child in which area to
Acknowledgement: By signing below the	and a cokenidade that all	standards have been revie	awed, and any corrections if needed have
Acknowledgement: By signing below the been discussed. The parties also acknow pep up visit which will be conducted virtue	dedge that, if approved, the i	home in which care is prov	idea is subject to rancom, and second
PROVIDER			INSPECTOR
Printed Name: Melissa. M	relendez Ortiz	Printed Name:	
Signature:		Signature:	
Date: 02/16/2023 Phor		Date: 02/16/2023	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person
Inspection

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

INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/30/2024	Time In: 3:30 PM	Time Out: 4:16 PM	Result Follow Up N	eeded
Inspection Date: 09/03/2024	Time In: 4:00 PM	Time Out 4:12 PM	Result Passed	
Infonnal Care				
Type of Care (check one):   Non-	relative Informal Provider	Care	formal Provider Care	
Provider Information				
First Name: Berlinda	Last Name: Mensa	h-Laryea	Provider ID: 558110	
Provider ID #.			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	<u>City</u> :	County:	State:	Zip Code:
Name of Children in Care (add pages if	needed) Scholarshi	p Date of Birth	Age / Preser	nt (Y/N)
		8/7/2012	12 YEARS OLD/ Y	

Safety of the Home	-111	
Directions: Review and determine compliance with each stand Additional pages may be used for comments.	Y - Yes, N - No,	nents or corrective actions needed.  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	1
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	7
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	ile:
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

rash, garbage and wet and solled 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 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 local Department of Social Services Child Protective Services Unit.	Y	

#### (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 ⊠Bottled water **⊠Flashlight** ⊠Backpack(s) or carrying case(s) Non-perishable food **⊠**Batteries ⊠Consider special toys or games ⊠Portable First Aid Kit □Diapers-N/A M Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash □ Change of clothes **⊠**Thermometer ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?

Emergency Ready-to-Go Pack is qualitable and a	asily accessible in the event of an emergency (Y/N)? Yes
today to Go Fack is available and e	asily accessible in the event of an emergency (1747).
Location of Emergency Ready to go Pack: Fre	ont Coat Closet
Item Specification (If needed):	
To be observed for compliance on 9/3/2024 @	4:00PM ;
Outlet Covers	
Emergency Documents	
⊠Informal Provider Emergency Prepared	lness Plan (this completed form)
⊠Authorization for emergency medical ca	
Planning and Maintenance	
	apply Kit and the Emergency Documents regularly:
First Name	Last Name
Berlinda	Mensah-Larya
	Pack will be transported to an evacuation location:
Shelter In Place Procedures:	
The Provider will gather the ready to go bag and parent before, during and after sheltering.	the child, 1 doors, 0 window(s)). The provider will text
Evacuation Procedures:	
The Provider will gather the child and the ready	to go bag, taking them to the car securing the child in a seatbelt. The provider will
	2 doors, 10 window(s)). The provider will text parent before,
during and after sheltering	
The Provider will gather the child and the ready	to go bag, taking them to the car securing the child in a seatbelt. The provider will 1 doors, 0 window(s)). The provider will text parent
before, during and after sheltering	Taoors, o window(s)). The provider will text parent
The second secon	
CARE HOURS:	
Signatures & Date	
CIMINELLE & DOW	

Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name: Berlinda Weusah-Lavyea	Printed Name:
Signature	Signature:
Date: 9-4-24 Phone:	Date: 09/03/2024 Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

INSPECTION CHECKLIST Result: Pass Inspection Date: 10/21/2024 Time In: 2:25 PM Time Out: 2:56 PM Informal Care ⊠Relative Informal Provider Care □ Non-relative Informal Provider Care Type of Care (check one): **Provider Information** Provider ID: 529814 First Name: Christopher Last Name: Miller Provider ID #: Email: Care Location Inspected Zip Code: Street Address: County: State:

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		9/3/2020	4 years old/ N
Safety of the Home			
Directions: Review and determine compliance Additional pages may be used for comments.	with each standa	ard. Note any comm	ments or corrective actions needed.  D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Complete	ed?	Y	
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		Υ	
Is well-lit and well-ventilated		Y	
<ul> <li>Has hot and cold running water</li> </ul>		Υ	
<ul> <li>Has a working inside toilet</li> </ul>		Υ	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	g	Υ	
<ul> <li>Has a working and safe heating system</li> </ul>		Y	3
<ul> <li>Has a working refrigerator and stove</li> </ul>		Υ	
Has a working telephone		Υ	
Has operational smoke detector(s)		Y	
<ul> <li>Has first aid kit/supplies</li> </ul>		Υ	
<ul> <li>Has protective coverings on any electrical of accessible to children</li> </ul>	outlet that is	Υ	
Harmful items are stored appropriately and away children:	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Υ	
Medications of any kind		Y	
<ul> <li>Matches, lighters and flammable products</li> </ul>		Υ	
Alcoholic beverages		Υ	
Guns		Y	
Cleaning agents		Y	
<ul> <li>Poisonous substances</li> </ul>		Υ	
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ring area.	Υ	

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

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

	le and easily accessible in the event of an emergency (Y/N)? Yes
Location of Emergency Ready to go P	ack: In the spare bedroom
Item Specification (if needed):	
•	
To be observed for compliance on :	
mergency Documents	
⊠Informal Provider Emergency Pr	reparedness Plan (this completed form)
lanning and Maintenance	
erson responsible for updating the Disa	ster Supply Kit and the Emergency Documents regularly:
First Name Christopher	Last Name Miller
Description of how the Emergency Read	y-to-Go Pack will be transported to an evacuation location:
ext/call the parent before, during and	after sheltering.
vacuation Procedures:	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call
Evacuation Procedures: The Provider will gather the child and the	ready to go bag, putting the child in a stroller. The provider will a child in a stroller. The provider will a child in a stroller. The provider will a child in a stroller.
Evacuation Procedures:  The Provider will gather the child and the parent before, during and after shelter.  The Provider will gather the child and the	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.
Evacuation Procedures:  The Provider will gather the child and the parent before, during and after shelter.  The Provider will gather the child and the	ready to go bag, putting the child in a stroller. The provider will a child in a stroller. The provider will a child in a stroller. The provider will a child in a stroller.
Evacuation Procedures: The Provider will gather the child and the parent before, during and after shelter The Provider will gather the child and the	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.
The Provider will gather the child and the parent before, during and after shelter. The Provider will gather the child and the The provider.	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.
Evacuation Procedures:  The Provider will gather the child and the parent before, during and after shelter.  The Provider will gather the child and the provider will gather the child and the provider.  CARE HOURS:	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.  ready to go bag, putting the child in a stroller. The provider will text/call the parent before, during and after sheltering.
Evacuation Procedures:  The Provider will gather the child and the parent before, during and after shelter.  The Provider will gather the child and the provider will gather the child and the graph of the provider.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parene discussed. The parties also acknowledgement also acknowledgement.	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.  Tready to go bag, putting the child in a stroller. The provider will text/call the parent before, during and after sheltering.  Tries acknowledge that all standards have been reviewed, and any corrections if needed have due that, if approved, the home in which care is provided is subject to random, unannounced
Evacuation Procedures:  The Provider will gather the child and the parent before, during and after shelter.  The Provider will gather the child and the provider will gather the child and the graph of the provider.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parent discussed. The parties also acknowledgement also acknowledgement.	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.  Tready to go bag, putting the child in a stroller. The provider will text/call the parent before, during and after sheltering.  Tries acknowledge that all standards have been reviewed, and any corrections if needed have due that, if approved, the home in which care is provided is subject to random, unannounced
parent before, during and after shelter The Provider will gather the child and the The provide  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties also acknowledgoop up visit which will be conducted virtually	ready to go bag, putting the child in a stroller. The provider will 2 doors, 5 window(s)). The provider will text/call ing.  Tready to go bag, putting the child in a stroller. The provider will text/call the parent before, during and after sheltering.  The provider will text/call the parent before, during and after sheltering.

Date: 10/21/2024

Phone: 1-877-227-0125

Phone:

⊠Virtual Inspection
☐ In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

Result: Follow-up Required. Time Out: 11:20AM Time In: 10:30AM Inspection Date: 09/27/2023 Result: PASSED Time Out: 11:15AM Time In: 11:00AM Follow-up Inspection Date: 09/28/2023 Informal Care ⊠Relative Informal Provider Care □ Non-relative Informal Provider Care Type of Care (check one): **Provider Information** Provider ID: 529814 First Name: Christopher Last Name: Miller Email: Provider ID #: 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)
		(09/03/2020)	3yr. / Y
Safety of the Home			
Directions: Review and determine compliance with eapages may be used for comments.	ch standard. Note	any comments or c Y - Yes, N - No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	-11	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
<ul> <li>Is in good repair</li> </ul>		Y	All areas were clean
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	No evidence of infestation
Is well-lit and well-ventilated		Y	All lights were turned on and natural window lighting
Has hot and cold running water		Y	Tested by provider and observed steam in the bathroom
Has a working inside toilet		Y	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	ng	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
<ul> <li>Has operational smoke detector(s)</li> </ul>		Y	Tested by provider and observed
Has first aid kit/supplies		Y	Alcohol, wipes, gauze pads, Band-Aids, ointmen in kitchen cabinet
<ul> <li>Has protective coverings on any electrical accessible to children</li> </ul>	outlet that is	Υ	All outlets were covered or occupied
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Stored in knife block on back of kitchen counter
Medications of any kind		Y	Stored in medicine cabinet of providers bathroom
<ul> <li>Matches, lighters and flammable products</li> </ul>		Y	Stored in holder onto of china cabinat
Alcoholic beverages		Y	Does not own
• Guns		Y	Does not own

Cleaning agents	Y	Corrective Action Completed: Look added to kitchen cabinet with cleaning products
Poisonous substances	Y	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:	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

N Thermometer		pd Heavy Duty Scissors, duct tepe/
The strongers	⊠Change of clothes	placking tape & sealing plastic/trash
⊠Medications (N/A)	⊠Blanket(s)	brgs
Items in the Disaster Supply Kit are clea	in, organized and waste grane at	
Emergency Ready-to-Go Pack is availal	ble and easily accessible in the event of an emerger	200
Location day or	accessible in the event of an emerger	ncy (Y/N)# Y
Item Specification (If needed):	go Pack: Stored in the hallway closet by endt do	NOT.
1 backpack (carrying cose) 4.6	the contract of the contract o	
bottled waters, 2 canned foods	shlight 1 pk of extra AA batteries . 1 first aid kit,	1 thermometer, no specific medications, 2
		1 thermometer, no specific medications, 2 wear}, 1 blanket, 2 toys, 1 pair of scissors, 1 roll
" Itelia to be upological an objects	THE COMM GOLS	
Lock needed on kitchen cabinet ERTG: Folder with Emergency P	with cleaning products	
Description of Shelter in Plan	with cleaning products reparedness Plan (5 pgs) and Emergency Care & and Evacuation Plans	Madication Authorization (2 pgs)
Description of Shelter in Place a Emergency Documents	nd Evacuation Plans	k medication Authorization (2 pgs)
Minformal Provider Emergency	Preparedness Plan (this completed form)	
The children of	redical care	
Planning and Maintenance		
Person responsible for updating the Di-	saster Supply Kit and the Emergency Documents	
First Name	saster supply Kit and the Emergency Documents	regularly.
Titially	Edot regille	
Description of how the Emergency Rea	ady-to-Go Pack will be transported to an evacuation	
Shelter In Place Procedure:	to an evacuation	on location: carried by the provider.
The provider will gather the child and the	he ERTG bag and go into the basement (2 doors adoors and windows if the need arises. The provi	
plastic from ETRG to tape and seal the	ne ENTG bag and go into the basement (2 doors a doors and windows if the need arises. The provi	2 windows). The provider will use the sealing
emergency updates.	The provi	der will call or text the parents once secured with
-		
Evacuation Procedures		
Primary: The provider will account for	the child, grab the ERTG and walk to the location	The provider will occurs the shild in
Specifically The provider will call as to	Upon arrival the provider will receive instru	uction from about where to shelter
- Positionity. The provider will call of (e)	t the parents once secured with emergency upda	ites.
Alternate: If they could not proceed to		
The provider will ensure the child is se	e primary location, the provider will account for the cured in his stroller before walking to the	e child, grab the ERTG and walk to the location.
	e to shelter specifically. The provider will call or te	
updates.	the provider will call of te	xt the parents once secured with emergency
Care Hours:		

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 e home in which care is prov	ewed, and any corrections if needed have vided is subject to random, unannounced		
PROVIDER INSPECTOR				
Printed Name: 11 11 - Tall - 12 no iller	Printed Name:			
Sign	Signature:			
Date: 10 - 20 - 2023   Phone:	Date: 09/28/2023	Phone: 1-877-227-0125		

Signatures & Date

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

Return to: ccs.informalproviders@maryland.gov

	IIIOI	LCTION CITE	LONLIGI		
Inspection Date: 8/14/2024	Time I	ln: 1:30 PM	Time Out: 2:22 PM	M Result: Pas	ssed
Informal Care					
Type of Care (check one):	on-relative Infor	mal Provider C	are	Informal Provider	Care
Provider Information					
First Name: Caren	Last N	Name: Misati		Provider ID	): 557732
Provider ID #:				Email:	
Care Location Inspected					
Street Address:  Address Verified?: Yes	<u>City</u> :	County	<b>/:</b>	State:	Zip Code:
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			7/27/2019	5 years old/ Y	
			4/2/2021	3 years old/ Y	
Safety of the Home					
Directions: Review and determ Additional pages may be used		with each stand			actions needed.  Va - Not Applicable
		A Complete Complete	Standard Met	Comments/Not	lac .

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		7/27/2019	5 years old/ Y
		4/2/2021	3 years old/ Y
Safety of the Home			
Directions: Review and determine compliance Additional pages may be used for comments.			ents 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 Complet	ed?	Y	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
<ul> <li>Is free of insect or rodent infestation</li> </ul>		Y	
Is well-lit and well-ventilated		Y	
<ul> <li>Has hot and cold running water</li> </ul>		Y	
Has a working inside toilet		Υ	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	ng	Y	
<ul> <li>Has a working and safe heating system</li> </ul>		Y	
<ul> <li>Has a working refrigerator and stove</li> </ul>		Y	
Has a working telephone		Y	
<ul> <li>Has operational smoke detector(s)</li> </ul>		Y	
<ul> <li>Has first aid kit/supplies</li> </ul>		Y	
<ul> <li>Has protective coverings on any electrical accessible to children</li> </ul>	outlet that is	Y	
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	
Medications of any kind		Υ	
<ul> <li>Matches, lighters and flammable products</li> </ul>		Y	
Alcoholic beverages		Y	
• Guns		Y	
Cleaning agents		Y	
Poisonous substances		Y	
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diap	ering area.	Y	

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	*	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>A child is not subject to any form of abuse, including:</li> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<ul> <li>A child in care is not subjected to any form of neglect, including:         <ul> <li>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;</li> <li>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.</li> </ul> </li> </ul>	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>		
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**

**⊠**Medications

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

⊠Flashlight	⊠Bottled water	
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
☑Portable First Aid Kit	⊠Diapers	
		☑ Heavy Duty Scissors, Duct Tape/
⊠Thermometer	□ Change of clothes	Packing Tape & Sealing Plastic/ Trash
		Bags

⊠Blanket(s)

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes  Location of Emergency Ready to go Pack: Hall way stand  Item Specification (if needed):  To be observed for compliance on:  Santormal 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 gather the ready to go bag and the children, call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  CARE HOURS:  -	Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	)? Yes	
Item Specification (if needed):   To be observed for compliance on :			Yes
Signatures  Signatures  Signatures  Signatures  Planning Provider Emergency Preparedness Plan (this completed form)  SAuthorization 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 gather the ready to go bag and the children,  Call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signat	Item Specification (if needed):		
Planning and Maintenance  Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  First Name  Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  Shelter In Place Procedures:  The Provider will gather the ready to go bag and the children, 2 of doors, 0 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will call before sheltering, text/call during sheltering and video call after.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:  Signature:  Signature:  Signature:  Signature:  Printed Name:  Signature:	Emergency Documents		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  First Name  Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  Shelter In Place Procedures:  The Provider will gather the ready to go bag and the children, call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will after and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will after and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will after will all before sheltering, text/call during sheltering and video call after.  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will all before sheltering, text/call during sheltering and video call after.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:		pleted form)	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  Shelter In Place Procedures:  The Provider will gather the ready to go bag and the children.  call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  S	Planning and Maintenance		
Shelter In Place Procedures:  The Provider will gather the ready to go bag and the children.  call before sheltering, text/call during sheltering and video call after.  Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  The Provider will gather the children and the ready to go bag taking them to her vehicle, both children being secured in a forward facing car seat. The provider will  1 of doors, 1 of window(s)). The provider will call before sheltering, text/call during sheltering and video call after.  CARE HOURS:  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signature:  Signature:  Printed Name:  Signature:  Printed Name:  Signature:  Printed Name:  Signature:		ergency Documents regularly	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signature:  Printed Name:  Signature:	Shelter In Place Procedures:  The Provider will gather the ready to go bag and the children, call before sheltering, text/call during sheltering and video call Evacuation Procedures:  The Provider will gather the children and the ready to go bag taking facing car seat. The provider will  [1 of doors, 1 of window(s)]. The provider will  The Provider will gather the children and the ready to go bag taking facing car seat. The provider will  [1 of doors, 1 of window(s)]. The provider will call before	them to her vehicle, both of	children being secured in a forward children being and video call after. children being secured in a forward
been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.  PROVIDER  Printed Name:  Signature:  Signature:  Printed Name:  Signature:	Signatures & Date		and any corrections if peoded have
Printed Name: Caren Wisati  Signature:  Signature:	been discussed. The parties also acknowledge that, if approved, the ho	me in which care is provided is	subject to random, unannounced
Signature:  Signature:			INSPECTOR
Signature.	Printed Name: Caren Wisati	Printed Name:	
Date: 8/14/2024 Phone: 1-877-227-0125	Signature:	Signature:	
	Date: 8 1412024 Phone:	Date: 8/14/2024	Phone: 1-877-227-0125

## ☑Virtual Inspection☐In-personInspection

## Maryland State Department of Education/Office of Child Care

#### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 10/18/2024	Time	In: 11:30 AM	Time Out: 12:27PM	Result: Follow Up Needed
Inspection Date: 10/23/2024		In: 3:15 PM	Time Out: 3:22 PM	Result: Passed
Informal Care		- Friends		
	-relative Info	rmal Provider C	are Relative Ir	nformal Provider Care
Provider Information	1-16IAUVC IIIIO	inari toriaci c	aro Errolativo II	
	Loot	Name: Mitchem		Provider ID: 560338
First Name: Alicia Provider ID #	Lasti	varrie. Witterierri		Email:
Care Location Inspected				
Street Address: City: Address Verified?: Yes	2	County:	State:	Zip Code: 2
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			7/26/2013	11 years old/ Y
			7/15/2019	5 years old/ Y
			7/15/2019	5 years old/ Y
			2/26/2021	3 years old/ Y
Safety of the Home		10-10-1-10-1		
Directions: Review and determine Additional pages may be used for		with each stand	dard. Note any comme Y - Yes, N - No, D	nts or corrective actions needed.  - Discussed, n/a - Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Train	ing Complete	d?	Y	
Home is free of health and safety has	zards:	ų.	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair			Y	
<ul> <li>Is free of insect or rodent infes</li> </ul>	station		Y	
<ul> <li>Is well-lit and well-ventilated</li> </ul>			Y	
<ul> <li>Has hot and cold running water</li> </ul>	er		Υ	
Has a working inside toilet			Y	
<ul> <li>Has utilities for cooking, lighting</li> </ul>	ng and heatin	g	Υ .	
<ul> <li>Has a working and safe heating</li> </ul>	ng system		Y	The in-unit cooling system has been verified and the radiators have been verified.
<ul> <li>Has a working refrigerator and</li> </ul>	stove		Υ	
<ul> <li>Has a working telephone</li> </ul>			Υ	
<ul> <li>Has operational smoke detect</li> </ul>	or(s)		Υ	
<ul> <li>Has first aid kit/supplies</li> </ul>			Υ	
<ul> <li>Has protective coverings on a accessible to children</li> </ul>	ny electrical (	outlet that is	Y	
Harmful items are stored appropriate children:	ely and away	from		Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items			Y	
Medications of any kind			Y	
Matches, lighters and flamma	ble products		Y	
Alcoholic beverages			. Y	
Guns			Y	
Cleaning agents			Y	
Poisonous substances			Y	

SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	
Frash, 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.	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	Υ	
Mental injury  A child in care is not subjected to any form of neglect,		
<ul> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services  Unit.	Y	

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

			Packing Tape & Sealing Plastic/ Trash Bags			
☐Medications- N/A	⊠Blanket(s)					
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)?	Yes				
Emergency Ready-to-Go Pack is available and ea	sily accessible in the	event of an emergency (Y/N)	? Yes			
Location of Emergency Ready to go Pack: Har	Location of Emergency Ready to go Pack: Hanging on the basement door					
Item Specification (if needed):						
To be observed for compliance on 10/23/2024						
Door Knob Safety Lock	•					
Emergency Documents						
⊠Informal Provider Emergency Preparedr	ness Plan (this compl	eted form)				
	re					
Planning and Maintenance						
Person responsible for updating the Disaster Sup	ply Kit and the Emer	gency Documents regularly	<i>r</i> :			
First Name Alicia	Last Name Mitchem					
Description of how the Emergency Ready-to-Go		ted to an evacuation location	on:			
Shelter In Place Procedures:			****			
The Provider will gather the ready to go bag and call/text the parent before, during and after sh	the children,	<u>(2 d</u>	oors, 2 window(s)). The provider will			
Evacuation Procedures:						
The Provider will gather the children and the read younger children in booster seats. The provide		nem to the car securing the	he oldest in a seatbelt and the 3			
1 doors, 2 window(s)). The provider v		nt before, during and afte	er sheltering.			
The Provider will gather the children and the read	ty to go bag taking t	nem to the car securing t	he oldest in a seatbelt and the 3			
younger children in booster seats. The provide	er will					
y (1 doors, 0 window(s)). The provide	r will call/text the pa	rent before, during and a	fter sheltering.			
CARE HOURS:						
Signatures & Date	Section Section	TOTAL CONTRACTOR OF THE PARTY O				
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-	if approved, the home					
PROVIDER			INSPECTOR			
Printed Name: Alicia Mitcher	$\sim$	Printed Name:				
Signature:		Signature:				
Date: 10/23/2024   Phone:		Date: 10/23/2024	Phone: 1-877-227-0125			

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Time Out: 2:56  vider Care ⊠Relativ	ve Informal Provider Care Provider ID: 495236
	Provider ID: 495236
	Provider ID: 495236
oore	
oore	
	- 4
	Email:
State =	Zip Code:
rship Date of Birth	Age / Present (Y/N)
8/27/2020	2 / No
	1
	+
	rship 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 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?	N	Provider to Register for 10/01/2022 class
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No sign of infestation
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Steam observed
Has a working inside toilet	Y	Flush observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	Thermostat turned up
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Provider's cell phone called
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	
Has first aid kit/supplies	Y	Bandaids, alcohol wipes, gauze, tape,
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	у	Covered or in use
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Up on the back of the counter
Medications of any kind	Y	Locked in cabinet
<ul> <li>Matches, lighters and flammable products</li> </ul>	Υ	
Alcoholic beverages	Υ	High Cabinet
• Guns	Y	None
Cleaning agents	Υ	Locked in cabinet
Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Sharning, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	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	
	⊠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 us	anha (VAI)9 V	
Emergency Ready-to-Go Pack is available and easily access		V C/M
		1
Location of The Emergency Ready to go Pack: Front ha	Il closet	
Item Specification (if needed):		
1 shirts, 1 pants, pairs socks, Shoes, 8 diapers, wipes, turtle	tov	
2 extra AA batteries, Triple antibiotic Ointment, Cold compre	ess, Gloves, Band aids, gauze, tape,	alcohol wipes, Tylenol
2 16oz water bottles, Can of beef & Veggie soup, Tomato So	oup, Mac & cheese,	
Items to review on xx/xx/xxxx if needed: N/A		701
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan	(this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and	d the Emergency Documents regula	erly:
First Name Last Nam	ne	
Description of how the Emergency Ready-to-Go Pack will be	ne transported to an evacuation loca	ation:
primary evacuation location which is	ovider's vehicle where she will sect Provider will before to eat the location head to the basem to seal the shelter. The provider will location.  The alternate evacuation location be alternate evacuation location by are on their way so they can be a provider will use plastic and tape to	ure him in his car sear before driving to the eaving the care location to let her know lent that has no windows and one door. If ill call the parents before leaving the care which is the parent's house. The provider et in. They will shelter in the basement that it seal the shelter. The provider will call the
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if appropop up visit which will be conducted virtually or in-person.	ge that all standards have been reviewed, the home in which care is prov	ewed, and any corrections if needed have rided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: LISA Moore	Printed Name:	
Signature:	Signature:	
Date: 9/15/2022 Phone	Date: 9/15/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

## Maryland State Department of Education/Office of Child Care

#### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 9/3/2024	Time	In: 1:30pm	Time Out: 2:15pm	n Result: Passed
Informal Care	and the latest			
Type of Care (check one):	□ Non-relative Info	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Mirna	Last	Name: Morel		Provider ID: 560370
Provider ID #:	100			Email:
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	Coun	ty: State:	Zip Code:
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/3/2022	2yrs/ Y
			3/11/2024	5months/Y

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

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  • Toileting;  • Diapering;  • Before food preparation and eating;  • After playing outdoors; and  • At other times when necessary to prevent the spread of disease.	٧	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:  Physical injury  Any sexual abuse  Mental injury	Y	
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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

#### **Disaster Supply Kit**

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

contains enough supplies for each c	mild in care. Also that the items are clean, organized	, and usable. Comment and note below it 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	☑ 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, a	ind usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily a	accessible in the event of an emergency (Y/N)? Y
Location of Emergency Ready to go Pack: In the management of the Specification (if needed):  To be observed for compliance on :	ain entrance
Emergency Documents	
☑Informal Provider Emergency Preparedness I ☑Authorization for emergency medical care	Plan (this completed form)
Planning and Maintenance	
Person responsible for updating the Disaster Supply K First Name Last	(it and the Emergency Documents regularly:
Description of how the Emergency Ready-to-Go Pack  Shelter In Place Procedures:  The Provider will gather the ready to go bag and the company to go	
	thildren, take them to shelter in the them to
Shelter In Place Procedures: The Provider will gather the ready to go bag and the corovider will contact parent before, during and after state of the Provider will gather the children and the ready to contact parent before, during and after sheltering. The Provider will gather the children and the ready to contact parent before, during and after sheltering. The Provider will gather the children and the ready to before, during and after sheltering.  CARE HOURS:  - Monday-Friday 8am-5pm	thildren, take them to shelter in the term of the term
Shelter In Place Procedures:  The Provider will gather the ready to go bag and the corovider will contact parent before, during and after state and the ready to go bag and the corovider will contact parent before, during and after sheltering and the ready to contact parent before, during and after sheltering.  The Provider will gather the children and the ready to before, during and after sheltering.  CARE HOURS:  - Monday-Friday 8am-5pm  Signatures & Date  Acknowledgement: By signing below the parties acknowledgement:	go bag, they will be travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will be traveling by #1 of doors, #1 of window(s)). The provider will travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will contact parent #1 of doors, #1 of window(s)). The provider will contact parent #1 of doors, #1 of window(s) will contact parent #1 of doors, #1 of window(s) will contact parent will standards have been reviewed, and any corrections if needed have proved, the home in which care is provided is subject to random, unannounced
Shelter In Place Procedures:  The Provider will gather the ready to go bag and the corovider will contact parent before, during and after state of the provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to before, during and after sheltering  CARE HOURS:  - Monday-Friday 8am-5pm  Signatures & Date  Acknowledgement: By signing below the parties acknowledge that, if apples a contact parent before, and after sheltering	go bag, they will be travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will be traveling by #1 of doors, #1 of window(s)). The provider will travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will travel to the evacuation location gaining access by #1 of doors, #1 of window(s)). The provider will contact parent #1 of doors, #1 of window(s)). The provider will contact parent #1 of doors, #1 of window(s) will contact parent #1 of doors, #1 of window(s) will contact parent will standards have been reviewed, and any corrections if needed have proved, the home in which care is provided is subject to random, unannounced
Shelter In Place Procedures:  The Provider will gather the ready to go bag and the corovider will contact parent before, during and after size action Procedures:  The Provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to before, during and after sheltering  CARE HOURS:  - Monday-Friday 8am-5pm  Signatures & Date  Acknowledgement: By signing below the parties acknowledge discussed. The parties also acknowledge that, if appop up visit which will be conducted virtually or in-person.	go bag, they will be traveling by the provider will travel to the evacuation location gaining access by the provider will travel to the evacuation location gaining access by the provider will travel to the evacuation location gaining access by the provider will travel to the evacuation location gaining access by the provider will travel to the evacuation location gaining access by the provider will travel to the evacuation location gaining access by the provider will contact parent that all standards have been reviewed, and any corrections if needed have proved, the home in which care is provided is subject to random, unannounced
Shelter In Place Procedures:  The Provider will gather the ready to go bag and the corovider will contact parent before, during and after size action Procedures:  The Provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to contact parent before, during and after sheltering  The Provider will gather the children and the ready to before, during and after sheltering  CARE HOURS:  - Monday-Friday 8am-5pm  Signatures & Date  Acknowledgement: By signing below the parties acknowledgeen discussed. The parties also acknowledge that, if appop up visit which will be conducted virtually or in-person.  PROVIDER	thildren, take them to shelter in the heltering.  I

<b>3</b>	
□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: 07/05/2022 Follow-up Inspection: 07/05/2022	Time In: 9:30 A Time In: 1:30 P	THE PART INC.	The same of the same	
		Tana Sac III		
Informal Care				
Type of Care (check one):	elative Informal Prov	der Care Relativ	e Informal Provider Care	
Provider Information				
First Name: Cynthle Provider ID #	Last Name: Mo	rrison	Provider ID: 431652 Email:	
Care Location Inspected				
Street Address: Address Verified? Yes.	City	County	State Zip Code 2	
Name of Children in Care (add pages if r	needed) Scholar	ship Date of Birth	Age / Present (Y/N)	
		(07/06/2018)	4yr /Y	
		(08/01/2014)	7yr /Y	
			1	
			1	
			1	
			1	
Safety of the Home				
Directions: Review and determine complian pages may be used for comments.	nce with each standard	. Note any comments or 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 neede	ed
Basic Health and Safety Training Comple	eted?	Y	Relative Informal Care	
Home is free of health and safety haza	irds:	Standard Met Y/N	Corrective Action /Timeframe if needs	ed
Is in good repair		Y		
<ul> <li>Is free of insect or rodent infesta</li> </ul>	ation	Y	No evidence of infestation	
<ul> <li>Is well-lit and well-ventilated</li> </ul>		Y		
<ul> <li>Has hot and cold running water</li> </ul>		Y		
Has a working inside toilet		Y	Toilets working properly in both bath	iroom
<ul> <li>Has utilities for cooking, lighting</li> </ul>	and heating	Y		
Has a working and safe heating system		Y	Observed and tested by the provi	Ider
<ul> <li>Has a working refrigerator and s</li> </ul>	stove	Y		
Has a working telephone		Y	Everyone only has celiphones	_
Has operational smoke detector(s)		Y	Observed and tested by the provi	Ider
Has first aid kit/supplies		Y	First aid kit observed	
<ul> <li>Has protective coverings on any accessible to children</li> </ul>	electrical outlet that			
larmful items are stored appropriately hildren:	and away from	Standard Met Y/N	Corrective Action /Timeframe if needed	
Sharp or pointed items		Y	Safety lock added to cabinet	
Medications of any kind		Y	Stored in locked totes in the dining a	rea
<ul> <li>Matches, lighters, and flammable</li> </ul>	products	Y		
Alcoholic heverages		Y	Does not own	

Alcoholic beverages

Cleaning agents

Guns

Υ

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.	γ	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	No staper age critical.
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 same we would be same if 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.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	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

⊠Folder or binder for EPP documents

☑Non-perishable food
☑Diapers (N/A)

☑ Backpack(s) or carrying case(s)
 ☑ Consider special toys or games

⊠Heavy Duty Scissors, duct tape/

Revised 10/2021

packing tape & sealing plastic/trash bags **⊠Blanket(s)** 53 Medications (N/A) 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, stored in the dinning cabinet **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: Last Name First Name Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Item Specification (If needed): 2 flashlights, 1 pk of AA batteries, backpack carrying case, 6 pk of bottled water, 1 thermometer, no specific medications, 6 pack of crackers, canned and packed foods, breakfast bars, 2 outfits (1/child), 1 big blanket, mask, sanitizer, wipes, masks, Lysol, card games and tablet, 1 roll of duct tape, 1 pair of scissors, 3 trash bags, binder of EPP and ECMA documents. Shelter-In-Place Procedures: Provider will make all children are accounted for, will grab the emergency bag, will call 911 and the parent. Will seal any windows or doors if needed in the bedroom/bathroom area for shelter. Evacuation Location(s): Primary - Provider will walk with the two children and hold their hands will having the emergency bag on back and walk to the neighbor's home. Provider will have access to the home via a spare key left by the homeowner. Once they have gained entry, they will go to her living room area (1 door 2 windows). Will contact the parent as soon as they get settled in the home and inform her of the emergency. Alternate - Provider will go into her car in car seat belt), provider will grab the emergency bag as well. She will drive to They will go into the living area for shelter (3 doors 3 windows). Will contact the parent on the way to location and as soon as they arrive and get settled in, Signatures & Date

Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if approve pop-up visit which will be conducted virtually or in-person.	that all standards have been revi ed, the home in which care is pro-	ewed, and any corrections if needed have vided is subject to random, unannounced	
PROVIDER		INSPECTOR	
Printed Name: Lynthia Louise Morrison	Printed Name:		
Signat	Signature:		
Date: 7/5/22	Date: 07/05/2022	Phone: 1-877-227-0125	

☑Virtual Inspection☐In-personInspection

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

### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/12/2024	Time	ln: 1:30 pm	Time Out: 2:40 pr	m Result: Passed
Informal Care				
Type of Care (check one): ☐ Nor	relative Info	rmal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Antoinette	Last N	Last Name: Mott		Provider ID: 289203
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified?:	<u>City</u> :		County:	State: Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/3/2017	7 years old/ Y
			6/24/2012	11 years old/ Y

AND A MARKET TO A MARKET AND A STATE OF A STATE OF THE ANALYSIS OF A STATE OF THE ANALYSIS OF		
	2/3/2017	7 years old/ Y
	6/24/2012	11 years old/ Y
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed.  D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Υ	
Has a working inside toilet	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Sharp or pointed items</li> </ul>	Y	
Medications of any kind	Y	
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
<ul> <li>Poisonous substances</li> </ul>	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Items in the Disaster Supply Kit are clean,	organized, and usable (	Y/N)? Yes	
Emergency Ready-to-Go Pack is available	and easily accessible in	the event of an emergency (Y	r/N)? Yes
Location of Emergency Ready to go Pace  Item Specification (if needed):  To be observed for compliance on :	:k: Living room		
Emergency Documents			
⊠Informal Provider Emergency Pre ⊠Authorization for emergency medi		completed form)	
Planning and Maintenance			
Person responsible for updating the Disast First Name Antoinette	ter Supply Kit and the Last Name Mo		larly:
The Provider will gather children and the re youngest will be in a booster seat. They will entry  CARE HOURS:	eady to go pack and ta re, during, and after sh eady to go bag, and pu ill drive to the The parent will be cor eady to go bag, and pu ill drive to	ake neltering.  ut them both in the car. The one of the car is the car is the car is the car. The car is the c	(1 of doors, 1 of window(s)). The oldest child will be in a seatbelt and the (2 of doors, 2 of window(s)) gaining e, during and after evacuation.
Signatures & Date  Acknowledgement: By signing below the part	ties acknowledge that a	Il standards have been reviewe	ed, and any corrections if needed have
been discussed. The parties also acknowled	ge that, if approved, the	home in which care is provide	ed is subject to random, unannounced
pop up visit which will be conducted virtually or in-person.  PROVIDER  INSPECTOR			
Printed Name: Antoinette	Mott	Printed Name:	
77.74	MoH	Printed Name: Signature:	

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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack (including needed medications) and		of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
	that each item is adequately included in the Disaster child in care. Also that the items are clean, organized	
⊠Flashlight	⊠ Bottled water	⊠ Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	⊠ Backpack(s) or carrying case(s)
⊠ Portable First Aid Kit	□Diapers- N/A	⊠ Consider special toys or games
⊠Thermometer	⊠ Change of clothes	
☐Medications- N/A	⊠Blanket(s)	

⊠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: 07/11/2023 Time In: 10:30AM Time Out: 12:14PM Result: Follow-up Required. Follow-up Inspection Date: 07/12/2023 Time In: 9:00AM Follow-up Result: PASSED Time Out: 9:32AM Informal Care Type of Care (check one): □ Non relative Informal Provider Care MRelative Informal Provider Care **Provider Information** First Name: Antoinette Provider ID: 289203 Last Name: Mott Provider ID #: Email: Care Location Inspected Street Address: County: State Zip Code: Address Verified? Yes. Name of Children in Care (add pages if needed) Scholarship Date of Birth Present (Y/N) Age

	(02/03/2017)	6yr. / N
	(06/24/2012)	11yr. / N
Safety of the Home		
Directions: Review and determine compliance with each standard, Not pages may be used for comments.		orrective actions needed. Additional  D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit stored in basement play room
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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 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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

### **Disaster Supply Kit**

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

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	
⊠Thermometer	⊠Change of clothes	

⊠Medications	⊠Blank	et(s)	
Items in the Disaster Supply Kit are o	lean, organized, and usa	ble (Y/N)? Y	
Emergency Ready-to-Go Pack is ava	ilable and easily accessil	ble in the event of an emergency (Y	/N)? Y
Location of The Emergency Ready	to go Pack: Stored bin	living room near exit	
Item Specification (if needed):			
			ermometer, no spec meds, 10 bottled
		ear), 2 blankets, 1 duffle bag (carr Bors, 2 rolls of duct of tape, and 1	ying case), flash cards and coloring
Sectional distant and Se	AMARININ I MINI AL SAISI	sols' with a mark of tabe! and t	IOU OF SABILITY PURSUE
Items to be reviewed on 07/12/			
Locks added to two rooms up:	stairs with safety hazar	ds	
Emergency Documents			
☑ Informal Provider Emergence	y Preparedness Plan (th	his completed form)	
⊠Authorization for emergency	medical care		
Planning and Maintenance			
Person responsible for updating the I	Disaster Supply Kit and	the Emergency Documents regula	arly:
First Name	Last Name		
Antoinette	Mott		
Description of how the Emergency Ro	ady-to-Go Pack will be	transported to an evacuation loca	ation: carried by the provider.
Shelter In Place Procedure:	O		
			he Provider will use sealing plastic and text the parent throughout with emergency
updates.	ents ii the need to shou	id arise. The provider will call and	text the parent throughout with emergency
-			
Evacuation Procedures			
	or the children, grab the	ERTG bag and head to the vehicle	le. The provider will secure the younger
child in their booster seat and older c			ipon arrival the provider will speak with a
	ction about where to she	elter. Once secured the provider w	vill call, text and video call the parent
throughout with emergency updates.			
			ren by taking a head count, gather the
seat belt. She will drive to		er will secure the younger child in receive instruction from	their booster seat and older child in a car or where to shelter
for safety. Once secured the provider			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Care Hours:			
Signatures & Date			
	he nadjes acknowledge	that all standards have been revi	ewed, and any corrections if needed have
			vided is subject to random, unannounced
pop up visit which will be conducted v			
PROVIDE	R		INSPECTOR
Printed Name: Untoinette	Mott	Printed Name:	
Signature		Signature:	
Date: 08   09   2023   Phone		Date: 07/12/2023	Phone: 1-877-227-0125
1			

### 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: 08/04/2022	Time	in: 11:00AM	Time Out: 12:15P	M Result: PASSED.
Informal Care	-		1	
Type of Care (check one):	n-relative Info	ormal Provider Ca	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Antoinette	Last	Name: Mott		Provider ID: 289203
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	County:	S	tate Zip Code:
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/3/2017	5 / No
			6/24/2012	10 / No
		)		

Directions: Review and determine compliance with each standard, No pages may be used for comments.	te 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	
<ul> <li>Is free of insect or rodent infestation</li> </ul>	Y	No sign of Infestation
Is well-lit and well-ventilated	Y	A SECULAR SUPPLIES
<ul> <li>Has hot and cold running water</li> </ul>	Y	Steam observed
<ul> <li>Has a working inside toilet</li> </ul>	Υ	Flush Observed
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
<ul> <li>Has a working and safe heating system</li> </ul>	Y	
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	Light observed when door opened.
Has a working telephone	Y	Provider cell phone called
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y	
Has first aid kit/supplies	Υ	Band aids, gauze, tape, alcohol wipes, ointmen
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	On top of the fridge
Medications of any kind	Υ	Linen closet with locks
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	None
Guns	Y	None
Cleaning agents	Υ	
Poisonous substances	Υ	None Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met	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.	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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	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	⊠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 N/A	⊠Blanket(s)		
Items in the Disaster Supply Kit are clean, organize	ed, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and eas	ily accessible in the event of an em	rgency (Y/N)? Y	
Location of The Emergency Ready to go Pack:	In the corner of the living room		
Item Specification (if needed): 4 16oz Water bottles, 4 Cans of chicken noodle	soup, Large can Spagettios, app	e sauce, 2 Beef stew, Raviol	ı,
5 shirts, 4 shorts, 2 underwear, 1 pants, 6 D ba Band-alds, ointment, gauze, Neosporin, gloves,			hcards
Items to review on xx/xx/xxxx if needed: N/A			
Emergency Documents			
⊠Informal Provider Emergency Preparedne ⊠Authorization for emergency medical care			
Planning and Maintenance		- Philippin to the transfer of	
Person responsible for updating the Disaster Supp	oly Kit and the Emergency Docum	ents regularly:	
First Name	Last Name		
Description of how the Emergency Ready-to-Go F	ack will be transported to an evac	uation location: Carried	
Shelter in Place Procedure: The provider will call and let the parents know the head to the basement and shelter in the front of the plastic and tape if the need should arise. Once se them updated.	e basement. There are two doors	and two windows that the pro	ovider would seal with
Evacuation Procedures:			
The provider will call and let the parents know the go out the front door and head to provider's vehicl secured with seat belt before heading to desk where they will shelter once they get to the k update them periodically.	e. Provider will then secure one of which is the primary evac	the children in her booster s uation location. The provider	eat and the other will ask the reception
If they could not shelter at the primary location, the location the provider will call parent and inform the the ERTB, go out the front door and head to proviother secured with seat belt before driving to the rarea. Once secure the provider will call the parent	em that there is n emergency situa der's vehicle. Provider will then se nall. Once they get to the evacuat	tion. Then the provider will go cure one of the children in he	er booster seat and the
			41.
Signatures & Date			
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-	at, if approved, the home in which		
PROVIDER		INSPECTOR	
Printed Name: antoinette. Mor	Printed Name	*	
Signature:	Signature:		
Date: 8/5/2022 Ph	Date: 08/04/	2022 Phone: 1-8	77-227-0125

### ⊠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: 10/26/2023 Follow-up Inspection Date: 10/27/2023	Time In: 9: Time In: 2:		Time Out: 10:51A Time In: 2:30PM	Result: Fo	ollow-up Required. ASSED	
Informal Care						
Type of Care (check one): ☐ Non-rel	ative Informal R	Provider Ca	are ⊠Relative l	nformal Provide	er Care	
Provider Information						
First Name: Gail	Last Name	Mullen		Provider I	D: <u>530711</u>	
Provider ID #:				Email		
Care Location Inspected						
Street Address: Yes.	City:	Coun	ity:	State	Zip Code:	
Name of Children in Care (add pages if ne	eded) Sch	olarship	Date of Birth	Age /	Present (Y/N)	
			(05/19/2011)	12yr. / N		
		- 110	(06/30/2016)	7yr. / 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	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 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 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
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	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	Υ	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children 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	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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> The provider immediately reports any suspected child abuse,	Y	
neglect or mistreatment by calling 911 and your local  Department of Social Services Child Protective Services Unit.	Y	

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

### **Disaster Supply Kit**

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

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

⊠ Thermometer	⊠Change of clothes	
⊠Medications	⊠Blanket(s)	ű
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: St Item Specification (if needed);  - 1 flashlight, 1 first aid kit, inhaler needed for	-	oo) 6 hottled waters 3 copped foods 4pk of
fruit cups and dried oatmeal, 1 pair of scisso		
of D batteries, 1 thermometer, 3 games, 3 act	ivity books, 4 books, 2 blankets, and 2	
tems to be corrected on 10/27/2023; Corrected	ed & Reviewed on 10/27/2023	
1. Outlet coverings for all areas of the home     2. Medical Supplies for the home		
3. Lock for kitchen cabinet with cleaning proc	ducts	
- 4. Moving medication to a higher level	<del>.</del>	
<ul> <li>5. Alcohol beverages moved to a higher level</li> </ul>		
ERTG: Extra batteries for flashlight, therm	ometer, change of clothes for each chil	d, 1-2 blankets, games or books for both
<u>children</u>		
Emergency Documents		
⊠Informal Provider Emergency Preparednes:	s Plan (this completed form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply		ularly:
	ast Name <b>ullen</b>	
Description of how the Emergency Ready-to-Go Page	ck will be transported to an evacuation l	ocation: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the children and ERTG and plastic and tape to secure the door if needed. The p		
Evacuation Procedures		
Primary: The provider will gather the children and the secured in their seat belts and secured; and would secured and secured; and would secured and s	. Upon arrival the provider will	s vehicle. She will ensure both children are
Alternate: If they could not access the primary local provider's vehicle. She will ensure both children are will receive emergency updates.	secured in their seat belts and	n and the ERTG, they will head to the  Lipon arrival the provider  If or text the parent to inform them of
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledgement been discussed. The parties also acknowledge that, pop up visit which will be conducted virtually or in-pe	if approved, the home in which care is p	
PROVIDER		INSPECTOR
Printed Name: Gail M. Mu	llen Printed Name:	
Signature:	Signature:	
Date: (13/23 Phone:	Date: 10/27/2023	Phone: 1-877-227-0125

### ⊠Virtual Inspection □In-person Inspection

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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 1/14/2025	Time In: 3:30 pm	Time Out: 4:02	om Result: Passed	
Informal Care				
Type of Care (check one):	on-relative Informal Provider	Care ⊠Relative	Informal Provider Care	
Provider Information				
First Name: Takara	Last Name: Murphy	Last Name: Murphy		48
Provider ID #:			Email:	
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	ounty:	State:	Zip Code:
Name of Children in Care (add pages	s if needed) Scholarship	Date of Birth	Age / Pres	sent (Y/N)
		4/15/2023	1 year old/ Y	

Street Address: Address Verified?: Yes	city:	County:	State	Zip Code:
Name of Children in Care (add pages if ne	eded) Schola	rship Date of Bir	th Age /	Present (Y/N)
		4/15/2023		
Safety of the Home				
Directions: Review and determine of Additional pages may be used for co	ompliance with each	standard. Note any co Y - Yes, N - N	omments or corrective	actions needed. /a – Not Applicable
Health and Safety Training:		Standard M Y/N	et Comments/Not Corrective Act	es on /Timeframe if needed
Basic Health and Safety Training (	completed?	Y		
Home is free of health and safety hazard	s:	Standard M Y/N		es on /Timeframe if needed
Is in good repair		Y		
Is free of insect or rodent infestation	n	Y		
Is well-lit and well-ventilated		Y		
Has hot and cold running water		Y		
<ul> <li>Has a working inside toilet</li> </ul>		Y		
<ul> <li>Has utilities for cooking, lighting an</li> </ul>	d heating	Y		
<ul> <li>Has a working and safe heating sys</li> </ul>	tem	Y		
<ul> <li>Has a working refrigerator and stov</li> </ul>	Э	Y		
Has a working telephone		Y		
Has operational smoke detector(s)		Y		
<ul> <li>Has first aid kit/supplies</li> </ul>		Y		
<ul> <li>Has protective coverings on any ele accessible to children</li> </ul>	ctrical outlet that is	Y		
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	LD PRINCES SCHOOL STORY	/Timeframe if needed
Sharp or pointed items		Y		
Medications of any kind		Y		
Matches, lighters and flammable pro	ducts	Y		
Alcoholic beverages .		Y		
Guns		Y		
Cleaning agents		Y		
Poisonous substances		Υ		
ENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action	/Timeframe if needed
Il areas of the home are kept clean, including	diapering area.	Y		

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	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	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	
Emergency Ready-to-Go Pack		
		of an emergency. This contains a Disaster Supply V

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

Emergency Ready-to-Go Pack	s is available and easily accessible in the event of an emergency (Y/N)? Yes
Location of Emergency Read	dy to go Pack: By the front door
Emergency Documents	
⊠Informal Provider Eme	ergency Preparedness Plan (this completed form) gency medical care
Planning and Maintenance	
Person responsible for updating First Name Takara	the Disaster Supply Kit and the Emergency Documents regularly:  Last Name  Murphy
Evacuation Procedures:  The Provider will gather the chil  and email parent before, during	d and the ready to go bag securing the forth and after sheltering.  d and the ready to go bag securing the forth and after sheltering.  d and the ready to go bag securing the forth and t
Signatures & Date	the parties of the state that all standards being been recipied, and any controlling if acaded being
Acknowledgement: By signing being been discussed. The parties also a pop up visit which will be conducted.	by the parties acknowledge that all standards have been reviewed, and any corrections if needed have acknowledge that, if approved, the home in which care is provided is subject to random, unannounced d virtually or in-person.
DDO	MINER

	ed, and any corrections if needed have ed is subject to random, unannounced
	INSPECTOR
Printed Name:	
Signature:	
Date: 1/14/2025	Phone: 1-877-227-0125
	Printed Name: Signature:

∀irtual 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: 11/7/2023 Follow-up Inspection Date: 11/8/2023	2010000	e In: 3:30PM e In: 2:00PM	Time Out: 4:4		Result: Follow-up Required. Result: PASSED
Informal Care					
Type of Care (check one):	-relative Inf	ormal Provider C	are ⊠Relat	live Info	rmal Provider Care
Provider Information					
First Name: Takara Provider ID #	Last	Name: Murphy			Provider ID: 528948 Email:
Care Location Inspected					Ellian
Street Address: Address Verified? Yes.	/:	County	Sta	te	Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth		Age / Present (Y/N)
			(04/15/2023)	-	os./Y
				500 (107 1824)	
Safety of the Home		_101315	· 建设置 艾特斯· 斯		
Directions: Review and determine compliant pages may be used for comments.	nce with eac	ch standard. Note	any comments or Y - Yes, N - No.	correction, D - Dis	ve actions needed. Additional scussed, n/a - Not Applicable
Health and Safety Training:			Standard Met	Con	nments/Notes rective Action /Timeframe if needed
Basic Health and Safety Training Comple	ted?		Υ	Rel	ative Informal Care - Certificate Submitted
Home is free of health and safety haza	rds:		Standard Met Y/N		nments/Notes rective Action /Timeframe if needed
Is in good repair			Y		All areas were clean
<ul> <li>Is free of insect or rodent infesta</li> </ul>	tion		Υ		No evidence of infestation
Is well-lit and well-ventilated			Y		Il lights were turned on and natural window lighting
Has hot and cold running water			Y	1	ested by provider and steam observed on camera via kitchen sink
Has a working inside toilet			Υ		Flushed by provider and observed
<ul> <li>Has utilities for cooking, lighting a</li> </ul>	and heating		Y		
Has a working and safe heating s	system		Y	T	hermostat tested by provider for cooling & heating
<ul> <li>Has a working refrigerator and st</li> </ul>	ove		Υ		Tested by provider and observed
Has a working telephone			Y	Outbo	ound call made by informal team to provider's phone
<ul> <li>Has operational smoke detector(s</li> </ul>	5)		Y		Tested by provider and observed
<ul> <li>Has first aid kit/supplies</li> </ul>			Y	Bir	w/ medical supplies stored in living room
Has protective coverings on any e accessible to children	electrical ou	tlet that is	Y		All outlets covered or occupied
larmful items are stored appropriately a hildren:	and away fi	rom	Standard Met Y/N		ents/Notes tive Action /Timeframe if needed
Sharp or pointed items			Υ	5	Stored in knife holder on back counter
Medications of any kind			Y	Med	licine bin moved to top shelf of provider's bedroom closet
Matches, lighters and flammable p	roducts		Y	Ligi	hter stored on person of additional adult household member
Alcoholic beverages			Y	Corrective Action Completed: Alcoholic beverage moved to higher level	

Guns

Y

Does not own

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

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

### Disaster Supply Kit

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

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

		⊠ Heavy Duty Scissors, duct tape/
☑ Thermometer	⊠Change of clothes	packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emerge	ncy (Y/N)? Y
Location of The Emergency Ready to go Pack	Stored in the living room door near th	e exit
Itam Specification (if pended):		
- 1 fineblight 4 first aid kit 4 thermometer	1 pk of AA batteries, no specific meds,	2 bottled waters, 2 canned foods, 6 jars of baby
food, 3 diapers, 1 pk of wipes, 2 onesies, 2	2 rolls of duct tape, 6 black large bags,	1 pair of scissors, 1 blanket, 1 backpack
(carrying case), 1 toy, and folder w/ EPP a	nd ECMA docs	
<ul> <li>Items to be corrected on 11/08/2023: Corrected on 11/08/2020: Corrected on 11/08/20</li></ul>	ected & Reviewed on 11/00/2025	
- Lock for kitchen cabinet with cleaning pro	ducts	
- Alcoholic beverages moved higher		
Emergency Documents		
⊠Informal Provider Emergency Preparedn	ess Plan (this completed form)	
Authorization for emergency medical car	e	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	ply Kit and the Emergency Documents	regularly:
First Name Takara	Last Name Murphy	
Description of how the Emergency Ready-to-Go F	Pack will be transported to an evacuation	n location: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the child and ERTG and seems and use the sealing plastic and tape to seal them of emergency updates.	stay within the living (1 door 2 windows). the spaces if needed. The provider will	The provider will lock the door, windows and call, text, email or face time the parent to inform
Evacuation Procedures		
Primary: The provider will gather the child and the	e ERTG, and secure the child in his stro	ller and Upon arrival
the provider will receive instruction parent to inform them of emergency updates.	about where to shelter specifically. The	ne provider will call, text, email or face time the
Altanopatas of the sure and denote a series and the primary la	nation the assuider will gether the child	and the FRTG, and secure the child in his
Alternate: If they could not access the primary lo	pon arrival the provider will receive instri	uction bout where to shelter
specifically. The provider will call, text, email or fac		
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that dop up visit which will be conducted virtually or in-p	t, if approved, the home in which care is	
PROVIDER		INSPECTOR
Printed Name: Takara Murph	Printed Nam	
Signatur	Signature:	
Date: 17/29/23 Phone:	Date: 11/08/2023	Phone: 1-877-227-0125

☑Virtual Inspection☐In-personInspection

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

### Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/12/2024	Time	ln: 1:30 pm	Time Out: 2:40 pr	m Result: Passed
Informal Care				
Type of Care (check one): ☐ Nor	relative Info	rmal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Antoinette	Last N	Name: Mott		Provider ID: 289203
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified?:	<u>City</u> :		County:	State: Zip Code:
Name of Children in Care (add pages i	f needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/3/2017	7 years old/ Y
			6/24/2012	11 years old/ Y

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	2/3/2017	7 years old/ Y
	6/24/2012	11 years old/ Y
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y - Yes, N - No,	nents or corrective actions needed.  D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Υ	
Has a working inside toilet	Y	
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	Y	
Has a working and safe heating system	Y	
<ul> <li>Has a working refrigerator and stove</li> </ul>	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul> <li>Sharp or pointed items</li> </ul>	Y	
Medications of any kind	Y	
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
<ul> <li>Poisonous substances</li> </ul>	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	

Items in the Disaster Supply Kit are clean,	organized, and usable (	Y/N)? Yes	
Emergency Ready-to-Go Pack is available	and easily accessible in	the event of an emergency (Y	r/N)? Yes
Location of Emergency Ready to go Pace  Item Specification (if needed):  To be observed for compliance on :	:k: Living room		
Emergency Documents			
⊠Informal Provider Emergency Pre ⊠Authorization for emergency medi		completed form)	
Planning and Maintenance			
Person responsible for updating the Disast First Name Antoinette	ter Supply Kit and the Last Name Mo		larly:
The Provider will gather children and the re youngest will be in a booster seat. They will entry  CARE HOURS:	eady to go pack and ta re, during, and after sh eady to go bag, and pu ill drive to the The parent will be cor eady to go bag, and pu ill drive to	ake neltering.  ut them both in the car. The one of the car is the car is the car is the car. The car is the c	(1 of doors, 1 of window(s)). The oldest child will be in a seatbelt and the (2 of doors, 2 of window(s)) gaining e, during and after evacuation.
Signatures & Date  Acknowledgement: By signing below the part	ties acknowledge that a	Il standards have been reviewe	ed, and any corrections if needed have
been discussed. The parties also acknowled pop up visit which will be conducted virtually	ge that, if approved, the	home in which care is provide	ed is subject to random, unannounced
PROVIDER	or mi-bersori.		INSPECTOR
Printed Name: Antoinette	Mott	Printed Name:	
77.74	MoH	Printed Name: Signature:	

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

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

ID 354427

### Maryland State Department of Education/Office of Child

Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Dawn Myers

ccs informalproviders@maryland gov

Inspection Date: 8/19/2024 Time In: 1:30pm Time Out: 2:25pm Result Passed Informal Care Type of Care (check one): ☑ Relative Informal Provider Care ☐ Non-relative Informal Provider Care Provider Information First Name: Dawn Provider ID: 354427 Last Name: Myers Provider ID # Email: Care Location Inspected Street Address: State: Zip Code: County: City: Address Verified of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N)

10/1/2012

11yrs/ N

#### 3/6/2014 10vrs/N Safety of the Home Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Y - Yes, N - No, D - Discussed, n/a - Not Applicable Additional pages may be used for comments. Comments/Nutes Standard Met Health and Safety Training: Corrective Action /Timeframe if needed Y/N Basic Health and Safety Training Completed? Standard Met Comments/Notes Home is free of health and safety hazards: Corrective Action /Timeframe if needed Y/N Y Is in good repair Y Is free of insect or rodent infestation Y Is well-lit and well-ventilated Y Has hot and cold running water Y Has a working inside toilet Y Has utilities for cooking, lighting and heating Y Has a working and safe heating system . Y Has a working refrigerator and stove Y Has a working telephone Y Has operational smoke detector(s) • Y Has first aid kit/supplies Has protective coverings on any electrical outlet that is Y accessible to children Harmful items are stored appropriately and away from Standard Met Comments/Notes Y/N Corrective Action /Timeframe if needed children: Y Sharp or pointed items Y Medications of any kind . Y Matches, lighters and flammable products Y Alcoholic beverages Y Guns ٠ Y Cleaning agents Poisonous substances Standard Met Comments/Notes GENERAL CLEANLINESS STANDARDS Y/N Corrective Action /Timeframe if needed

Y

All areas of the home are kept clean, including diapering area.

10" 354427		Dawn myers
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:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

ID# 354427		Dawn	Myers
	clean, organized, and usable (Y/N)? Y		
	ailable and easily accessible in the event of an emerg	gency (Y/N)? Y	
Location of Emergency Ready to	go Pack: Closet near the door		
<b>Emergency Documents</b>			
⊠Informal Provider Emergen	cy Preparedness Plan (this completed form)		
	The second secon		
Planning and Maintenance			
	Disaster Supply Kit and the Emergency Document	ts regularly:	
First Name Dawn	Last Name Myers		
Description of how the Emergency B	Ready-to-Go Pack will be transported to an evacua	tion location:	
Shelter In Place Procedures:			
The Provider will gather the childr	en and head to the	er will seal the door and ven	t with plastic and
tape, there are no windows.			
Provider will call and text before,	during and after a lockdown to the parent.		
Evacuation Procedures:			
The Provider will secure children	in the vehicle and transport them to her friend's	s home and will gain access	with because her
to go to the			
The Drovides will assure the shilds	ren age 10 and 11 In the vehicle and transport t	hem to her friend's home ar	d will contact her
friend to inform her see is on her	way to gain access to the home.		
CARE HOURS:			
- Sun-Sat 10:30pm-8am			
Signatures & Date			
Acknowledgement: By signing below th	e parties acknowledge that all standards have been r	reviewed, and any corrections if	needed have

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge to been discussed. The parties also acknowledge that, if approve pop up visit which will be conducted virtually or in-person.	that all standards have been reviewed, the home in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Dawn Mycrs	Printed Name:	
Signature:	Signature:	
Date: 8/19/2024   Phone	Date: 8/19/2024	Phone: 1-877-237-0125

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: 10:11AN	Result: PASSED	
Informal Care				
Type of Care (check one):	on-relative Informal Provider C	are MRelative In	formal Provider Care	
Provider Information				
First Name: Dawn	Last Name: Myers		Provider ID: 354427	
Provider ID #:			Email:	
Care Location Inspected				
Street Address: City Address Verified? Yes.	County:	State Zip	Code:	
Name of Children in Care (add page	s if needed) Scholarship	Date of Birth	Age / Present (Y/N)	
		(10/17/2012)	10yr. / Y	
		(03/06/2014)	Syr. / Y	

		(03/06/2014)	8yr. / Y
Safety	of the Home		
Direction pages n	ns: Review and determine compliance with each standard. Not nay be used for comments.	te any comments or o Y - Yes, N - No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health	and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic H	lealth and Safety Training Completed?	Y	Relative Informal Care Certificate Submitted
Home i	s free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Is in good repair	Y	All areas were clean
•	Is free of insect or rodent infestation	Y	No 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	Thermostal 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
٠	Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied
Harmfu childrer	litems are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
	Sharp or pointed items	Y	Stored in knife holder on 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
SENER.	AL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including dispering area	Y	No disper age children in care
Trash, garbage and wet and solled dispers 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 solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No disper age children in care
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 attention to a child.	Y	
<ul> <li>A child in care is not subjected to mistreatment, including:</li> <li>Any deliberate act that hurts a child physically or emotionally, including:</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	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.

⊠ Flashight	Reported 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
MMadications (N/A)	MDIamiest(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

Location of The Emergency Read	to so Pack: Stored in	front closet near exit	
ton Specification (if pended)	TIO QUI BER. GIOIGO III		
Item Specification (if needed):	a 1 first aid kit. 1 therm	ometer, 1 asthma pump for old	est child, 1 roll of duct tape, 1 pair of
- 1 flashlight, 2 pk of D batterie	etic 6 bottled waters 5	pouches of juice, 10 + dried foo	ds/snacks, 4 outfits
(tee/hetters/underweet) 2 h	lankets folder w/ EPP s	nd ECMA docs per child, and 2	backpacks (carrying case)
(topybottoms/bridgi wear). A b	Idiliants, Idigat til at 1		
- Items to be reviewed on xx/x	UXXXX: N/A		
Emergency Documents	7		
⊠Informal Provider Emergen	cy Preparedness Plan (t	his completed form)	
⊠Authorization for emergence	y medical care		
Planning and Maintenance			
Person responsible for updating the	Disaster Supply Kit and	the Emergency Documents regu	ularly:
First Name	Last Name		
Description of how the Emergency R		transported to an evacuation lo	cation: carried by the provider.
Shelter In Place Procedure:			
The provider will gather the children	and ERTG and go into I	he basement bedroom (1 door 0	windows). If the need should arise the
provider will use the sealing plastic a	and tape from the ERTG	to seal the door and vents. Once	e secured the provider will call or text the
parent with emergency updates.			
Evacuation Procedures			
		ERTO I bend to be unbide	The armider will ensure each child is
			The provider will ensure each child is and they will
secured in their car seat belts and de	Outradours) Once they	Upon arrival the provider	or text the parent with emergency updates.
head into	o windows). Office trey	are secured the provider will call	Tor text the parent with contrage to y
Alternate: If they could not access	the primary location, the	provider will account for the child	dren, grab the ERTG and heading to her
vehicle. The provider will ensure each		r car seat belts and drive	Upon arrival the
provider	and will head into	1 door 1 windo	w). Once secured the provider will call or
text the parent with emergency upda	tes.		
Care Hours:			
Signatures & Date			
Acknowledgement: By signing below	the parties acknowledge	that all standards have been revi	iewed, and any corrections if needed have
been discussed. The parties also ack	nowledge that, if approve		vided is subject to random, unannounced
pop up visit which will be conducted v	rirtually or in-person.		
PROVIDI	ER		INSPECTOR
Printed Name: Dawn	Muers	Printed Name:	
Signature:		Signature:	
Date: \$ / 18 / 2023 Phone		Date: 08/18/2023	Phone: 1-877-227-0125

Dawn Myers

©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	INSPECTION CHECKLIST			
Inspection Date: 08/10/2022	Date: 08/10/2022 Time in: 1:45PM			M Result P	ASSED
Informal Care					
Type of Care (check one).	☐ Non-relative Info	rmal Provider Ca	ere MRelative	Informal Provid	ler Care
Provider Information					
First Name: Dawn	rst Name: Dawn Last Name:		ne: Mvers		ID: 354427
Provider ID #		Cust Harries In years		Email:	
Care Location Inspected					
Street Address: Address Verified? Yes	City:	County:	S	tate Zip	Code:
Name of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			10/17/2012	10 / No	
			03/06/2014	8 / No	

Safety of the Home			
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or co Y-Yes, N-No, I	prective actions needed. Additional  - Discussed, n/a - Not Applicable	
Health and Safety Training:	Standard Met Y/N Y	Comments/Notes Corrective Action /Timeframe if needed Certificate submitted	
Basic Health and Safety Training Completed?			
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Is in good repair	Y		
Is free of insect or rodent infestation	Y	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		
<ul> <li>Has utilities for cooking, lighting and heating</li> </ul>	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	
<ul> <li>Has operational smoke detector(s)</li> </ul>	Y		
Has first aid kit/supplies	Y	Band-Aids, alcohol swabs, ointment, gauze	
<ul> <li>Has protective coverings on any electrical outlet that is accessible to children</li> </ul>	Y		
Harmful items are stored appropriately and away from children:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed	
<ul> <li>Sharp or pointed items</li> </ul>	Y		
Medications of any kind	Y	High Shelf	
<ul> <li>Matches, lighters and flammable products</li> </ul>	Y	None	
Alcoholic beverages	Y	None	
Guns	Y		
Cleaning agents	Y	In locked cabinet	
<ul> <li>Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions	

Drun 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	Correction Action Figure 2
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) <u>and</u> Emergency Documents.

### **Disaster Supply Kit**

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

⊠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

Page 2 of 3

50 Thermometer	704	MHeavy Duly Scissors, duct tapel
re menuolingiet	⊠Change of clo	hes packing lape & sealing plastic/trash bags
⊠Medications	☑ Blanket(s)	
Items in the Disaster Supply Kit are cli		
Emergency Ready-to-Go Pack is avail	able and easily accessible in the	event of an emergency (Y/N)? Y
Location of The Emergency Ready (	lo go Pack: Closet by front do	or
Item Specification (if needed):		
5 shirts, dress, 3 pants, panties, short	s, 2 pairs socks, inhaler,	
2 extra DD batteries, coloring books,	crayons, go fish game, Uno	
Band aids, ointment, cold compress, g	loves, alcohol wipes, Neosporin	, Benadryl, s of cheese crackers, fruit snacks, graham cracker snacks
		s of cheese dackers, fruit snacks, granam cracker snacks
Items to review on xx/xx/xxxx if nee	ded:	
Emanue P		
Emergency Documents		
		pleted form)
Planning and Maintenance	medical care	
Person responsible for updating the D	icastor Supply Kit and the Em	Process Designation of the Control o
First Name	Last	ergency Documents regularly:
Description of how the Emergeous Po	adu to Co Book will be to-	orled to an evacuation location: Carried
an paid of now the Emergency Ne	ady-to-so rack will be transpi	orted to an evacuation location: Camed
Shelter In Place Procedure:		
	ERTB and head to the bedro	om in the basement one door and no windows. If the need should
rise the provider will use plastic and the heltering in place.	ape to seal the shelter. Once	secure, the provider will call the parent and let her know that they
vacuation Procedures:		
	ider will grab the children and	proceed to the provider's vehicle where she will secure the children
heir seatbelts before driving to the pri	mary evacuation location which	h is the Once at the location, the
rovider will gain entry with spare key	and head to the basement that	at has no windows and one door. If the need should arise, the
ecure in the evacuation location.	al the shelter. The provider w	Il call the parents before leaving the care location and after they a
	vation they will on to the alte	mate evacuation location which is the provider's friend,
ouse. The provider will call before	now they are or	n their way. They will shelter in the basement that has no window
	provider will use plastic and ta	ipe to seal the shelter. The provider will call the parents before
aving the care location and after they	are secure in the allemate e	vacuation location.
gnatures & Date	a continue ratione de des de continue de	Laborator de Desire Desire de Laborator de L
oxnowledgement: By signing below the sen discussed. The parties also acknow to up visit which will be conducted vir	owledge that, if approved, the	standards have been reviewed, and any corrections if needed ha home in which care is provided is subject to random, unannounce
PROVIDER		INSPECTOR
MILLIA	Mileas	Printed Name

2022 Phone

Signature

Date:

Myers

Date: 08/10/2022

Printed Name

Signature:

Phone: 1-877-227-0125