

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections

P

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	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/06/2023</b> Follow-up Inspection Date: <b>09/07/2023</b>	Time In: <b>3:30PM</b> Time In: <b>10:30AM</b>	Time Out: <b>4:33PM</b> Time Out: <b>10:57AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Lisa</b>	Last Name: <b>Paez-Hernandez</b>	Provider ID: <b>473072</b>
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]		(11/10/2020)	2yr. / Y	
[REDACTED]		(01/12/2015)	8yr. / 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	Course Completed – 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	Lots of natural light exposure, and lighting fixtures
• Has hot and cold running water	Y	Tested by provider and observed the steam
• Has a working inside toilet	Y	Flushed properly
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Tested by provider and observed
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Outbound call made to providers phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored 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	Knives in knife holder on upper level cabinet
• Medications of any kind	Y	Stored in high level cabinet in the kitchen
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Wine bottle on top shelf of pantry
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in locked kitchen pantry and on top shelf in garage
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed



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

#### 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  
Erika

Last Name  
Correa

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: **In corner of stairs near exit**

#### Items Specification (if needed):

- 1 tote (carrying case), 1 bottle of gen. cough medicine, 5 outfits (top/bottom), 1 pair of scissors, 1 first aid kit, 1 flashlight, 3 bottled waters, no spec meds, 4 canned foods, 1 box of mac & cheese, 2 granola bars, 1 toy, 4 trash bags, 3 diapers, 1 pair of scissors, 1 roll of tape, 5 extra AA batteries, 1 thermometer, 2 blankets, folder w/ EPP and ECMA per child, and 1 bag of wipes, 1 book and 1 toy

Items to be Reviewed on 09/07/2023: Corrected & Reviewed on 09/07/2023

- ERTG Missing Items: Health & Safety form signed and dated, EPP correction for safety statement
- Outlet covering missing in playroom, basement bathroom

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 basement bathroom (0 window 1 door). If the need arises the provider will use the sealing plastic to secure the door and vent. The provider will call the parent once she and the children are secured.

#### Evacuation Procedures

**Primary:** The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will ensure the younger child is in her forward-facing car seat and oldest child secured in his booster seat with seat belt. The provider will drive to the [REDACTED]. Upon arrival the provider [REDACTED] and she and the children would shelter in [REDACTED] (1 door 1 window) once secured she will call 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 head to the provider's vehicle. The provider will ensure the younger child is in her forward-facing car seat and oldest child secured in his booster seat with seat belt. The provider will drive to the [REDACTED]. Upon arrival the provider [REDACTED] and she and the children would shelter in the [REDACTED] (1 door 2 window) once secured she 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:	Lisa A. Paez-Hernandez	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 10/15/23	Phone: [REDACTED]	Date: 09/07/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/06/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>2:51PM</b>	Result: <b>PASSED.</b>
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### Informal Care

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

### Provider Information

First Name: <b>Lisa</b>	Last Name: <b>Paez</b>	Provider ID: <b>473072</b>
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]		11/10/2020	1	Yes
[REDACTED]		01/12/2015	7	At School

### 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
<b>Home is free of health and safety hazards:</b>	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	Cleaning agents moved to higher shelf in the pantry
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Dialed up to 77
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, cortisone, antibiotic cream
• 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	High cabinet
• Medications of any kind	Y	High cabinet
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions
<b>GENERAL CLEANLINESS STANDARDS</b>	Standard Met	Comments/Notes

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:** Behind the front door.

**Item Specification (if needed):**

2 t-shirts, 2 pair pants, Onesie, underwear, jacket, 5 diapers & package of wipes, equate pain and fever reducer,  
4 AA extra batteries, ball, books

Band aids, alcohol wipes, antibiotic ointment, gauze  
3 16oz water bottles, 1 cans of corn 2 chick peas, mixed vegetables, 3 fruit and protein 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 [REDACTED]

Last Name [REDACTED]

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: 1 bag carried, one rolled

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the first floor bathroom which has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

**Evacuation Procedures:**

Then provider will get the children, the ERTG and head to the her vehicle where she will secure the baby in her cars seat and [REDACTED] his booster seat before driving to the primary evacuation location which is [REDACTED]. Once at the location, the provider will gain entry with spare key and head to the master bedroom that has 3 windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call [REDACTED] leaving the care location if it is safe to do so and after they are secure in the evacuation location. The [REDACTED] do have security cameras in the house that would alert them when anyone left the house.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will gain entry either with [REDACTED]. Once inside, they will shelter in the a bedroom that has 1 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 if it is safe to do so and after they are secure in 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:	Lisa A Pacz	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/7/2022	Date:	09/06/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |   |
|--|---|---|
| <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)          |   |

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>UNANNOUNCED HOME INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/31/2022 04/01/2022 04/04/2022	Time In: 10:10AM 9:00AM 11:10AM	Time Out: 10:50AM 9:15AM 11:15AM	Result: Follow up scheduled. 4/1/2022 Another Follow up scheduled 4/4/2022 PASSED if returned by 5pm 4/5/2022
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### Informal Care

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

### Provider Information

First Name: <b>Lisa</b>	Last Name: <b>Paez Hernandez</b>	Provider ID: <b>473072</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### 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]		01/12/2015	7	/ No, at school
[REDACTED]		11/10/2020	1	/ 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?	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	Well maintained
• Is free of insect or rodent infestation	Y	None observed
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Flushed
• Has utilities for cooking, lighting and heating	Y	Burners worked.
• Has a working and safe heating system	Y	Heat turned up
• Has a working refrigerator and stove	Y	Light turned on when opened.
• Has a working telephone	Y	Provider cell phone. Called.
• Has operational smoke detector(s)	Y	Alarm sounded.
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covers on outlets not 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 high cabinet
• Medications of any kind	Y	Up on High cabinet
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	



• Guns	Y	None
• Cleaning agents	Y	Up high cabinet
• Poisonous substances	Y	None other than medication & cleaning products
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	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
<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 Emergency Ready to go Pack:** 1<sup>st</sup> floor by the door

#### Observed for compliance on :

- 4 AA , 3 AAA batteries, ointment, band aids,
- Pants top, onsie, 5 diaper
- Mixed veg, canned beans, canned corn, 2 16oz water.

To Be observed Friday 04/01/2022 @ 9:00am

Emergency bag must have: Trash bags or sealing plastic, toys/books, Emergency preparedness forms. Observed 4/1/2022

Emergency Care and Medication Forms for both children. To be observed 4/4/2022. Observed 4/4/2022

Knives must be kept in locked drawer or in higher cabinet. Observed 4/1/2022

Electrical outlet covers for all outlets not in use. Observed 4/1/2022

#### Planning and Maintenance

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

First Name [REDACTED] Last Name [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: Lisa A. Page		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 4/5/2022	Phone: [REDACTED]	Date: 04/04/2022	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: 09/02/2021 & 09/07/2021	Time In: 2:01 PM 05:15 PM	Time Out: 2:46 PM 05:15 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: Lisa ID #: [REDACTED]	Last Name: Paez - Hernandez	Provider ID: N/A Email: [REDACTED]
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**Care Location Inspected**  
 Street Address: [REDACTED]    City [REDACTED]    County [REDACTED]    State [REDACTED]    Zip Code [REDACTED]  
 Verify: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/10/2020	9 months/ Yes
[REDACTED]		01/12/2015	6 years /No-School
			/
			/
			/
			/

**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	
• Has a working inside toilet	Y	5 OPERATIONAL
• 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	Provider Made call
• Has operational smoke detector(s)	Y	SMOKE DETECTOR & CARBON MONOXIDE DETECTOR
• Has first aid kit/supplies	Y	One for the home. Zip lock bag
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets 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	Knives in drawer
• Medications of any kind	Y	KITCHEN CABINET
• Matches, lighters and flammable products	Y	NONE IN THE HOME
• Alcoholic beverages	Y	NONE IN THE HOME
• Guns	Y	NONE IN THE HOME
• Cleaning agents	Y	TOP SHELF OF CLOSET
• 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	CLEAN AND
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	PULL OUT DRAWER/ CABINET
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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <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)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b>Disaster Supply Kit Comments/Notes:</b> Bag of AA & AAA Batteries First Aid Kit- Bandages, gauze, alcohol pad Forehead Thermometer 2 Bottles of Water Canned Spaghetti and Black Beans Similac Milk for Baby Top & Bottoms for Ximena & Nicolas Action figure and teddy bear Duct Tape & Trash Bags Handle shopping bag No Medications for children 2 blankets for each child	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
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:	
<b><u>SHELTER IN PLACE:</u></b>  Grab the baby & ready to go pack. Direct children to lower bathroom From there will contact parent.(No Windows 1 door)	
<b><u>EVACUATION:</u></b> Grab the baby and direct children downstairs. Grab the carseat and the car keys from near the front door along with the ready to go bag. [REDACTED] Drive to first location. Call he [REDACTED] he is home. If so go into the spare bedroom with the children(1 window 1 door). If not she will go to her youngest Daughters home. Buckle children into carseat/booster seat. [REDACTED] Go into the bedroom or living room. Contact the parent when she get to the home. (3 windows 1 door.)	
<b>Signatures &amp; Date</b>	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: <i>Lisa A Paca</i>	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 9/7/21	Date: 09/07/2021
Phone: [REDACTED]	Phone: 1-877-227-0125

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program <b>INFORMAL CARE INSPECTION CHECKLIST</b>	
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Inspection Date: 07/09/2021	Time In: 2:00 PM	Time Out: 2:45 PM	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: Maritza	Last Name: Pandey	Provider ID: 469735
		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		12/24/2016	4	/	
[REDACTED]		02/19/2020	1	/	
				/	
				/	
				/	
				/	

### 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 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	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• 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	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met</b>	<b>Comments/Notes</b>

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local 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 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: The kit was easily accessible and had all the required supplies.
<b>Emergency Documents</b>
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care
<b>Planning and Maintenance</b>
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: She will grab the backpack from the closet near the exit and place the kids in their car seats in the car and drive to the evacuation location and if she can't go to her first evacuation location she will drive to [REDACTED] home as an alternate.

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: Maritza Pandey		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 07/09/2021	Phone: [REDACTED]	Date: 07/09/2021	Phone: [REDACTED]

YARMY ID 523489

<input type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>
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Inspection Date: 5/8/2021	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: Michelle	Last Name: Pannell	Provider ID335380
		Email: [REDACTED]

### Care Location Inspected

Street Address:	City	County	State	Zip Code
[REDACTED]				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]			10/ Y
			9/ Y
			8/ 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?		
Home is free of health and safety hazards:		
• 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		



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"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>		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"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>		Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>		Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>		Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.		Y	Verbally agreed to comply

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



86114 ID 523489

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 duffle bag which is stored in the master's bedroom for easy access in the case of an emergency.

**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 Michelle	Last Name Pannell
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Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:  
The Provider will grab the Ready-To-Go kit from the master bedroom and walk the children to the family's vehicle. Once all the children are secure in their seat belts. The Provider will relocate to the [REDACTED] which is a 5 minute drive from the care location. The 2nd evacuation location [REDACTED], which is approximately a 7 minute drive from the care location.

**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:	Michelle A. Pannell	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 05/08/2021	Phone: [REDACTED]	Date: 5/5/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/28/2022	Time In: 1:45 PM	Time Out: 2:47 PM	Result: PASSED If returned to ccs.informalproviders@maryland.gov by 5pm on 02/04/2022
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<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: Varsha	Last Name: Patel	Provider ID: NOT IN CCATS	
		Email:	
<b>Care Location Inspected</b>			
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)
		(08/26/2021)	5 mos. /
		(03/14/2019)	3 yrs. /
			/
			/
			/

<b>Safety of the Home</b>		
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		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	N	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas very clean
• Is free of insect or rodent infestation	Y	No visible issues
• Is well-lit and well-ventilated	Y	All areas well-lit and ventilated
• Has hot and cold running water	Y	Tested the sink and saw visible steam on the mirror
• 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	All have working cellphones
• Has operational smoke detector(s)	Y	Tested the smoke detector and sprinklers in the home in case of a fire.
• Has first aid kit/supplies	Y	First aid kit in the living room
• Has protective coverings on any electrical outlet that is accessible to children	Y	

<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	High level shelf
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

**Directions:** Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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 (w/ Pullups & Wipes for 3yr | <input checked="" type="checkbox"/> Consider special toys or games     |



<input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	old) <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)? Yes, under the table by the front door.		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
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: <b>Shelter-in Place:</b> Get kids, emergency bag, and go to shelter in the basement (1 door 2 windows), will contact parent via call before and during emergency, wait until emergency is over.  <b>Evacuation Location (Primary):</b> Carry the children and the to-go kit across the street to friends' home, she will have access via neighbor or her key and will go down to the basement area for safety (2 windows and 1 door), Contact the parent via text and call before, during and after emergency.  <b>Evacuation Location (Secondary):</b> Will request a taxi or uber and put the children in their car seats with the to-go bag, will go to the next providers home going into the bedroom area (2 windows, 0 outside door), will contact the parent via call or text.		
<b>Signatures &amp; Date</b>		
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.		
<b>PROVIDER</b>		<b>INSPECTOR</b>
Printed Name: Varsha Patel		Printed Name: [REDACTED]
Signature: [REDACTED]		Signature: [REDACTED]
Date: 2/2/22	Phone: [REDACTED]	Date: 01/28/2022      Phone: 1-877-277-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/25/2023</b> Follow-up Inspection Date: <b>04/26/2023</b>	Time In: <b>3:30PM</b> Time In: <b>11:30AM</b>	Time Out: <b>4:50PM</b> Time Out: <b>11:40AM</b>	Result: <b>Follow-up Required.</b> Result: <b>PASSED</b>
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### Informal Care

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

#### Provider Information

First Name: <b>Vernita</b>	Last Name: <b>Payton</b>	Provider ID: <b>513569</b>
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]		(12/20/2021)	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 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 on top of fridge in kitchen
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets cover 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 and container holder on back of kitchen counter
• Medications of any kind	Y	
• 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 bag on high cabinet shelf in laundry room
• Poisonous substances	Y	Does not have, but if purchased would be stored in garage
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met</b>	<b>Comments/Notes</b>



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

**Item Specification (if needed):**

- 2 blankets, 1 outfit (top/bottom), 1 roll of duct tape, 3 trash bags, 1 first aid kit, 1 musical book, 1 flashlight, 1 thermometer, 3 canned foods, 1 dry noodle, 2 bottled waters 2 D extra batteries, 1 duffle bag (carrying case), 1 pair of scissors, folder w/ EPP and ECMA and 3 diapers & wipes

Items to be reviewed on 04/26/2023: **Corrected & Reviewed on 04/26/2023**

- Diaper supplies for changing station
- ERTG: Diapers & wipes for the 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

Vernita

Last Name

Payton (Provider)

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 call the parent, gather the child and the ERTG and head into the basement (1 door 0 window). The provider will close and lock all doors and use sealing plastic and tape if needed to secure the space. The provider and child will remain there and communicate with parent until it is safe to leave.

#### Evacuation Location(s) Procedures:

**Primary:** The provider will call the parent, account for the child and ERTG and head to the provider's vehicle. The provider will secure the child in her rear-facing car seat. She and the child will go to the [redacted] and receive instruction of shelter location from [redacted]. Once secured she will call the parent again with emergency updates.

**Alternate:** If they could not access the primary location, the provider will call the parent and inform them of the location change, gather the child and ERTG and the provider will secure the child in her vehicle in her rear-facing car seat. Provider will drive to [redacted] and receive instruction upon arrival and entry from the [redacted] of where to shelter. Provider will continue to update the parent via call throughout.

#### 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:	Vernita Payton	Printed Name:	[redacted]
S	[redacted]	Signature:	[redacted]
Date:	6.07.23	Date:	04/26/2023
Phone:	[redacted]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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<b>Inspection Date: 06/15/2022</b> <b>Follow Up Scheduled 06/16/2022</b>	<b>Time In: 1:45PM</b> <b>Time In: 8:57AM</b>	<b>Time Out: 2:30PM</b> <b>Time Out: 9:05AM</b>	<b>Result: Follow Up Needed</b> <b>Passed if returned by 5pm 6/16/2022</b>
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### Informal Care

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

### Provider Information

First Name: <b>Stacie</b>	Last Name: <b>Peoples</b>	Provider ID: <b>485448</b>
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]		7/27/2016	5 / Yes
[REDACTED]		5/3/2019	3 / 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	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 signs of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Electrical burners turned red when on
• 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	Outbound call observed from landline
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, ointment,
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Back of counter
• Medications of any kind	Y	High cabinet
• Matches, lighters and flammable products	Y	Back of counter
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	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



☒ 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 office by the door**Item Specification (if needed):**

4 AAA, 4AA batteries, 3 diapers, wipes, 2 tops, 2 pants, 1 large blanket. 2 16oz. bottles of water, 2 large chef Boyardee 1 small Boyardee, cinnamon toast crunch bars, Toy cars, books, Gauze, tape scissors, band aids, ointment gloves rescue blanket, tweezers, Q-tips, cold pack

**Items to review on 06/16/2022:** Corrected and Observed.

Electrical outlet covers behind kitchen counter. Observed 6/16/2022

**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 boys and the bag and cell phone and head to the hallway bathroom that has one door and no windows. Once secure the provider will contact the parent.

**Evacuation Procedures:**

Provider will gather the children and emergency to go bag and head to her vehicle [redacted] car seat and [redacted] in a booster seat before heading to the [redacted] the primary evacuation location. Provider will gain entry using passcode given to her by [redacted] in the first floor bathroom that has no windows and one door. Provider will call the parents once they are secure at the evacuation location. If they could not go to [redacted] they would go to the alternate evacuation location w/ [redacted] Provider will gather the children and Emergency go bag and head to her vehicle where she will secure [redacted]'s car seat [redacted] booster seat before driving to [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:

Stercia L. Peoples

Printed Name

Signature

Signature

Date:

6/16/2022

Phone:

Date: 06/16/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>		Return to: ccs.informalproviders@maryland.gov
Inspection Date: <b>06/21/2023</b> Follow-up Inspection Date: <b>06/22/2023</b>	Time In: <b>10:30AM</b> Time In: <b>3:30PM</b>	Time Out: <b>11:45PM</b> Time Out: <b>3:41PM</b>	Result: <b>Follow-up Required.</b> Result: <b>PASSED</b>
<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Sharon</b> Provider ID #: [REDACTED]	Last Name: <b>Perando</b>		Provider ID: <b>517275</b> Email: [REDACTED]
<b>Care Location Inspected</b>			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Address Verified? <b>Yes.</b>			
<b>Name of Children in Care</b> (add pages if needed)	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
[REDACTED]		(10/14/2014)	8yr. / Y
[REDACTED]		(03/15/2017)	6yr. / Y
[REDACTED]		(09/09/2017)	5yr. / Y
<b>Safety of the Home</b>			
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <b>Y – Yes, N – No, D – Discussed, n/a – Not Applicable</b>			
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>	
Basic Health and Safety Training Completed?	Y	Relative Informal Care Certificate Submitted	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>	
• 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	Corrective Action Completed: Provider submitted most recent utility bill	
• Has a working and safe heating system	Y	Thermostat tested by provider for heating and cooling fans and ac system for summer time.	
• 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	Corrective Action Completed: Tested by provider and observed	
• Has first aid kit/supplies	Y	Stored in bathroom cabinet and drawer	
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>	
• Sharp or pointed items	Y	Stored in knife holder and moved additional knives to higher cabinet	
• Medications of any kind	Y	Stored on high shelf in upstairs bathroom	
• Matches, lighters and flammable products	Y	Does not own	
• Alcoholic beverages	Y	Does not own	

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

<b>Emergency Ready-to-Go Pack</b>		
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.		
<b>Disaster Supply Kit</b>		
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 type="checkbox"/> Flashlight	<input type="checkbox"/> Bottled water	<input type="checkbox"/> Folder or binder for EPP documents
<input type="checkbox"/> Batteries for Flashlight	<input type="checkbox"/> Non-perishable food	<input type="checkbox"/> Backpack(s) or carrying case(s)
<input type="checkbox"/> Portable First Aid Kit	<input type="checkbox"/> Diapers (N/A)	<input type="checkbox"/> Consider special toys or games



<input type="checkbox"/> Thermometer  <input type="checkbox"/> Medications	<input type="checkbox"/> Change of clothes  <input type="checkbox"/> Blanket(s)	<input 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)? <b>Y</b>		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>		
<b>Location of The Emergency Ready to go Pack:</b> front closet near exit		
<b>Item Specification (if needed):</b> <ul style="list-style-type: none"> <li>- <b>1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 4 bottled waters, 5 pks of dried foods, 3 outfits(top/bottom), 1 large blanket, folder w/ EPP and ECMA per child, 1 pk of crayons w/ coloring book, 2 pk of playing cards, 1 backpack (carrying case), 1 roll of duct tape, 1 roll of sealing plastic and 1 pair of scissors</b></li> <li>- <b>Items to be reviewed on 06/22/2023: Corrected &amp; Reviewed on 06/22/2023</b></li> <li>- <b>Provider's most recent utility bill must be submitted to confirm heating system functions properly</b></li> <li>- <b>Smoke detector must be tested by provider to confirm proper function</b></li> <li>- <b>Gun safe must be opened to confirm all weapons are in the safe and locked to confirm function for safety</b></li> </ul>		
<b>Emergency Documents</b>		
<input type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name <b>Sharon</b> <div style="background-color: black; height: 15px; width: 100%;"></div>	Last Name <b>Perando (Provider)</b> <div style="background-color: black; height: 15px; width: 100%;"></div>	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b>		
<b><u>Shelter in Place Procedure:</u></b> The provider will open the basement door, gather all children and ERTG. Provider and children will head into basement (1 door 1 window) and then she use plastic tape to seal all windows and doors if needed. The provider will call or text the parent before, during and after the emergency.		
<b><u>Evacuation Procedures</u></b> <b>Primary:</b> The provider and children will be going <div style="background-color: black; width: 100px; height: 1em;"></div> The provider will gather all children and ERTG and head to her vehicle, where she will secure all children in their forward-facing car seats and drive <div style="background-color: black; width: 100px; height: 1em;"></div> The provider has <div style="background-color: black; width: 20px; height: 1em;"></div> access into <div style="background-color: black; width: 50px; height: 1em;"></div> upon entry they will shelter in the living room (1 door 2 windows). If <div style="background-color: black; width: 100px; height: 1em;"></div> at the time, the provider will call or text the parent with emergency updates.		
<b>Alternate:</b> If they could not access the primary location, the provider and children will go to <div style="background-color: black; width: 100px; height: 1em;"></div> The provider will gather all children and ERTG and secure all children in their forward-facing car seats. After everyone is secured she will drive to <div style="background-color: black; width: 50px; height: 1em;"></div> upon arrival the provider will call or meet <div style="background-color: black; width: 30px; height: 1em;"></div> who is <div style="background-color: black; width: 100px; height: 1em;"></div> will instruct them of where to shelter. Once secured the provider will call or text the parent to give emergency updates.		
<b>Care Hours:</b> <div style="background-color: black; width: 100%; height: 20px;"></div>		
<b>Signatures &amp; Date</b>		
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.		
<b>PROVIDER</b>	<b>INSPECTOR</b>	
Printed Name: <b>SHARON PERANDO</b>	Printed Name: <div style="background-color: black; width: 100px; height: 1em;"></div>	
Signature: <div style="background-color: black; width: 200px; height: 1.5em;"></div>	Signature: <div style="background-color: black; width: 100px; height: 1.5em;"></div>	
Date: <b>08/16/2023</b>	Phone: <div style="background-color: black; width: 100px; height: 1em;"></div>	Date: 06/22/2023      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 <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>
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Inspection Date: 11/30/2021	Time In: 1:56 pm	Time Out: 2:43 pm	Result: Approved if returned by 5 pm on 12/01/2021
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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: Pamela	Last Name: Pinder	Provider ID: 462658
		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)
		09/04/2018	3	/	Y
		09/13/2018	5	/	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
• 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	Observed steam in bathroom
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Thermostat was turned up to 74 degrees
• Has a working and safe heating system	Y	Thermostat was turned up to 74 degrees.
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Called the provider prior to inspection.
• Has operational smoke detector(s)	Y	Provider pressed the test button on 4 detectors.
• Has first aid kit/supplies	Y	New kit has gauze, antiseptic wipes, alcohol pads, cold compress, gloves, bandages, antibiotic cream.
• Has protective coverings on any electrical outlet that is accessible to children	Y	3 Outlet covers

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	On a high shelf in the kitchen
• Medications of any kind	Y	Medication on top of dresser
• Matches, lighters and flammable products	Y	Kept on top of the dresser
• Alcoholic beverages	Y	Kept on top of the refrigerator
• Guns	Y	No weapons are kept in the home
• Cleaning agents	Y	Kept in the bathroom in a locked cabinet
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	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	in the kitchen
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"> <li>Toileting.</li> <li>Diapering.</li> <li>Before food preparation and eating.</li> <li>After playing outdoors, and</li> <li>At other times when necessary to prevent the spread of disease</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.</li> <li>Mental injury to a child or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including</li> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit	Y	
<b>Emergency Ready-to-Go Pack</b>		
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.		
<b>Disaster Supply Kit</b>		
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		
<p><u>Location of Emergency Ready-to-go Pack:</u> Black duffel bag kept Near the front door</p> <p><u>Item Specification (if needed):</u></p> <ul style="list-style-type: none"> <li>2 D Batteries</li> <li>New kit has gauze, antiseptic wipes, alcohol pads, cold compress, gloves, bandages, antibiotic cream.</li> <li>The children does not take any medication</li> <li>3 16.9 oz Bottled Water</li> <li>Cereal, Fruit Snack, Vienna Sausages, Canned Corn, Canned Peaches</li> <li>Children are not in diapers</li> <li>White top and purple pants</li> <li>Blue Jeans and a blue top</li> <li>Blue and orange folder with EPP and ECMA for each child</li> <li>Crayons, Alphabet flash cards, animal flash cards, stickers, paper, coloring books, 3 story books.</li> <li>Roll of plastic, large black scissors, packing tape.</li> <li>2 Blue blankets and 1 pink blanket</li> </ul>		



**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 RTGP from the front door and grab [REDACTED] in the bedroom (0 windows 1 door) The provider will call the parent after they are secured

**Evacuation Procedures:**

The Provider will put the ERTGB over her shoulder the grab [REDACTED] and carry them out the front door and into the [REDACTED] attached to her building. The doors are opened for the provider to be able to gain entry. The provider will shelter in the reception area (1 door with a window). The provider will contact the parent once secured in the building. If the Provider cannot shelter at [REDACTED] she will grab the ERTGB and carry the child to the vehicle where she will put the child in the car seat and drive to [REDACTED] (8-10 windows and 2 regular doors 1 large door). Provider will call the parent after they are secured

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name <i>Pamela Pinder</i>		Printed Name [REDACTED]	
Signature [REDACTED]		Signature [REDACTED]	
Date: 11/30/21 Phone: [REDACTED]		Date: 11/30/2021 Phone: 1-877-227-0125	
[REDACTED]			

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: <b>5/6/2021</b>	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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<b>Informal Care</b>
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<input checked="" type="checkbox"/> 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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<b>Provider Information</b>
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First Name: Mairinita	Last Name: Polk	Provider 423353 Email:
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<b>Care Location Inspected</b>
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Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		7/17/2017	4	/	Y
		3/17/2013	8	/	Y
				/	Y
				/	Y
				/	Y
				/	Y

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
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		
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local 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: The bag will be stored in the kitchen for easy access in the case of an emergency.	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
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 from the kitchen before walking the children to the vehicle. The 4 y/o has a car seat and the 8 y/o is weight appropriate for a traditional seat belt. They will relocate to [REDACTED] which is approximately 4 miles from the care location. Once they arrive, the Provider will remove the children from the vehicle and walk to [REDACTED]. Once inside the home, the Provider will call the parent to inform her of the relocation. The Provider stated that she will keep the parent informed during and after the evacuation.	
The 2 <sup>nd</sup> evacuation location is the nearby [REDACTED] This location is in walking distance from the care location.	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name:		Printed Name: [REDACTED]	
Signature:		Signature:	
Date:	Phone:	Date: 5/6/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/21/2022</b> Follow Up <b>09/21/2022</b> Follow Up <b>09/28/2022</b>	Time In: <b>1:45PM</b> Time In: <b>3:45PM</b> Time In: <b>9:05AM</b>	Time Out: <b>2:46PM</b> Time Out: <b>3:55PM</b> Time Out: <b>9:15AM</b>	Result: Follow up needed Result: Follow up needed Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Mildred</b>	Last Name: <b>Pressley</b>	Provider ID: <b></b>
Provider ID # <b></b>		Email: <b></b>

### 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)
<b></b>		<b>04/22/2019</b>	<b>3 / Yes</b>

### 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?	<b>N</b>	<b>Provider Registered for course</b>
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	<b>Y</b>	
• Is free of insect or rodent infestation	<b>Y</b>	No sign of infestation
• Is well-lit and well-ventilated	<b>Y</b>	
• Has hot and cold running water	<b>Y</b>	Steam observed
• Has a working inside toilet	<b>Y</b>	
• Has utilities for cooking, lighting and heating	<b>Y</b>	Electric Stove lit
• Has a working and safe heating system	<b>Y</b>	
• Has a working refrigerator and stove	<b>Y</b>	
• Has a working telephone	<b>Y</b>	Provider cell phone called
• Has operational smoke detector(s)	<b>Y</b>	
• Has first aid kit/supplies	<b>Y</b>	Band-aids, ointment, gauze, tape, alcohol wipes
• Has protective coverings on any electrical outlet that is accessible to children	<b>Y</b>	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	<b>Y</b>	Upper cabinet
• Medications of any kind	<b>Y</b>	Upper cabinet
• Matches, lighters and flammable products	<b>Y</b>	Basement High shelf
• Alcoholic beverages	<b>Y</b>	
• Guns	<b>Y</b>	None
• Cleaning agents	<b>Y</b>	

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"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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	
<b>Location of The Emergency Ready to go Pack:</b> In Hallway closet	
<b>Item Specification (if needed):</b>	
1 shirts, 1 pants, dinosaur toy, Band aids, Gauze, alcohol wipes, 4 extra AA batteries, 1 16oz water bottles, 2 cans of peas, baked beans, Chicken noodle soup,	
<b>Items to review on 09/21/2022 @ 3:45pm if needed:</b>	
Outlet covers for the kitchen observed 09/21/2022	
<b>Items to review on 09/28/2022 if needed:</b> Observed 09/28/2022	
ECMA page printed name of doctor above signature	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
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	
<b>Shelter In Place Procedure:</b>	
Provider will [REDACTED] the ERTG bag and head to the basement which has one door and one window. 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.	
<b>Evacuation Procedures:</b>	
The provider will [REDACTED] and the car seat that is by the front door and head to her vehicle where she will s [REDACTED] in his car seat before driving to the primary evacuation location [REDACTED] Once at the location, they will head to the [REDACTED] and one door. The provider will call the parents before leaving the care location then again 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 [REDACTED] The provider will call to let father in law know they are on their way. The provider w [REDACTED] the ERTB, and the car seat that is by the front door and head to her vehicle where she v [REDACTED] is car seat before driving to the Alternate evacuation location. 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 and again after they are secure in the alternate evacuation location.	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <i>Mildred Pressley</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/28/22	Phone: [REDACTED]	Date: 09/28/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/05/2022	Time In: 3:30pm	Time Out: 4:24pm	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	
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**Provider Information**

First Name: Shaquille	Last Name: Pritchett	Provider ID: 325669
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)
_____		7/27/2008	13 y/o	/	Y
_____		2/26/2006	16 y/o	/	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 /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	Temp read 98 degrees
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	4 Operational burners
• Has a working and safe heating system	Y	Temp turned up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Outbound call made on house phone
• Has operational smoke detector(s)	Y	Test button pressed
• Has first aid kit/supplies	Y	Bandages, ointment, gauze, alcohol and burn cream
• Has protective coverings on any electrical outlet that is accessible to children	Y	3 outlet covers

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knives moved to a higher level
• Medications of any kind	Y	In the kitchen cabinet and refrigerator
• Matches, lighters and flammable products	Y	Kept in the cabinet
• Alcoholic beverages	Y	Kept in a high cabinet
• Guns	Y	Not kept in the home



• Cleaning agents	Y	Moved to a top shelf in the storage closet out of reach of the children
• Poisonous substances	Y	Not kept in the home
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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	<b>Disposed of in the trash bin in the garage and outside of the garage</b>
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"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>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.</b>	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)? Y

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

**Location of Emergency Ready to go Pack: By the garage door****Item Specification (if needed):**

- Bandages, ointment, gauze, alcohol and burn cream
- Forehead scanner thermometer
- Black flashlight
- A 12 pack of AA Batteries
- Advil
- 2 bottles of 16 oz. water
- 2 cans of tuna fish
- 4 Diapers and 2 packs of wipes
- Blue jeans, red top grey sweat pants and a black top
- Flash cards and a car toy
- Packing tape, heavy duty scissors and garbage bags

**To be observed for compliance on :****Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

**Shelter In Place Procedures:**

The Provider will lock the doors and contact the Parent via phone. The Provider will call the youngest child and gather the oldest child. The Provider will go to the lower level and seal the windows(1 door 2 windows). The Provider will contact the Parent.

**Evacuation Procedures:**

The Provider will contact the Parent via telephone. Grab the ERTG Bag first then the children and secure them in the van via seatbelts. The Provider will go to the children's uncle's home where the provider will gain entry using the pin number. Once inside the Provider will shelter in a room on the lower level (1 door 0 windows). The provider will lock the door and contact the Parent. If the Provider cannot shelter in this location the provider will contact the Parent. He will then account for all children and load the ERTG Bag and the children into the vehicle securing them in a seat belt. The Provider will then go to [REDACTED] and ask for assistance on where to shelter. The Provider will contact the Parent when secured to update her on the situation.

**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:

Shaquille Pritchett

Printed Name:

Signature:

Signature:

Date:

04/05/2022

Phone:

Date: 04/05/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: 5/13/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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<b>Informal Care</b>
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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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<b>Provider Information</b>
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First Name: Shaquille	Last Name: Prichett	Provider ID: 325669
		Email: [REDACTED]

<b>Care Location Inspected</b>
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Street Address:	City	County	State	Zip Code
[REDACTED]				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		2/26/2006	15	/	Y
[REDACTED]		7/27/2008	12	/	Y
[REDACTED]		5/15/2010	11	/	Y
				/	
				/	
				/	

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	Good condition
• Has a working telephone	Y	Mobile phones and landlines
• 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	Y	
• 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	As needed
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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	Frequent hand washing practices w/ children throughout the day.
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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	Children are not disciplined by Provider
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	Verbally agreed to comply

### 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 it includes all the required items (3 sets of clothes and blanket for the children, many non-perishable food options). The older children have personal devices to play.	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
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: <b>Provider will retrieve the Ready-to-Go kit from the basement area. The Provider will collect the children and proceed to the vehicle while doing a head count to make sure all 3 children are present. [redacted] to the vehicle. Then he will be securely placed in a car seat. [redacted] will be secured in a booster seat while [redacted] is age appropriate for a traditional seat belt. Before leaving the Provider will contact the Parent by cell phone. After the first call, the Provider will relocate to [redacted], which is [redacted]. Once safely in [redacted], the Provider will contact the Parent by call or text to update her on the children's status.</b>  <b>The 2<sup>nd</sup> evacuation location is [redacted]. The Provider will continuously provide updates to the Parent via text. The Provider will stay at this location until the Parent comes to retrieve them after the emergency status is lifted.</b>	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 5/13/2021	Phone: 410-767-7832

<input type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>
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Inspection Date: 6/15/2021	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: Dana	Last Name: Proctor	Provider 411732
		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)
		01/09/2009	12/ Y	
		12/10/2012	8/ Y	
		10/30/2014	6/ 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"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	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"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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.

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: Ready-to-Go will be stored in the closet by the front door.
<b>Emergency Documents</b>
Informal Provider Emergency Preparedness Plan (this completed form) Authorization for emergency medical care
<b>Planning and Maintenance</b>
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name _____ Last Name _____
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Provider will grab the Ready-To-Go kit by the front door and collect the middle child. The oldest male child will be responsible for guiding the youngest child. The Provider and oldest 12 year old child have mobile phones. The Provider will call/text the Parent to make them aware of the emergency. Together they will walk to the car. The youngest child will be secured in a booster seat. And the other 2 children will safely travel with traditional seat belts. The relocation place is _____, the _____, the provider will drive approximately 35 minutes to the relocation place. The Provider knows the entry code to the home so they will walk straight in and walk to the basement area for safety. Once in the basement, the Provider will call/text the parent to report their status and location. They will stay here until the emergency is lifted or the parent arrives to get the children.  The 2 <sup>nd</sup> evacuation site is the Greenbelt Public Library in Prince George's County, which is a 20 minute drive from the care location.

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Dana Proctor		Printed Name: _____	
Signature: _____		Signature: _____	
Date: 06/21/2021	Phone: _____	Date: 6/15/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>02/17/2023</b> Follow-up Inspection Date: <b>02/20/2023</b> Follow-up Inspection Date: <b>02/20/2023</b>	Time In: <b>1:30PM</b> Time In: <b>1:30PM</b> Time In: <b>4:00PM</b>	Time Out: <b>2:45PM</b> Time Out: <b>2:22PM</b> Time Out: <b>4:05PM</b>	Result: <b>Did not pass. Follow-up Required.</b> Follow-up Result: <b>Did not pass. Follow-up Required.</b> Follow-up Result: <b>PASSED.</b>
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### Informal Care

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

### Provider Information

First Name: <b>Nicole</b>	Last Name: <b>Pulley</b>	Provider ID: <b>504200</b>
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]		(08/17/2019)	3yr / Y
[REDACTED]		(04/07/2021)	1yr / Y
[REDACTED]		(04/07/2021)	1yr / Y
[REDACTED]		(03/26/2017)	5yr / N, at school

### 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	
• 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, tested by provider
• Has a working inside toilet	Y	Observed and flushed by provider bathroom
• Has utilities for cooking, lighting and heating	Y	Electric stove top smoke observed
• Has a working and safe heating system	Y	Provider tested their heating/cooling on electric thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Made a call to provider's phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Band-Aids, Alcohol, Gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets in the common spaces 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	Corrective Action: Locks added to cabinets and draws
• Medications of any kind	Y	Does not own any medication
• Matches, lighters and flammable products	Y	Does not own



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)



☒ Portable First Aid Kit☒ Diapers☒ Consider special toys or games☒ Thermometer☒ Change of clothes☒ Heavy Duty Scissors, duct 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 living room corner near [REDACTED]**Item Specification (if needed):**

- 1 duffle bag, 1 first aid kit, 1 thermometer, no specific medications, diapers and wipes, 5 bottled waters, non-perishable food (3 boxes), 4 outfits (1 per child), 1 large blanket, folder of EPP/ECMA docs, puzzle book, card game, stuffed animal, 1 roll of duct tape, 1 roll of sealing plastic, 1 pair of scissors, 1 flashlight, and 1 pk of AA batteries

**Items to review on 02/20/2023 if needed:** **Observed & Corrected on 02/20/2023**

- Locks on kitchen draw/cabinet, bathroom cabinet - Corrected
- Diaper area and emergency bag need diapers, wipes, any additional changing materials or products – Corrected
- 5 bottled waters, Non-perishable food items, Change of clothes for all 4 children, 1 large blanket or 4 small blankets, card games, duct tape, flashlight & add. batteries – Corrected
- Folder of EPP and ECMA docs for each child – Corrected

**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  
NicoleLast Name  
PulleyDescription of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: **Provider will carry the bag to her vehicle.****Shelter In Place Procedure:**

The provider will gather the children and ERTG and go into [REDACTED] (1 door 2 windows) and seal any windows and/or door with sealing plastic and tape if needed. The provider will call the parent once her and the children are secured in the location until the emergency is over.

**Evacuation Procedures:**

**Primary:** The provider will grab the emergency bag, gather the children and place the two small children in the rear-facing car seats and place the two toddlers in their booster seats. Once they are secured in the car, the provider will drive to the primary location. The provider will have key access [REDACTED] Provider and children will shelter in the [REDACTED] (1 door 1 window). The provider will contact the parent via call and/or text once she and the children were secured in the location.

**Alternate:** If the provider and children cannot go to the primary location they will go to the alternate location, she will ensure two small children are secured in their rear-facing car seats and 2 toddler children are in the booster seats. She would ensure the emergency bag is within the vehicle and would [REDACTED] in which she has key access. Provider and children will shelter in the living room (2 doors 2 windows) upon entry, provider will call the parent after they were secured in the location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name: <i>Nicole T. Pulley</i>		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: <i>2/20/23</i>	Phone: [REDACTED]	Date: 02/20/2023	Phone: 1-877-227-0125