

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



M

First letter of the provider's last name.

Posted January 2024

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 02/18/2022	Time In: 1:45 pm	Time Out: 2:45 pm	Result: Approved if returned by 5pm on 02/21/2022
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Informal Care

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

Provider Information

First Name: Digna	Last Name: Macres	Provider ID: N/A
Provider ID #		Email:

Care Location Inspected

Street Address: City: County: State: Zip Code:

Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		07/25/2021	7 mons. / Y
			/
			/
			/
			/
			/

Safety of the Home

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

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

• Cleaning agents	Y	Moved to the garage
• Poisonous substances	Y	Not kept in home
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	One in the living room one in the child's bedroom.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash can in the kitchen, diaper genie in the bedroom
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	Wash for 20 seconds.
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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.

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

☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, Duct Tape/
Packing Tape & Sealing Plastic/ Trash
Bags

☒ Medications

☒ Blanket(s)

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

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

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

Item Specification (if needed):

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

To be observed for compliance on :

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Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedures:

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

Evacuation Procedures:

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

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

SIGNA Mercedes MACRES

Printed Name:

Signat	[Redacted]	Signature:	[Redacted]
Date:	3/1/2022	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/10/2022	Time In: 12:00PM	Time Out: 1:05PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Hannah	Last Name: Martin	Provider ID: [REDACTED]
Provider ID: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		10/26/2020	23 Mos. / Yes
[REDACTED]		08/10/2018	4 Yrs / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet Look under sink	Y	
• Has utilities for cooking, lighting and heating	Y	Electric stove lit
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-aids, gauze, alcohol wipes, tape
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use or behind furniture
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	Upper cabinet
• Matches, lighters and flammable products	Y	On top of fridge
• Alcoholic beverages	Y	
• 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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

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

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

Location of The Emergency Ready to go Pack: Closet by the front door

Item Specification (if needed):

2 shirts, 2 pants, shorts, 2 pairs socks, 1 underwear, 2 jacket, 2 blankets, wipes
3 AA batteries, 2 books
Band aids, gauze, tape, alcohol wipes,
2 16oz water bottles, 2 cans of chicken noodle soup, 2 granola bars,

Items to review on xx/xx/xxxx if needed: N/A

Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name **Amanda**

Last Name **Burrill**

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

Shelter In Place Procedure:

The provider will grab the children, the ERTB and head to the basement living room which has 3 doors and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents once they are secure.

Evacuation Procedures:

The provider will grab the children, the ERTB, her phone and car keys and proceed to her vehicle where she will secure the children their car seats that are already in the vehicle before driving to the primary evacuation location which is the provider's house. Once at the location, they will head to the basement that has no windows and 3 doors. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they [redacted] alternate evacuation location which is [redacted] most of the time and the provider would knock on the door to gain entry. Once there, they will shelter in the basement that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Hannah Martin	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	10-10-2022	Date:	10/10/2023
Phone:	[redacted]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/01/2023	Time In: 3:30PM	Time Out: 4:44PM	Result: PASSED
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Informal Care

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

First Name: Maria	Last Name: Martinez De Vargas	Provider ID: 513455
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/18/2018)	4yr. / N
[REDACTED]		(07/07/2022)	9mos. / Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in locked bathroom cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered 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 knife container holder on back of kitchen counter
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Stored in upper level kitchen cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in bathroom and kitchen cabinets with locks
• Poisonous substances	Y	Does not own

GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.		Y	Diapering area in living room or provider's bedroom w/ supplies
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.		Y	Dispose of diapers daily in bathroom trash can 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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 		Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 		Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 		Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 		Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.		Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
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Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in hallway closet near exit	
Item Specification (if needed):	
- <u>1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec meds, 4 bottled waters, 2 outfits (top/bottom) 4 diapers w/ 1 pk of wipes, 1 thermometer, gen med (Tylenol/Motrin), 6 heavy duty trash bags, 1 roll of duct tape, 2 blankets, 5 canned foods, 1 can of baby formula, 1 pair of scissors, 1 carry-on suitcase (carrying case), folder w/ EPP and ECMA for each child, 3 toys</u>	
Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Jennifer	Last Name Vargas
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 the ERTG and head into laundry room (1 door 0 windows). The provider will use sealing plastic and tape to seal the door if needed. The provider will call the parents before, during and after the emergency to give them updates.	
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 in the forward-facing car seat. The provider and children will drive to [REDACTED]. The provider will gain [REDACTED] that [REDACTED]. The provider and children will drive to [REDACTED] (1 door 2 windows). The provider will give the parents a call before, during and after the emergency.	
Alternate: If they could not access the primary location, the provider will take the children and ERTG back to the grandmother's vehicle. She would secure each child in their car seats. Younger (rear-facing) car seat and older (forward-facing) car seat. The grandmother would drive them [REDACTED]. The provider will [REDACTED]. She and the children will go into [REDACTED] (1 door 2 windows). The provider will call the parents before, during and after the emergency.	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: Maria Martinez De Vargas	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 6/6/23	Date: 05/01/2023
Phone: [REDACTED]	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/09/2023 Follow-up Inspection Date: 05/09/2023	Time In: 1:30PM Time In: 4:00PM	Time Out: 2:44PM Time Out: 4:06PM	Result: Follow-up Required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Pamanetha	Last Name: Massey	Provider ID: 343908
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(01/23/2023)	4mos.	/	N
[REDACTED]		(01/23/2023)	4mos.	/	N

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back of kitchen counter and in high kitchen cabinet
• Medications of any kind	Y	Stored away in provider's locked bedroom closet
• Matches, lighters and flammable products	Y	Moved to higher kitchen cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning agents in locked kitchen cabinets

• Poisonous substances	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	Diapering area with all supplies in the children's room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed daily via bathroom trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in the laundry room near exit	
Item Specification (if needed):	
- <u>1 tote (carrying case), 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds., 2 bottled waters, 1 gallon of water, 3 canned foods, 1 can of baby formula, 2 outfits (onesie/top), 2 blankets, 2 diapers w/ 1 pk of wipes, folder w/ EPP and ECMA per child, 2 small toys, 1 pair of scissors, 1 roll of duct tape and 2 heavy duty trash bags</u>	
Items to be reviewed on 05/09/2023: Corrected & Reviewed 05/09/2023	
- First aid kit for the home	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Pamanetha	Last Name Massey
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 grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise the provider will use sealing plastic and tape to secure the areas. The provider will call the parent before, during and after, in addition to calling 911 if needed.	
Evacuation Procedures:	
Primary: The provider will account for the children and grab the ERTG tote, the provider will carry the bag and children to the provider's vehicle. She will secure each child in their rear-facing car seats and [REDACTED] upon arrival the provider [REDACTED] and once she and the children are secured she will call the parent. The provider and children will go into [REDACTED] (1 door 1 window) on first floor. Provider will call the parent to give emergency updates.	
Alternate: If they could not access the primary location, the provider will gather the children, grab the ERTG and head to her vehicle. She will secure each child in their rear-facing car seats and drive [REDACTED]. On the way the provider will call the parent via cell phone. Upon arrival the provider will speak with a [REDACTED] to gain instruction about where to shelter for safety. Once secured she will call the parent again to give emergency updates.	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: <i>Pamanetha Massey</i>	Printed Name: [REDACTED]
S [REDACTED]	Signature: [REDACTED]
Date: <i>05/25/2023</i> Phone: [REDACTED]	Date: 05/09/2023 Phone: 1-877-227-0125

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

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

Provider Information

First Name: Adrienne	Last Name: Matthews	Provider ID: 518054
Provider ID #: [REDACTED]		Email: [REDACTED]@[REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(07/16/2015)	8yr.	/	N
[REDACTED]		(11/30/2018)	4yr.	/	N
[REDACTED]		(02/11/2022)	1yr.	/	N

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back of counter
• Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
• Matches, lighters and flammable products	Y	Moved to top of kitchen cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

<ul style="list-style-type: none"> Cleaning agents 	Y	All cleaning products on high shelf in bathroom closet
<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing area in providers bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via diaper baggies
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

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

Location of The Emergency Ready to go Pack: Stored in 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
AdrienneLast 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 [REDACTED] along the way to [REDACTED]. The provider and children would seek shelter [REDACTED] (2 doors 2 windows) 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 [REDACTED] along the way and [REDACTED]. The provider and children would seek shelter in [REDACTED] (1 door 2 windows) and then call or text the parent once secured with emergency updates.

Care Hours:

[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Adrienne Matthews	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/19/23	Date:	08/11/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/10/2023	Time In: 2:30PM	Time Out: 3:38PM	Result: PASSED
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Informal Care

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

First Name: Shirley	Last Name: Maynard	Provider ID: 438037
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
[REDACTED]		(03/04/2013)	10yr.	/ N
[REDACTED]		(04/19/2014)	9yr.	/ N
[REDACTED]		(08/10/2017)	5yr.	/ Y

Safety of the Home

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back of counter
• Medications of any kind	Y	Stored in high cabinet of bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products stored in locked garage

<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</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) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers (N/A) <input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

<input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in downstairs family room	
Item Specification (if needed):	
- <u>1 suitcase(carrying case), 1 flashlight, 2 D extra batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 5 dried packed foods, and fruit, 3 outfits (top/bottom/underwear), 3 blankets, folder w/ EPP and ECMA docs per child, 3 stuffed animals, 1 pair of scissors, 1 roll of duct tape , and heavy duty trash bags</u>	
- <u>Items to be reviewed on xx/xx/xxxx:</u> N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Shirley	Last Name Maynard
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<u>Shelter In Place Procedure:</u>	
The provider will gather the children and go into the basement (1 door 2 windows) in which the ERTG is already located and proceed to lock the door and then seal the door, vents and windows if the need should arise with the sealing plastic and tape. The provider would call the parent, once she and the children are secured.	
<u>Evacuation Procedures</u>	
Primary: The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to [REDACTED], the provider will use [REDACTED] upon arrival. The provider and children would seek shelter in the [REDACTED] (1 door 1 window) and then call the parent once secured with emergency updates.	
Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to [REDACTED], the provider will [REDACTED] upon arrival. The provider and children would seek shelter in the [REDACTED] (1 door 1 patio window) and then call the parent once secured with emergency updates.	
Care Hours: [REDACTED]	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <i>Shirley Maynard</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <i>8-11-23</i>	Phone: [REDACTED]	Date: 08/10/2023	Phone: 1-877-227-0125

377383

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/05/2022
 Follow-up Inspection Date: 07/12/2022

Time In: 1:50PM
 Time In: 8:45AM

Time Out: 3:25PM
 Time Out: 8:47 AM

Result: PASSED.

Informal Care

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

Provider Information

First Name: Shirley

Last Name: Maynard

Provider ID: 377383

Provider ID #: [REDACTED]

Email: [REDACTED]

Care Location Inspected

Street Address: [REDACTED]

City: [REDACTED]

County: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Address Verified? Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/10/2017	4 / Yes
[REDACTED]		4/19/2014	8 / No, at Summer Camp
[REDACTED]		3/04/2013	9 / No, at Summer Camp
[REDACTED]		4/28/2010	12 / No, at Summer Camp

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• 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 toilet	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	Y	
• 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.
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered if not in use or behind furniture

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Medications N/A

Blanket(s)

377383

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: Corner in Family Room**Item Specification (if needed):**

2 D Batteries, Band-Aids, scissors, tape, gauze, cortisone cream, ointment, facemask
 4 16 oz water bottles, 3 Chicken Noodle soup, chicken & rice, Doritos, fruit cups, cookies,
 4 Shirts, 4 pants, 2 large blankets, book, cards, toys,

Items to review on 07/12/2022 if needed: Corrected & Reviewed on 07/12/2022- **Provider must have the EPP & ECMA printed and stored within emergency bag****Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will gather the children calling them by name before heading to the basement to shelter in the main room, where there are two windows and two doors. The ERTG is already kept in the basement. The provider will use trash bags and duct tape to seal windows, should the need arise. Once everyone is secure, provider will call the parent.

Evacuation Procedures:

The provider will gather the children and the ERTG and head to her vehicle where she will make sure all the children are secure in car seat for [REDACTED] seat belts for the other children. The provider will call parent to let her know they are on their way to her house. The provider will drive to [REDACTED], which is the primary evacuation location, where she will use a spare key to gain entry and proceed to the living room where they will shelter. The living room has two doors and one large window.

If they couldn't shelter in the primary evacuation location they would go to [REDACTED]. Provider will follow the same procedures used to evacuate from care location, where she will gather the children and the ERTG and head to her vehicle where she will make sure all the children are secure in car seat for [REDACTED] and seat belts for the other children. The provider will call [REDACTED] let her know they are on their way to her house so she can let them in. Once there they will proceed to the living room where there is one door and one window. Provider will call parent once they get in the car to head to Evacuation location and after getting to the evacuation location.

Signatures & Date

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

PROVIDER**INSPECTOR**

Printed Name:

Shirley Maynard

Printed Name:

Signature:

Signature:

Date:

7-12-22

Phone:

Date: 07/12/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 6/29/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Shirley	Last Name: Maynard	Provider 377383
		Email:

Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		04/28/2010	11	/	Y
		03/04/2013	8	/	Y
		08/10/2017	3	/	Y
				/	Y
				/	Y
				/	Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	n/a	Relative are exempt from this regulation

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Mobile phones only
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit .	Y	Verbally agreed to comply

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Disaster Supply Kit Comments/Notes: Ready-to-Go will be stored in the closet on the main level by front door.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name	Last Name
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Gather the children, grab the Ready-to-Go kit and walk out the front door towards the car. [REDACTED] will be secured in the booster seat and the rest of the children will use a traditional seat belt. Then, the Provider will contact the mother to alert her of the relocation to [REDACTED]. The relocation address is [REDACTED]. Once they reach the location, Provider and children will [REDACTED]. The Provider has an entry key so the children will enter and remain safe at this location until [REDACTED] arrives to pick them up. The 2nd evacuation location is [REDACTED].	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 6/29/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/07/2023	Time In: 10:30AM	Time Out: 11:29AM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Allison	Last Name: McIntyre	Provider ID: 508595
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(08/25/2022)	6 mos.	/	Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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 and in great condition
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and lots of natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed, lock on the bathroom door
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat settings tested and observed
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Called provider's working phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Retrieved from kitchen cabinet by provider and observed
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in upper level kitchen cabinet
• Medications of any kind	Y	Stored in upper level kitchen cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	Cleaning agents on high shelf in laundry room
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Provider keeps diapers, wipes and baby products in compartments of the changing pad
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Small trash container to dispose of any diapers wet items
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering area has all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: In the living room by the exit door.

Item Specification (if needed):

- 1 flashlight, 1 bag of extra D batteries, 1 first aid kit, 1 thermometer, 5 bottled waters, 4 canned foods, 7 diapers, 1 pk of wipes, 1 pk of baby food, 1 can of formula, 1 onesie, 3 shirts & 1 bottom, 2 small blankets, 1 small book and 1 toy, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic, no specific medications, 1 carry-on suitcase, folder w/ EPP & ECMA docs

Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: **Rolled by the provider.**

Shelter In Place Procedure:

The provider will account for the child and ensure emergency bag is in the living room (1 door 3 windows). She will then lock and seal any doors on windows in the space as needed. Once they are safely secured she will text the parent and inform her of the emergency.

Evacuation Procedures:

Primary: The provider will carry the child and roll the emergency bag and go to her vehicle. She will secure the child in his car seat and then text his parent of where they are evacuating to. Upon arrival the provider [REDACTED] and would go into the [REDACTED] (1 door 1 double-faced window). Once they are settled and any necessary area sealed and locked, she would call or text the parent to inform them of more emergency details.

Alternate: The provider will grab the child and roll the emergency bag and head to her car. She will then secure the baby in his car seat. The provider will call or text the parent once they are secured in the vehicle before driving to [REDACTED] Upon arrival they would go to [REDACTED] (1 door 1 wide window). Provider will call the parent once they are safe [REDACTED]

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Allison McIntyre

Printed Name:

Signature:

Signature:

Date: 03/07/2023

Phone:

Date: 03/07/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 09/17/2021 & 09/20/2021	Time In: 2:00 pm : 9:16 am	Time Out: 4:00 pm 9: 30 am	Result: Approved if returned by 5 pm
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Informal Care

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

Provider Information

First Name: Hope	Last Name: McIver	Provider ID: N/A
		Email:

Care Location Inspected

Street Address: City County State Zip Code

Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		6/12/2008	13	/	N
		06/29/2011	10	/	N
		6/11/2012	9	/	N
				/	
				/	
				/	

Safety of the Home

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<input type="checkbox"/> Sharp or pointed items	Y	Kitchen drawer and kitchen counter with plastic covers or knife block.
<input type="checkbox"/> Medications of any kind	Y	In drawer in bedroom. Bedroom door remains locked.
<input type="checkbox"/> Matches, lighters and flammable products	Y	Kept on shelf higher than the children.
<input type="checkbox"/> Alcoholic beverages	Y	On high shelf in the kitchen and computer room.
<input type="checkbox"/> Guns	Y	Doesn't own any guns.
<input type="checkbox"/> Cleaning agents	Y	Located on the top of the stacked dryer.
<input type="checkbox"/> Poisonous substances	Y	Scotch Guard on the top shelf
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Home kept cleaned. No diapering area in the home. Children aren't in diapers.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Recycling bin and a garbage bin.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No children in diapers.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	

The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

Y

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Disaster Supply Kit Comments/Notes:

- Graham Crackers, Dried Cranberries, Granola Bars, Canned Green Beans, and Peanut Butter ☐ Pack of AA and AAA Batteries.
- Children does not take any medications ☐ Children are not in diapers. ☐ 3 20 Ounce bottled water
- Shopping Bag.
- Word Search Books, color pencils, Mancala Board and sidewalk chalk ☐ Scissors
- Trash Bags for sealing plastic
- Nissan First Aid Kit- Scissors, Bandages, Burn Cream, Cleansing Towels, Sting Relief, Gloves, Tweezers, Gauze, and tape.
- Large Cowboys Blanket
- Thermometer
- Change of clothes in zip lock bags for each child
- Black duct tape
- Large scissors

Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

Planning and Maintenance

or Supply Kit and the Emergency Documents
liarily:

Last Name

First Name

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

Shelter In Place:

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

Evacuation:

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

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name: Hope McIver

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 09/20/2021

Phone: [REDACTED]

Date: 09/20/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/20/2023	Time In: 1:30PM	Time Out: 2:29PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Terry	Last Name: McFarland	Provider ID: 535919
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(12/19/2019)	4yr. / Y	
[REDACTED]		(11/17/2021)	2yr. / Y	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed melting ice under hot water
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit in under bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife holder and block on back of kitchen counter
• Medications of any kind	Y	Stored in bin on top of fridge
• Matches, lighters and flammable products	Y	Moved to top of laundry shelf
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products in locked kitchen and bathroom cabinets
• Poisonous substances	Y	Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Both children in diapers changing station in living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All supplies at changing station
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored in the hallway closet by exit - 1 back pack (carrying case), 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, 3 bottled waters, 3 canned foods, 1pk of wipes/9 diapers, 2 outfits (sleeper sets), 1 large blanket, folder w/ EPP and ECMA docs per child, 2 books, 1 pair of scissors, 2 rolls of duct tape and 1 roll of trash bags Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Teya	Last Name McFarland
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, grab the ERTG bag, go into the bathroom (1 door 1 window). The provider will lock the door and use trash bags and tape to seal the door and window if needed. The provider will call the parent with emergency updates.	
Evacuation Procedures	
Primary: The provider will gather all children and grab the ERTG. The provider and children will go to the provider's vehicle where she will secure each child in their forward-facing car seat and drive [REDACTED]. Upon arrival the provider [REDACTED]. They will shelter in one of [REDACTED] (1 door 1 window). The provider will call the parent with emergency updates.	
Alternate: If they could not access the primary location, the provider will gather all children and grab the ERTG. The provider and children will go to the provider's vehicle where she will secure each child in their forward-facing car seat and [REDACTED]. Upon arrival the provider will receive shelter instructions from [REDACTED]. The provider will call the parent with emergency updates.	
Care Hours: [REDACTED]	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: TERRY WAYNE MCFARLAND III		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 12-29-23	Phone: [REDACTED]	Date: 12/20/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/29/2023	Time In: 1:30PM	Time Out: 2:46PM	Result: PASSED
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Informal Care

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

Provider Information

First Name: Geovese	Last Name: McKnight	Provider ID: 530281
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(09/20/2017)	6yr.	/	N
[REDACTED]		(08/12/2019)	4yr.	/	N
[REDACTED]		(09/11/2022)	1yr.	/	Y

Safety of the Home

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in 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
• Poisonous substances	Y	Bug spray stored on top shelf of hallway closet
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, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen bin
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all necessary supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

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

☒ Medications (N/A)

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored near basement door exit

Item Specification (if needed):

- 1 small suitcase (carrying case), 1 flashlight, 1 pk of AAA batteries, 4 bottled waters, 20 dried food and canned items, 1pk of wipes and 6 pull ups, 3 blankets, 1 roll of sealant tape and heavy duty tape, 3 contractor bags, 1 pair of scissors, 3 outfits (top/bottom/underwear), folder w/ EPP and ECMA, and 2 tablets and 1 toy
- Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name
Geovese

Last Name
McKnight

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 grab the ERTG and go into the downstairs hallway (0 door 0 window). There are no direct doors, windows or vents to be sealed in this space. The provider will call or text the parent once secured with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG and shoes for each child and head to the provider's vehicle. The provider will ensure the oldest child is in his car seat belt, toddler in a booster seat and youngest child in his rear-facing car seat and drive to [REDACTED]. Upon arrival, the provider will receive instruction from the [REDACTED] of where to shelter specifically, she too is familiar with the shelter options. The provider will 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 shoes for each child and head to the provider's vehicle. The provider will ensure the oldest child is in his car seat belt, toddler in a booster seat and youngest child in his rear-facing car seat and drive to the [REDACTED]. Upon arrival, the provider will call [REDACTED] or use the [REDACTED]. Once inside the provider and children will shelter in the [REDACTED] (1 door 0 window). The provider will 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:

Geovese McKnight

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Signature:

[REDACTED]

Date:

10/23

Phone:

[REDACTED]

Date: 09/29/2023

Phone: 1-877-227-0125

Informal Provider Name:

Funela McQuay

Care Address:

[Redacted Address]

Date:

1/23/2020

Time: In

1:00 PM

Time: Out

2:34 PM

Children in Care: (use additional pages if needed)

Name	Date of Birth	Age	Present (Y/N)
[Redacted]	<i>12/10/18</i>	<i>1</i>	<i>Y</i>
[Redacted]	<i>5/27/12</i>	<i>7</i>	<i>N</i>

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

KEY: Y = Yes N = No D = Discussed

Safety of the Home

Standard	Standard Met (Y/N)	Comments/Notes Corrective Action/Timeframe, if needed
1. Basic Health and Safety Training Completed		
2. Home free of health and safety hazards:		
a) In good repair	<i>Y</i>	
b) Free of insect or rodent infestation	<i>Y</i>	
c) Well-lit and well-ventilated	<i>Y</i>	
d) Hot and cold running water	<i>Y</i>	
e) Working inside toilet	<i>Y</i>	
f) Utilities for cooking, lighting and heating	<i>Y</i>	
g) Working and safe heating system	<i>Y</i>	<i>electric + oil heated</i>
h) Working refrigerator and stove	<i>Y</i>	
i) Working telephone	<i>Y</i>	<i>cell phones only</i>
j) Operational smoke detector	<i>Y</i>	
k) First aid supplies (band aids, gauze, tape, gloves, thermometer, soap, washcloth, tweezers, ice pack/bag)	<i>Y</i>	
l) Protective covering on electrical outlets accessible to children	<i>Y</i>	
3. Harmful items are stored appropriately and away from children:		
a) Sharp or pointed items	<i>Y</i>	
b) Medications of any kind	<i>Y</i>	<i>over the counter meds when needed</i>
c) Matches, lighters and flammable products	<i>Y</i>	
d) Alcoholic beverages	<i>Y</i>	
e) Guns	<i>Y</i>	<i>* pepper spray</i>
f) Cleaning agents	<i>Y</i>	
g) Poisonous substances	<i>Y</i>	

Standard	Standard Met (Y/N)	Comments/Notes Corrective Action/Timeframe, if needed
4. All areas of the home are kept clean, including diapering area.	Y	change on couch
5. Trash, garbage and wet or soiled diapers are disposed of in a sanitary manner.	Y	once a week sanitation service
6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	Y	every 2 hours diaper check
7. Diapering procedures are followed.	Y	place in diaper bags and placed outside
8. Handwashing procedures followed: Provider and child's hands washed thoroughly with soap and warm running water after:	Y	
<ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 		

Child Abuse, Neglect and Mistreatment

Standard	Standard Met (Y/N/D)	Comments/Notes Corrective Action/Timeframe, if needed
9. A child is not subjected to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	5 yrs Friend of Family
10. A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
11. A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking ✓ • Any other means of physical discipline ✓ • Not attending to a child's physical needs ✓ • Shouting, Cursing, Shaming, Ridiculing ✓ • Washing a child's mouth with soap ✓ • Putting pepper or other spicy or distasteful items in a child's mouth ✓ • Requiring a child to stand on one foot as punishment ✓ • Tying child to a cot or other equipment ✓ 	Y	tapping of hand
12. The provider immediately reports any suspected child abuse, neglect or mistreatment to the protective services unit of the Local Department of Social Services or to the local law enforcement agency.	Y	pm

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

1-23-2020

Date

Specialist Signature

1/23/2020

Date

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 02/16/2023	Time In: 10:39AM	Time Out: 11:37AM	Result: PASSED
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Informal Care	
Type of Care (check one):	<input checked="" type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care

Provider Information		
First Name: Melissa	Last Name: Melendez Ortiz	Provider ID: 507104
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected		
Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Address Verified? Yes		

Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/02/2020)	2yr / N

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas generally clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Artificial and lots of natural light
• Has hot and cold running water	Y	Observed steam in bathroom shower, tested by provider
• Has a working inside toilet	Y	Observed and flushed by provider in all bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Provider tested their thermostat and observed
• Has a working refrigerator and stove	Y	Gas stove top fire observed
• Has a working telephone	Y	Call was made to the provider's phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Stored in high level kitchen cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in high level kitchen cabinet
• Medications of any kind	Y	Stored in high level kitchen cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in high kitchen cabinet above fridge
• Poisonous substances	Y	Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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All areas of the home are kept clean, including diapering area.	Y	Child is potty-trained but if the provider needs to use diapers and wipes they are stored in high shelf in child's bedroom closet
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Easy disposable and clean
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Child is potty-trained but if the provider needs to use diapers and wipes they are stored in high shelf in child's bedroom closet
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Bag is stored on top of refrigerator	
Item Specification (if needed): - <u>1 flashlight, 1 extra D battery, 1 thermometer, 2 bottled waters, 1 first aid kit, 2 fruit pouches, 2 canned foods, 1 pk of diapers and 1 pk of wipes, 1 big blanket, 1 sweat suit (top/bottom), 1 pair of socks, shoes & underwear, 3 small toys, 1 roll of duct tape, 1 pair of scissors, 2 heavy duty trash bags, 1 binder of EPP and ECMA docs, and no specific medications</u>	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by provider.	
Shelter In Place Procedure: The provider will gather the child and the disaster supply kit and go into either the first floor bathroom (1 door 0 windows) or second floor bathroom (1 door 0 windows) depending on which level she is on with the child at the time of the emergency. If the need should arise the provider will use the tape and sealing plastic to seal the doors. The provider would call the parent before the emergency and call and text them throughout until the emergency is over.	
Evacuation Procedures: Primary: The provider will count the child as present and then carry the child and emergency bag to her vehicle. She will put the child in his car seat and ensure he is safely buckled in. Once secured the provider will drive to the [REDACTED] and the provider will call the [REDACTED] when they arrive. Upon arrival the [REDACTED] will direct the provider and child in which area to locate for shelter. The provider will call the parent at the beginning of the emergency, and will text the parent during until they are safe and the emergency has ended. Alternate: If the provider cannot go to the primary location, the provider will count the child as present and carry the child and emergency bag to her vehicle. She will secure the child in his car seat and then drive to [REDACTED] . The provider will contact the [REDACTED] by calling him and gain instruction on where she and the child would [REDACTED] . The provider will call the parent before the emergency and will text the parent throughout until they are safe.	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: <u>Melissa Melendez Ortiz</u>	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: <u>02/16/2023</u> Phone: [REDACTED]	Date: 02/16/2023 Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/27/2023 Follow-up Inspection Date: 09/28/2023	Time In: 10:30AM Time In: 11:00AM	Time Out: 11:20AM Time Out: 11:15AM	Result: Follow-up Required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Christopher	Last Name: Miller	Provider ID: 529814
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/03/2020)	3yr. / Y

Safety of the Home

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

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

• Cleaning agents	Y	Corrective Action Completed: Lock 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
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Thermometer

☒ Change of clothes

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

☒ Medications (N/A)

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in the hallway closet by exit door

Item Specification (if needed):

- 1 backpack (carrying case), 1 flashlight, 1 pk of extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, 2 canned foods, 4 granola bars, 1 outfit (top/bottom/socks/underwear), 1 blanket, 2 toys, 1 pair of scissors, 1 roll of duct, 1 roll of trash bags and folder w/ EPP and ECMA docs
- Items to be reviewed on 09/28/2023: Corrected and Reviewed on 09/28/2023
- Lock needed on kitchen cabinet with cleaning products
- ERTG: Folder with Emergency Preparedness Plan (5 pgs) and Emergency Care & Medication Authorization (2 pgs)
- Description of Shelter in-Place and Evacuation Plans

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
Tiffany

Last Name
Miller

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

Shelter In Place Procedure:

The provider will gather the child and the ERTG bag and go into the basement (2 doors 2 windows). The provider will use the sealing plastic from ETRG to tape and seal the doors and windows if the need arises. The provider will call or text the parents once secured with emergency updates.

Evacuation Procedures

Primary: The provider will account for the child, grab the ERTG and walk to the location. The provider will ensure the child is secured in his stroller before walking to [REDACTED]. Upon arrival the provider will receive instruction from [REDACTED] about where to shelter specifically. The provider will call or text the parents once secured with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and walk to the location. The provider will ensure the child is secured in his stroller before walking to the [REDACTED]. Upon arrival the provider will receive instruction from [REDACTED] about where to shelter specifically. The provider will call or text the parents once secured with emergency updates.

Care Hours:

[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Amy Miller	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	10-20-2023	Date:	09/28/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 4/13/2021	Time In: 10:00 AM	Time Out: 12:15 PM	Result: APPROVED
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Informal Care

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

First Name: Nona	Last Name: Mitchell	Provider ID: Email: [REDACTED]
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Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		6/25/2009	11	/	Y
[REDACTED]		6/20/2019	1	/	Y
[REDACTED]		8/9/2017	3	/	Y
[REDACTED]		2/25/2011	10	/	Y
				/	
				/	

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Frigidare 1/2016
• Has a working telephone	Y	Mobile phones only
• Has operational smoke detector(s)	Y	w/ carbon monoxide detectors
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	n/a	None of the children take meds
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	n/a	No weapons in the home
• Cleaning agents	Y	
• Poisonous substances	Y	Stored on top shelf in a locked closet

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	Soiled diaper placed in a small bag in put in the can outside in front of the house
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	Every hour diaper changing routine
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	Frequent hand washing practices w/ children throughout the day. Countertops and hands are cleaned before and after meals. Breakfast, lunch & snacks are served by Provider.
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	Children are not disciplined by Provider
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit .	Y	Verbally agreed to comply

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
Disaster Supply Kit Comments/Notes: Huge tote bag, it includes all the required items (3 sets of clothes and blankets for each child, many non-perishable food options).
Emergency Documents
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care
Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Last Name
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Provider will retrieve it from the front room closet and carry it to the evacuation location. Since the evacuation location is [REDACTED] Provider and children will walk to [REDACTED] for safety purposes.

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

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 09/01/2021 Follow-up Inspection: 09/01/2021	Time In: 2:00 PM Time In: 4:30 PM	Time Out: 2:50 PM Time Out: 4:38 PM	Result: PASSED
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Informal Care

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

First Name: Crystal	Last Name: Moore	Provider ID: 353481
		Email:

Care Location Inspected

Street Address:	City:	County:	State:	Zip Code:
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		09/22/2011	9	/	Y
		09/30/2014	6	/	Y
				/	
				/	
				/	
				/	

Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Applicable	Y – Yes, N – No, D – Discussed, n/a – Not
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Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Showed the living room and kitchen area, cabinets
• Is free of insect or rodent infestation	Y	Had a view of the home rooms, kitchen and living room
• Is well-lit and well-ventilated	Y	Lights on and windows opened
• Has hot and cold running water	Y	Used thermometer and tested hot and cold water
• Has a working inside toilet	Y	Flushed the toilet
• Has utilities for cooking, lighting and heating	Y	Showed kitchen and utensils
• Has a working and safe heating system	Y	Went to the thermostat and showed it regulating properly
• Has a working refrigerator and stove	Y	Opened the fridge and freezer, put the stove light on, turned on the stove burner (gas stove)
• Has a working telephone	Y	Yes, has a cellphone
• Has operational smoke detector(s)	Y	Two functioning smoke detectors, brand new
• Has first aid kit/supplies	Y	Had a kit in the home

<ul style="list-style-type: none"> Has protective coverings on any electrical outlet that is accessible to children 	Y	Displayed outlets that were covered by furniture or were being occupied, none were exposed to the children
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul style="list-style-type: none"> Sharp or pointed items 	Y	Counters and tables were cleared
<ul style="list-style-type: none"> Medications of any kind 	Y	Medications store in the top cabinet in bathroom
<ul style="list-style-type: none"> Matches, lighters and flammable products 	Y	Does not own any
<ul style="list-style-type: none"> Alcoholic beverages 	Y	Doesn't have any Wine on the counter
<ul style="list-style-type: none"> Guns 	Y	Does not own
<ul style="list-style-type: none"> Cleaning agents 	Y	Stored in the cabinets
<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Showed the bedroom, living room and kitchen
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Showed trash can area
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	N/A	Has no children in care that require diapering procedures
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	Has soap in both areas (bathroom and kitchen)
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|--------------------------|-----------------------|--------------------------------------|
| ✓ Flashlight | ✓ Bottled water | ✓ Folder or binder for EPP documents |
| Batteries | ✓ Non-perishable food | ✓ Backpack(s) or carrying case(s) |
| ✓ Portable First Aid Kit | ✓ Diapers | ✓ Consider special toys or games |
| ✓ Thermometer | ✓ Change of clothes | ✓ Scissors, tape & sealing plastic |
| ✓ Medications | ✓ Blanket(s) | |

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

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

Disaster Supply Kit Comments/Notes: [REDACTED] - 9/1 @ 4:35PM – she showed me under clothes, pajamas and outfits for each child.

Emergency Documents

- ✓ Informal Provider Emergency Preparedness Plan (this completed form)
- ✓ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Signatures & Date

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

PROVIDER

Printed Name: Crystal Moore

Signature: [REDACTED]

Date: 09/01/2021

Phone: [REDACTED]

INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 09/01/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/15/2022	Time In: 1:45PM	Time Out: 2:56PM	Result: Passed
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Informal Care

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

Provider Information

First Name: Lisa	Last Name: Moore	Provider ID: 495236
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/27/2020	2 / No
			/

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider 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	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat turned up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-aids, alcohol wipes, gauze, tape,
• Has protective coverings on any electrical outlet that is accessible to children	y	Covered or in use
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Up on the back of the counter
• Medications of any kind	Y	Locked in cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	High Cabinet
• Guns	Y	None
• Cleaning agents	Y	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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
<u>Location of The Emergency Ready to go Pack:</u> Front hall closet
<u>Item Specification (if needed):</u>
1 shirts, 1 pants, pairs socks, Shoes, 8 diapers, wipes, turtle toy, 2 extra AA batteries, Triple antibiotic Ointment, Cold compress, Gloves, Band aids, gauze, tape, alcohol wipes, Tylenol 2 16oz water bottles, Can of beef & Veggie soup, Tomato Soup, Mac & cheese,
<u>Items to review on xx/xx/xxxx if needed:</u> N/A
Emergency Documents
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care
Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name [REDACTED] Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
<u>Shelter In Place Procedure:</u>
Provider will call immediately, then will grab Kai, the ERTB and head to the basement which has one door and two windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent again once they are secure.
<u>Evacuation Procedures:</u>
The provider [REDACTED] RTG and proceed to the provider's vehicle where she will secure him in his car seat before driving to the primary evacuation location which is [REDACTED] Provider will [REDACTED] before leaving the care location to let her know they are on the way. [REDACTED] be there to let them in. Once at the location head to the basement that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location, during and after they are secure in the evacuation location.
If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the parent's house. The provider will call before letting parent & the parents partner know they are on their way so they can be let in. They will shelter in the basement that has one window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location, during and after they are secure in the alternate evacuation location.

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name:	Lisa Moore	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 9/15/2022	Phone: [REDACTED]	Date: 9/15/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/05/2022 Follow-up Inspection: 07/05/2022	Time In: 9:30 AM Time In: 1:30 PM	Time Out: 10:44 AM Time Out: 1:47PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Cynthia	Last Name: Morrison	Provider ID: 431652
Provider ID #		Email:

Care Location Inspected

Street Address: City: County: State: Zip Code 2

Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		(07/06/2018)	4yr	/	Y
		(08/01/2014)	7yr	/	Y
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Toilets working properly in both bathrooms
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Observed and tested by the provider
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Everyone only has cellphones
• Has operational smoke detector(s)	Y	Observed and tested by the provider
• Has first aid kit/supplies	Y	First aid kit observed
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Safety lock added to cabinet
• Medications of any kind	Y	Stored in locked totes in the dining area
• Matches, lighters, and flammable products	Y	
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Knives and pizza cutter moved on top of the fridge

• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children.
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children.
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u>.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

packing tape & sealing plastic/trash bags

☒ Medications (N/A)

☒ Blanket(s)

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

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

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last 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 [redacted] in car seat belt), provider will grab the emergency bag as well. She will drive to [redacted] 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 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:

Cynthia Louise Morrison

Signature:

Date: 7/5/22

INSPECTOR

Printed Name:

Signature:

Date: 07/05/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 6/29/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Jacqueline	Last Name: Morrison	Provider 468805 Email:
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Care Location Inspected

Street Address:	City	County	State	Zip Code
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		11/22/2017	3/Y
		04/05/2019	2/Y
			/Y
			/Y
			/Y
			/Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframes if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Mobile phones only
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	

• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u> .	Y	Verbally agreed to comply

Emergency Ready-to-Go Pack	
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.	
Disaster Supply Kit	
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.	
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water
<input checked="" type="checkbox"/> Folder or binder for EPP documents	

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

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

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

Disaster Supply Kit Comments/Notes:
Ready-to-Go will be stored in the living room area on the main level.

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name: [REDACTED] Last Name: [REDACTED]

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
The Provider will grab the Ready-to-Go kit, gather the children and walk out the front door. They will walk down the sidewalk to [REDACTED] which is less than 5 minutes away. Provider has a entry key and can enter the residence for safety and shelter. Once safe inside, the Provider will use her personal cell phone to alert the mother of all changes. This location is where they can stay until the emergency is lifted.

The 2nd evacuation location is [REDACTED]. The address is [REDACTED].

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Jacqueline Morrison	Printed Name:	[REDACTED]
Sign:	[REDACTED]	Signature:	[REDACTED]
Date:	7-12-2021	Date:	6/29/2021
Phone:	[REDACTED]	Phone:	410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/11/2023 Follow-up Inspection Date: 07/12/2023	Time In: 10:30AM Time In: 9:00AM	Time Out: 12:14PM Time Out: 9:32AM	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

First Name: Antoinette Provider ID #: XXXXXXXXXX	Last Name: Mott	Provider ID: 289203 Email: XXXXXXXXXX@XXXXXX.XXX
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Care Location Inspected

Street Address: XXXXXXXXXX City: XXXXXX County: XXXXXX State: XX Zip Code: XXXXXX Address Verified? Yes.
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
XXXXXXXXXX		(02/03/2017)	6yr.	/ N
XXXXXXXXXX		(06/24/2012)	11yr.	/ N

Safety of the Home

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

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

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

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

<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored bin living room near exit**Item Specification (if needed):**

- Folder w/ EPP and ECMA per child, 2 flashlights, 4 extra D batteries, 1 first aid kit, 1 thermometer, no spec meds, 10 bottled waters, 6 canned foods, 2 outfits(top/bottom/underwear), 2 blankets, 1 duffle bag (carrying case), flash cards and coloring books/crayons, gloves, bug protectant, 1 pair of scissors, 2 rolls of duct of tape, and 1 roll of sealing plastic

- Items to be reviewed on 07/12/2023: Corrected & Reviewed on 07/12/2023

- Locks added to two rooms upstairs with safety hazards

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

Antoinette

Last Name

Mott

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

Shelter In Place Procedure:

The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and tape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younger child in their booster seat and older child in a car seat belt. She will drive to [REDACTED] upon arrival the provider will speak with a [REDACTED] to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a car seat belt. She will drive to [REDACTED] upon arrival she will receive instruction from [REDACTED] or [REDACTED] of where to shelter for safety. Once secured the provider will call, text and video call the parent throughout with emergency updates.

Care Hours:**Signatures & Date**

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

PROVIDER

Printed Name:

Antoinette Mott

Signature:

[REDACTED]

Date: 08/09/2023

Phone:

[REDACTED]

INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 07/12/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/04/2022	Time In: 11:00AM	Time Out: 12:15PM	Result: PASSED.
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Informal Care

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

First Name: Antoinette	Last Name: Mott	Provider ID: 289203
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		2/3/2017	5	/	No
[REDACTED]		6/24/2012	10	/	No

Safety of the Home

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

Health and Safety Training:	Standard Met	Comments/Notes
	Y/N	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	Comments/Notes
	Y/N	Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light observed when door opened.
• Has a working telephone	Y	Provider cell phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, gauze, tape, alcohol wipes, ointment
• Has protective coverings on any electrical outlet that is accessible to children	Y	

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	N/A
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications N/A

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: In the corner of the living room

Item Specification (if needed):

4 16oz Water bottles, 4 Cans of chicken noodle soup, Large can Spagettios, apple sauce, 2 Beef stew, Ravioli, 5 shirts, 4 shorts, 2 underwear, 1 pants, 6 D batteries, 2 blankets, coloring books, crayons, bingo game, flashcards Band-aids, ointment, gauze, Neosporin, gloves, Benadryl cream, Tylenol, antiseptic wipes

Items to review on xx/xx/xxxx if needed: N/A

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will call and let the parents know there is an emergency situation then the provider will take the ERTB and the children and head to the basement and shelter in the front of the basement. There are two doors and two windows that the provider would seal with plastic and tape if the need should arise. Once secure, the provider will call the parent back to inform them what is going on and keep them updated.

Evacuation Procedures:

The provider will call and let the parents know there is an emergency situation then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before heading to [REDACTED] which is the primary evacuation location. The provider will ask the reception desk where they will shelter once they get to the location. Once secure the provider will call parent to let them know what is going on and update them periodically.

If they could not shelter at the primary location, they will head the alternate location which is [REDACTED]. Before leaving the care location the provider will call parent and inform them that there is an emergency situation. Then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before driving to the mall. Once they get to the evacuation location the provider will get directed to the shelter area. Once secure the provider will call the parent again and keep updating them.

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Antoinette Mott

Printed Name:

Signature:

Signature:

Date:

8/5/2022

Ph

Date: 08/04/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/26/2023 Follow-up Inspection Date: 10/27/2023	Time In: 9:30AM Time In: 2:00PM	Time Out: 10:51AM Time In: 2:30PM	Result: Follow-up Required. Result: PASSED
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Informal Care	
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care	

Provider Information		
First Name: Gail Provider ID #: [REDACTED]	Last Name: Mullen	Provider ID: 530711 Email: [REDACTED]

Care Location Inspected			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: MD Zip Code: [REDACTED]			
Address Verified? Yes.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(05/19/2011)	12yr. / N
[REDACTED]		(06/30/2016)	7yr. / N

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul style="list-style-type: none"> Is in good repair 	Y	All areas were clean
<ul style="list-style-type: none"> Is free of insect or rodent infestation 	Y	No evidence of infestation
<ul style="list-style-type: none"> Is well-lit and well-ventilated 	Y	All lights were turned on and natural window lighting
<ul style="list-style-type: none"> Has hot and cold running water 	Y	Tested by provider and steam observed on camera via bathroom shower and mirror
<ul style="list-style-type: none"> Has a working inside toilet 	Y	Flushed by provider and observed
<ul style="list-style-type: none"> Has utilities for cooking, lighting and heating 	Y	
<ul style="list-style-type: none"> Has a working and safe heating system 	Y	Thermostat tested by provider for cooling & heating
<ul style="list-style-type: none"> Has a working refrigerator and stove 	Y	Tested by provider and observed
<ul style="list-style-type: none"> Has a working telephone 	Y	Outbound call made by informal team to provider's phone
<ul style="list-style-type: none"> Has operational smoke detector(s) 	Y	Tested by provider and observed
<ul style="list-style-type: none"> Has first aid kit/supplies 	Y	Corrective Action Completed: First aid kit and additional medical supplies under bathroom sink
<ul style="list-style-type: none"> Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul style="list-style-type: none"> Sharp or pointed items 	Y	Stored in knife holder on back counter
<ul style="list-style-type: none"> Medications of any kind 	Y	Corrective Action Completed: Medications moved to top of fridge inside a bin
<ul style="list-style-type: none"> Matches, lighters and flammable products 	Y	Does not own
<ul style="list-style-type: none"> Alcoholic beverages 	Y	Corrective Action Completed: Alcoholic beverages moved to top shelf of bakers rack
<ul style="list-style-type: none"> Guns 	Y	Does not own

• Cleaning agents	Y	Corrective Action Completed: Cleaning products lock added for kitchen cabinet
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
Location of The Emergency Ready to go Pack: Stored in the hallway closet near exit		
Item Specification (if needed):		
- <u>1 flashlight, 1 first aid kit, inhaler needed for oldest child (keeps on-person at all times), 6 bottled waters, 3 canned foods, 4pk of fruit cups and dried oatmeal, 1 pair of scissors, 1 roll of packing tape, 4 trash bags, folder w/ EPP and ECMA docs per child, 2 pk of D batteries, 1 thermometer, 3 games, 3 activity books, 4 books, 2 blankets, and 2 outfits (top/bottom/socks/underwear)</u>		
- <u>Items to be corrected on 10/27/2023: Corrected & Reviewed on 10/27/2023</u>		
- <u>1. Outlet coverings for all areas of the home</u>		
- <u>2. Medical Supplies for the home</u>		
- <u>3. Lock for kitchen cabinet with cleaning products</u>		
- <u>4. Moving medication to a higher level</u>		
- <u>5. Alcohol beverages moved to a higher level</u>		
- <u>6. ERTG: Extra batteries for flashlight, thermometer, change of clothes for each child, 1-2 blankets, games or books for both children</u>		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name Gail	Last Name Mullen	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.		
<u>Shelter In Place Procedure:</u>		
The provider will gather the children and ERTG and go into the master bathroom (1 door 0 window). The provider will use the sealing plastic and tape to secure the door if needed. The provider will call or text the parent to inform them of emergency updates.		
<u>Evacuation Procedures</u>		
Primary: The provider will gather the children and the ERTG, they will head to the provider's vehicle. She will ensure both children are secured in their seat belts and [REDACTED]. Upon arrival the provider will [REDACTED] [REDACTED], and would [REDACTED] (2 doors 2 windows). The provider will call or text the parent to inform them of emergency updates.		
Alternate: If they could not access the primary location, the provider will gather the children and the ERTG, they will head to the provider's vehicle. She will ensure both children are secured in their seat belts and [REDACTED]. Upon arrival the provider will receive [REDACTED]. The provider will call or text the parent to inform them of emergency updates.		
Care Hours: [REDACTED]		

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <u>Gail M. Mullen</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>11/3/23</u>	Phone: [REDACTED]	Date: 10/27/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/7/2023 Follow-up Inspection Date: 11/8/2023	Time In: 3:30PM Time In: 2:00PM	Time Out: 4:47PM Time Out: 2:26PM	Result: Follow-up Required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Takara	Last Name: Murphy	Provider ID: 528948
Provider ID # [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(04/15/2023)	6mos. / Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative 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 kitchen sink
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Bin w/ medical supplies stored in living room
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back counter
• Medications of any kind	Y	Medicine bin moved to top shelf of provider's bedroom closet
• Matches, lighters and flammable products	Y	Lighter stored on person of additional adult household member
• Alcoholic beverages	Y	Corrective Action Completed: Alcoholic beverages moved to higher level
• Guns	Y	Does not own

• Cleaning agents	Y	Corrective Action Completed: Lock added to cabinet
• Poisonous substances	Y	Stored outside in a locked storage room
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing 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.	Y	Changing station has all supplied
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Batteries for Flashlight

☒ Portable First Aid Kit

☒ Bottled water

☒ Non-perishable food

☒ Diapers

☒ Folder or binder for EPP documents

☒ Backpack(s) or carrying case(s)

☒ Consider special toys or games

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

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

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

Location of The Emergency Ready to go Pack: Stored in the living room door near the exitItem Specification (if needed):

- 1 flashlight, 1 first aid kit, 1 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 rolls of duct tape, 6 black large bags, 1 pair of scissors, 1 blanket, 1 backpack (carrying case), 1 toy, and folder w/ EPP and ECMA docs
- Items to be corrected on 11/08/2023: Corrected & Reviewed on 11/08/2023
- Lock added to basement door
- Lock for kitchen cabinet with cleaning products
- Alcoholic beverages moved higher

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
TakaraLast Name
Murphy

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

Shelter In Place Procedure:

The provider will gather the child and ERTG and stay within the living (1 door 2 windows). The provider will lock the door, windows and vents and use the sealing plastic and tape to seal the spaces if needed. The provider will call, text, email or face time the parent to inform them of emergency updates.

Evacuation Procedures

Primary: The provider will gather the child and the ERTG, and secure the child in his stroller and [REDACTED] Upon arrival the provider will receive instruction [REDACTED] about where to shelter specifically. The provider will call, text, email or face time the parent to inform them of emergency updates.

Alternate: If they could not access the primary location, the provider will gather the child and the ERTG, and secure the child in his stroller and [REDACTED] Upon arrival the provider will receive instruction [REDACTED] about where to shelter specifically. The provider will call, text, email or face time the parent to inform them of 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:	Takara Murphy	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 11/29/23	Phone: [REDACTED]	Date: 11/08/2023	Phone: 1-877-227-0125

ID # 354427

Dawn Myers

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/18/2023	Time In: 9:00AM	Time Out: 10:11AM	Result: PASSED
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Informal Care

Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care	
Provider Information	
First Name: Dawn	Last Name: Myers
Provider ID #: [REDACTED]	Provider ID: 354427
	Email: [REDACTED]
Care Location Inspected	
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Address Verified? Yes.	

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(10/17/2012)	10yr. / Y	
[REDACTED]		(03/06/2014)	8yr. / Y	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored on providers bedroom shelf
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on top shelf of pantry closet
• Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored on high garage shelf
• Poisonous substances	Y	Stored on high garage shelf

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen or bathroom trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

ID # 354427

Dawn Myers

Location of The Emergency Ready to go Pack: Stored in front closet near exit**Item Specification (if needed):**

: 1 flashlight, 2 pk of D batteries, 1 first aid kit, 1 thermometer, 1 asthma pump for oldest child, 1 roll of duct tape, 1 pair of scissors, 1 box of sealing plastic, 6 bottled waters 5 pouches of juice, 10 + dried foods/snacks, 4 outfits (top/bottoms/underwear), 2 blankets, folder w/ EPP and ECMA docs per child, and 2 backpacks (carrying case)

: Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name
Dawn

Last Name
Myers

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: **carried by the provider.**

Shelter in Place Procedure:

The provider will gather the children and ERTG and go into the basement bedroom (1 door 0 windows). If the need should arise the provider will use the sealing plastic and tape from the ERTG to seal the door and vents. Once secured the provider will call or text the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG and head to her vehicle. The provider will ensure each child is secured in their car seat belts and drive to [REDACTED]. Upon arrival the provider [REDACTED] and they will head into [REDACTED] (1 door 0 windows). Once they are secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and heading to her vehicle. The provider will ensure each child is secured in their car seat belts and drive [REDACTED]. Upon arrival the provider [REDACTED] and will head into [REDACTED] (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.

Care Hours:
[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Dawn Myers	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 8/18/2023	Phone: [REDACTED]	Date: 08/18/2023	Phone: 1-877-227-0125

ID# 354427

Dawn Myers

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 08/10/2022	Time In: 1:45PM	Time Out: 2:32PM	Result: PASSED
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Informal Care
 Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care
Provider Information

First Name: Dawn	Last Name: Myers	Provider ID: 354427
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		10/17/2012	10 / No
[REDACTED]		03/06/2014	8 / No

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Electric stove turned on
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, alcohol swabs, ointment, gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	High Shelf
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	
• Cleaning agents	Y	In locked 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: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

ID # 354427

Dawn Myers

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

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

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

Location of The Emergency Ready to go Pack: Closet by front door**Item Specification (if needed):**

5 shirts, dress, 3 pants, panties, shorts, 2 pairs socks, inhaler,

2 extra DD batteries, coloring books, crayons, go fish game, Uno

Band aids, ointment, cold compress, gloves, alcohol wipes, Neosporin, Benadryl,

4 16oz water bottles, 2 Box tuna & cracker, 2 hi C juice boxes,, 4 packs of cheese crackers, fruit snacks, graham cracker snacks

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

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

First Name [REDACTED]

Last [REDACTED]

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

Shelter In Place Procedure:

The provider will grab the children, the ERTB and head to the bedroom in the basement one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. Once secure, the provider will call the parent and let her know that they are sheltering in place.

Evacuation Procedures:

Get all the ERTB in the car. Then provider will grab the children and proceed to the provider's vehicle where she will secure the children their seatbelts before driving to the primary evacuation location which is the [REDACTED]. Once at the location, the provider will gain entry with spare key and head to the basement that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the provider's friend, [REDACTED] house. The provider will call before [REDACTED] now they are on their way. They will shelter in the basement that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER**INSPECTOR**

Printed Name:

Dawn Myers

Printed Name [REDACTED]

Signature [REDACTED]

Signature: [REDACTED]

Date:

8/10/2022

Phone [REDACTED]

Date: 08/10/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 4/22/2021	Time In: 1:30 AM	Time Out: 3:30 PM	Result: APPROVED
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Informal Care

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

First Name: Dawn	Last Name: Myers	Provider ID: 354427 Email: [REDACTED]
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Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		6/12/2015	5	/	Y
[REDACTED]		12/9/2016	4	/	Y
[REDACTED]		10/1/2000	10	/	Y
[REDACTED]		3/6/2014	6	/	Y
[REDACTED]		10/17/2012	8	/	Y
[REDACTED]		4/22/2009	11	/	Y

Safety of the Home

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

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

<ul style="list-style-type: none"> Cleaning agents 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.		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		
Diapering procedures are followed.		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 		
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 		
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Scissors, tape & sealing plastic
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
Disaster Supply Kit Comments/Notes: Huge tote bag, it includes all the required items (air tight sealed clothes, separate bags of toys, several flash lights)		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name	Last Name	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:		
Provider will retrieve it from the closet and carry it to the evacuation location. Since the evacuation location is [REDACTED] the Provider and children will [REDACTED]. The next evacuation is a 10 minute drive to a Family friend's house.		

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 4/22/2021	Phone: 410-767-7832