

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



S

First letter of the provider's last name.

Posted January 2024

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/06/2023	Time In: 1:30PM	Time Out: 2:35PM	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: Katherine	Last Name: Sale	Provider ID: 604083
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]		4/11/2021	20 Months / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No Sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Make A Call
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Cold pack, gauze, tape, ointment, band-aids, tweezers, alcohol pads
• 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	Locked Drawer
• Medications of any kind	Y	In basket on top of fridge
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	High shelf
• Guns	Y	
• Cleaning agents	Y	Locked under kitchen sink
• Poisonous substances	Y	Other than medications and cleaning solutions

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: In the dining room	
Item Specification (if needed): 4 D batteries, 1 pants, 1 shirts, 1 sox, 2 16oz bottles of water, 2 protein bars, can of sardines, crackers, almond butter Band aids, gauze, tape, alcohol wipes, tweezers	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Katherine	Last Name Sale
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
Shelter In Place Procedure: The provider will grab Yali, grab the ERTB and go to the finished [REDACTED] The room has one door and two window. 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: The provider will grab the emergency bag, gather the child, put the baby in the stroller before walking to the primary evacuation location, which [REDACTED] The provider will call to [REDACTED] Once at the location, they will shelter in the [REDACTED] which has three window and one doors. Depending on the severity of the situation if time allows the provider will call the parents before leaving the care location and immediately 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 grab the emergency bag, gather [REDACTED] then proceed to the provider's vehicle where she will secure the baby in car seat, before driving to the location. The provider will call before letting [REDACTED] how they are on their way. They will shelter in the [REDACTED] that has two small windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. Depending on the severity of the situation if time allows, the provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Katherine SALE		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 1/9/23	Phone: [REDACTED]	Date: 01/09/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/16/2023	Time In: 10:30AM	Time Out: 11:35AM	Result: Did not pass. Follow-up required.
Follow-up Inspection Date: 03/28/2023	Time In: 11:50AM	Time Out: 12:00PM	Result: PASSED

Informal Care

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

Provider Information

First Name: Maritza	Last Name: Sala Martinez	Provider ID: 483522
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]		(07/07/2021)	1yr. / Y	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
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Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• 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, lock on the bathroom door
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Corrective Action Completed: Heating/Cooling system repaired and tested by provider and parent
• 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	Observed and tested by provider
• Has first aid kit/supplies	Y	Stored in drawer in the family (Ointment, Band-Aids, Alcohol, Gauze)
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• Sharp or pointed items	Y	Stored in upper level kitchen cabinet in knife holder
• Medications of any kind	Y	Stored in upper level kitchen cabinet
• Matches, lighters and flammable products	Y	Lighter moved to high level cabinet
• Alcoholic beverages	Y	Stored in upper level kitchen cabinet
• Guns	Y	Does not own
• Cleaning agents	Y	Cleaning agents stored under the sink cabinet with lock
• Poisonous substances	Y	Does not own

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Living room near front door exit

Item Specification (if needed):

- 1 flashlight, 1 pk of AA batteries, 1 thermometer, no specific medications, 2 bottled waters, 1 canned food, 1 pk of baby food, 2 onesies, 3 diapers & 1 pk of wipes, 1 first aid kit, 1 small blanket, 1 duffle bag (carrying case), 1 toy, 1 pair of scissors, 1 roll of duct tape, 3 heavy duty trash bags, folder w/ EPP and ECMA.

Items to be reviewed on 03/20/2023: Corrected & Reviewed on 03/28/2023

- Proper functioning thermostat(heating/cooling) system

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

Maritza

Last Name

Sala Martinez

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 account for the child in care and grab the emergency bag and head into the master bedroom (1 door 4 windows). If the need should arise the provider will cover the windows and doors with tape and sealing plastic. The provider will call the parents throughout the emergency.

Evacuation Procedures:

Primary: The provider will account for the child in care and then grab the emergency bag before leaving the home and will call a taxi to transport them to the evacuation location. The provider will secure the child in the car seat and then call [REDACTED]. Provider and child will gain entry [REDACTED]. Upon entry they will shelter in the [REDACTED] (1 door 1 window). The provider will call the parent once they are secured.

Alternate: If they could not access the primary location, the provider will call a taxi and then gather the child and grab the emergency to-go bag. When the taxi arrives the provider will secure the child in her car seat. The provider will call [REDACTED] and head to [REDACTED]. The provider and child will either get access via [REDACTED] to enter. They will shelter in the [REDACTED] (1 door 1 window). The provider will call the parent at the beginning and end of the emergency.

Signatures & Date

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

PROVIDER

Printed Name:

Maritza Sala Martinez

Signature:

Date: 3/30/23

Phone:

INSPECTOR

Printed Name:

Signature:

Date: 03/28/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/01/2022	Time In: 3:45 pm	Time Out: 4:34 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: Sala Martinez,	Provider ID: 483522
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] State: [REDACTED] County: [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]		7/7/2021	8 mos	/ Y
				/
				/
				/
				/
				/

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	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	Temp. taken. Water 100 degrees
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Temp turned up from 60 degrees to 72 degrees.
• Has a working refrigerator and stove	Y	All burners turned on. Refrigerator lights observed.
• Has a working telephone	Y	Outbound call made
• Has operational smoke detector(s)	Y	Test button pressed
• Has first aid kit/supplies	Y	Peroxide, spray antiseptic,, bandages
• 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	Moved to a high cabinet
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Moved to a high cabinet
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☐ 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 Emergency Ready to go Pack: In the closet near the front door**Item Specification (if needed):**

- Red flashlight
- 4 AA Batteries
- Scissors, gauze, alcohol pads, ice pack, bandages
- Forehead scanning thermometer
- 1 Mixed vegetables, 3 Jars of food, extra milk.
- 3 Diapers & wipes
- Onsie outfit
- Blanket(Pink)
- Rattle Toy
- Large scissors, duct tape and trash bags(a roll)

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 contact the Parent to inform her of the emergency. She will then grab the baby and the ERTGB and lock themselves in the room(1 door 4 windows).

Evacuation Procedures:

The Provider will first contact the parent to inform her of the emergency. She will then grab the child and the emergency to go bag and take a cab to the police station. The child will be secured in her car seat. On the way to the police station the Provider will contact the police station to inform them of their arrival. The Provider will shelter in the station (2 doors 8 windows). If the Provider cannot shelter in this location she will first contact the parent to inform her of the emergency. She will then grab the child and the emergency to go bag and take a cab to [REDACTED] where she will gain entry with the key code. The Provider will shelter in the Master bedroom (1 door 1 window).

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:

Maritza Sala Martinez

Printed Name:

Signature

Signature:

Date: 4-4-22

Phone:

Date: 04/01/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/06/2023	Time In: 1:30PM	Time Out: 2:35PM	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: Katherine	Last Name: Sale	Provider ID: [REDACTED]
Provider ID: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		4/11/2021	20 Months / Yes

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No Sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Make A Call
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Cold pack, gauze, tape, ointment, band-aids, tweezers, alcohol pads
• 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	Locked Drawer
• Medications of any kind	Y	In basket on top of fridge
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	High shelf
• Guns	Y	
• Cleaning agents	Y	Locked under kitchen sink
• Poisonous substances	Y	Other than medications and cleaning solutions

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: In the dining room	
Item Specification (if needed): 4 D batteries, 1 pants, 1 shirts, 1 sox, 2 16oz bottles of water, 2 protein bars, can of sardines, crackers, almond butter Band aids, gauze, tape, alcohol wipes, tweezers	
Items to review on xx/xx/xxxx if needed: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Katherine	Last Name Sale
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
Shelter In Place Procedure: The provider will grab the ERTB and go to the finished basement to shelter. The room has one door and two window. 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: The provider will grab the emergency bag, gather the child, put the baby in the stroller before walking to the primary evacuation location, which is [redacted]. The provider will call to alert [redacted]. Once at the location, they will shelter in the living room which has three window and one doors. Depending on the severity of the situation if time allows the provider will call the parents before leaving the care location and immediately 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 grab the emergency bag, gather [redacted] then proceed to the provider's vehicle where she will secure the baby in car seat, before driving to the location. The provider will call before letting [redacted] know they are on their way. They will shelter in the basement room that has two small windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. Depending on the severity of the situation if time allows, the provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Katherine SALE		Printed Name: [redacted]	
Signature: [redacted]		Signature: [redacted]	
Date: 1/9/23	Phone: [redacted]	Date: 01/09/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/26/2023 Follow-up Inspection Date: 10/30/2023 Follow-up Inspection Date: 10/30/2023	Time In: 3:00PM Time In: 2:30PM Time In: 4:00PM	Time Out: 4:00PM Time Out: 2:43PM Time Out: 4:27PM	Result: Follow-up Required. Follow-up Result: Follow-up Required. Final 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: Roselynn	Last Name: Sample-Blick	Provider ID: 533234
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]		(08/31/2022)	1yr. / Y

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera via bathroom shower and mirror
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Stored in the medicine cabinet above the toilet (alcohol, Band-Aids, ointment)
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets covered or occupied need for (kitchen and bathroom)
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 Completed: Lock added to cabinet
• Medications of any kind	Y	Stored in the medicine cabinet above the toilet and high shelf in kitchen cabinet
• Matches, lighters and flammable products	Y	Corrective Action Completed: Lock added to cabinet

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries for Flashlight

☒ Portable First Aid Kit

☒ Thermometer

☒ Medications

☒ Non-perishable food

☒ Diapers

☒ Change of clothes

☒ Blanket(s)

☒ Backpack(s) or carrying case(s)

☒ Consider special toys or games

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

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

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

Location of The Emergency Ready to go Pack: Stored in living room near exit

Item Specification (if needed):

- 1 carrying case tote bag, 1 first aid kit, 1 large blanket, 1 flashlight, 1 pk of AA batteries, 1 thermometer, no specific medications
general medication only, 5 bottled waters, 1 canned food, 2 diapers, 1pk of wipes, 1 outfit (top/bottom), 1 onesie, 1 toy, 1 roll of
duct tape, 1 pair of scissors, 1 heavy duty trash bag, 1 pk of sealing plastic and folder w/ EPP and ECMA docs

Items to be reviewed on 10/30/2023: Corrected & Reviewed on 10/30/2023

- Locks for sharps drawer and lighter drawer

- Outlet coverings for bathroom and kitchen

- Lock to basement door

- ERTG: Folder w/ updated EPP and ECMA docs/ Description of Evacuation Plan

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

Roselynn

Last Name

Sample-Blick

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 carry the ERTG and child into the basement area (1 door 2 windows). The provider will use the sealing plastic and tape from ERTG to seal the door and windows if needed. Then store the scissors back into the bag and away from child's reach. The provider will initially call the parent and then text the parent throughout with emergency updates and then call the parent once everything is clear.

Evacuation Procedures

Primary: The provider will gather the child and ERTG and head to the provider's vehicle. The provider will secure the child in his rear-facing car seat and [REDACTED]. Upon arrival the provider will use [REDACTED] and then she and the child would [REDACTED] (0 door 2 windows). Once secured she will call or text the parent with emergency updates.

Alternate: The provider will gather the child and ERTG and head to the provider's vehicle. The provider will secure the child in his rear-facing car seat and [REDACTED]. Upon arrival and entry the provider will receive instruction from the [REDACTED] about where to shelter specifically. Once secured she will call or text the parent with emergency updates.

Care Hours:

[REDACTED]

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Roselynn Sample-Blick	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	11/2/2023	Date:	10/30/2023
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/14/2022	Time In: 9:30AM	Time Out: 10:24 AM	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: Keenen	Last Name: Scott	Provider ID: 440147
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]		(12/27/2009)	12yr	/	Y
[REDACTED]		(04/17/2011)	11yr	/	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	Non-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	Generally clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All light fixtures working properly and all areas well-lit
• Has hot and cold running water	Y	Observed and tested by provider
• Has a working inside toilet	Y	Toilet flushed by provider
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Observed and tested by provider
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Everyone has working cellphones
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Medical supplies in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Does not need due to age of children
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Provider moved to top of fridge area
• Medications of any kind	Y	Stored on high shelf in hallway closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, stored in living room closet		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name	Last Name	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:		
Itemized List (if needed):		
- <u>No diaper age children, 1 flashlight, pk of AAA batteries, 1 high voltage battery, 1 first aid kit, 1 thermometer, ADAHD Medicine (back-ordered-daily dosage required), 3 bottled waters, 4 canned foods, 1 outfit per child, 3 blankets, 1 toy and cellphones, Folder w/ EPP & ECMA per child.</u>		
Shelter-in-Place Procedures: Provider will count and gather the children along with the to-go bag and go to basement area (1 patio door, 0 windows). Will get sealing plastic from the emergency kit to tape windows and doors to make sure all areas are safe. Provider will call or text the parent of the emergency, during and after.		
Evacuation Location (s):		
Primary – Provider will gather and count the children, grab the emergency bag, send the parent a text or call about the emergency and head out the door. Will [redacted] The [redacted] via buzz/ring camera entry and they will go into the homeowner's front room/living room (1 door 1 window).		
Alternate – Provider will gather and count the children, grab the emergency bag, [redacted]. He will call and text the parent before, during and after the emergency. Provider has spare key to enter the evacuation location, they will go into the basement area (1 door, 1 sliding door/window).		

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: Keenen Scott		Printed Name: [redacted]	
Signature: [redacted]		Signature: [redacted]	
Date: 7/15/22	Phone: [redacted]	Date: 07/14/2022	Phone: 1-877-227-0125

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 08/12/2021 Follow-up Inspection Date: 08/13/2021	Time In: 1:30 PM Time In: 1:30 PM	Time Out 2:46 PM Time Out: 2:00 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: Keenen	Last Name: Scott	Provider ID: 440147
		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)
		12/27/2009	11	/ Y	
		04/17/2011	10	/ Y	
				/	
				/	
				/	
				/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-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	Opened the cabinet door
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Ran hot and cold water
• Has a working inside toilet	Y	Flushed the toilet
• Has utilities for cooking, lighting and heating	Y	Heated stove & light
• Has a working and safe heating system	Y	Showed temp on thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Cell phone and house phone
• Has operational smoke detector(s)	Y	Tested the smoke detectors
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered by port or another item

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 kitchen counter
• Medications of any kind	Y	Stored in tall bathroom cabinet

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

✓ 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: In the follow-up inspection the provider had all necessary items and was very well-organized.

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: Transportation via the provider as he walks with the children to the evacuation location and will walk to the alternative location if family member is not home at the first location. He has access to both locations with his keys as well.

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: Keenen Scott		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 08/15/2021	Phone: [REDACTED]	Date: 08/13/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/12/2022 Follow up 04/13/2022	Time In: 3:30PM 11:00AM	Time Out: 4:27PM 11:10AM	Result: Follow-up Scheduled. PASSED if returned by 5:00PM on 04/14/2022
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Informal Care

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

Provider Information

First Name: Stanley	Last Name: Scott	Provider ID: 432836
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]		07/13/2012	9 / No
[REDACTED]		07/09/2016	5 / No
[REDACTED]		07/09/2016	5 / No

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/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	None observed
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Gas burners operational
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Call Observed
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Hydrogen peroxide, Rubbing Alcohol and Band-Aids
• 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	Locked cabinet
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Locked cabinet
• Poisonous substances	Y	Other than medications and cleaning solutions

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Extended life battery flash light

3 of each Under wares, socks, pants, shirts,

Tablets for each child and balls,

Multiple bags of Chips, 3 large cans of Chef Boyardee, 2 cans of Vienna sausage, 6 pack of 16oz. water bottles

First Aid – Wipes, band aids, gauze, tape

Items to review on 04/13/2022 if needed: Observed

First aid kit for emergency to go bag,

Blankets need to be in the bag or a smaller bag.

Emergency Documents☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will call the children by name, get them, grab the emergency bag and head to the basement. Two small windows and 2 doors. Soon as they are secure in the basement, the provider will contact parent. If the need to seal the shelter should arise, provider will tape the windows with plastic.

Evacuation Procedures:

Call out the children's names and get the children, get the bag and proceed to vehicle parked in the garage. Make sure they are all buckled in their seats with seatbelts before driving to [REDACTED]. Once at the location the provider will gain entry using a spare key and proceed to the basement where they will shelter. Provider will call parent once secure at the location. If they cannot shelter at the primary they will go to [REDACTED] that is the alternate location. Where the provider will make sure they are all buckled in their seats before driving to the location. Provider will gain access using a spare key to the house and proceed to the basement where they will shelter. Provider will call parent once secure.

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:

Stanley Scott

Printed Name:

Signature:

Signature:

Date: 4/13/2022

Phone:

Date: 04/13/2022

Phone: 1-877-227-0125

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 09/16/2021 Follow-up Inspection Date: 09/24/2021	Time In: 2:00 PM Time In: 4:00 PM	Time Out: 3:24 PM Time Out: 4:16 PM	Result: Denied Follow-up 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: Stanley	Last Name: Scott	Provider ID: 432836
		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]		07/09/2016	5 / Y	
[REDACTED]		07/09/2016	5 / Y	
[REDACTED]		07/13/2012	9 / 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 Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
• Is in good repair	Y	Showed living room, kitchen and dining area; all areas clean
• Is free of insect or rodent infestation	Y	No indications of infestation
• Is well-lit and well-ventilated	Y	Well-lit and windows in all common areas with windows (air conditioner in window as well) and ceiling fans
• Has hot and cold running water	Y	Test the water with a thermometer and displayed high/low and showed 91.6
• Has a working inside toilet	Y	Flushed the toilet properly, soap area, common medicines and toothpaste in cabinet above the toilet
• Has utilities for cooking, lighting and heating	Y	Kitchen utensils in draws and lower cabinets, but had no locks on cabinet Corrective Action (9/24): Provider added locks to cabinet/drawers etc.
• Has a working and safe heating system	Y	Thermostat was working, moved temp up and down- heat only no central air
• Has a working refrigerator and stove	Y	Opened the fridge/freezer and tested the stove by putting the burner on (gas stove)

• Has a working telephone	Y	Has a working house phone and cell phone
• Has operational smoke detector(s)	Y	Tested both smoke detectors working properly
• Has first aid kit/supplies	Y	Had a home first aid supplies but used it as to-go kit
• Has protective coverings on any electrical outlet that is accessible to children	Y	Showed accessible outlets with the outlets occupied. One outlet was not covered in the kitchen Corrective Action (9/24): Outlet was covered up
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	No locks on cabinets/drawers/knives stored on countertop in knife holder Corrective Action (9/24): Locked placed on cabinet drawer
• Medications of any kind	Y	Medications in cabinet above the toilet, no lock Corrective Action (9/24): Lock placed on upper cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	In a separate room, upstairs on top of mini fridge
• Guns	Y	Does not own
• Cleaning agents	Y	Cleaning agents in the kitchen cabinet and bathroom sink cabinet, but no locks on the cabinets Corrective Action (9/24): Lock placed on cabinets
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Yes, all areas including bedroom were clean and organized. No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	N/A	No diaper age children but trash can area was clean appropriately stored
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	Yes, if wet clothing or bedding
Diapering procedures are followed.	N/A	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting. • Diapering. • Before food preparation and eating. • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	Displayed kitchen and bathroom soap stations, both areas very clean and had soap dispensers
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs 	Y	

<ul style="list-style-type: none"> • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

- | | | |
|--------------------------|-----------------------|--------------------------------------|
| ✓ Flashlight | ✓ Bottled water | ✓ Folder or binder for EPP documents |
| Batteries (N/A) | ✓ Non-perishable food | ✓ Backpack(s) or carrying case(s) |
| ✓ Portable First Aid Kit | Diapers (N/A) | ✓ Consider special toys or games |
| ✓ Thermometer | ✓ Change of clothes | ✓ 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:

Rechargeable flashlight w/ a charging cord and additional flashlight – no batteries needed
home-made first aid kit – alcohol, masks, band-aids,

Bottled water

Canned food ravioli and sausages

No diaper age children

No change of clothes only night clothes/underwear (Corrective Action (9/24): Provider had 3 sets of clothes per child

2 blankets

No EPP forms-stated [redacted] may have them (Corrective Action (9/24): Provider had all the forms

Backpack/tote bag

3 tablets/1 per child

kitchen scissors, tape & trash bags

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:

Evacuation Primary: Grab the kids and the to-go bag, head to the backdoor, get inside the car, kids will buckle themselves in, first location [redacted] go to the living room (2 windows, 1 door/entry door) or her basement (4 windows/1 entry door). Contact parent when he gets in the car, will call or text her.

Evacuation Alternate: Get the kids, grab the to-go bags, get in the vehicle and go to [redacted] wait in the living room and if it's an extreme emergency go into the basement as well. Living room (2 windows in the living room and 1 entry door). In the basement 1 door(back) 1 window in the front of the basement, contact the parent as soon as he transporting to the second home.

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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: Stanley Scott		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/24/21	Phone: [REDACTED]	Date: 09/24/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/12/2023 Follow-up Inspection Date: 06/15/2023	Time In: 1:30PM Time In: 9:00AM	Time Out: 2:32PM Time Out: 9:07 AM	Result: Follow-up Required. Result: PASSED
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Informal Care

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

Provider Information

First Name: Carly	Last Name: Seibel	Provider ID: 516800
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]		(11/09/2022)	7mos.	/ Y	

Safety of the Home

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Stored in living room near exit

Item Specification (if needed):
- 2 flashlights, 1.5 v pk of batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 bottled waters, 2 canned foods, 1 can of baby food, 1 duffle bag (carrying case), 1 pk of wipes, 6 diapers, 1 outfit (top/bottom), 2 sleeper onesies, 2 blanket, bag of small toys, 1 roll of duct tape, 4 trash bags, 1 pair of scissors and folder w/ EPP and ECMA docs

- Items to be reviewed on 06/15/2023: **Corrected & Reviewed on 06/15/2023**

- Outlet coverings need in all areas (kitchen, bathroom, bedroom)

- Page 5 of EPP required

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: Carly
Last Name: Seibel (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 gather the child in care and her child, lock front and back doors and/or windows. The provider will grab the ERTG bag and head to the basement. The provider will seal the entry way of the basement and windows if the need arises. After she and the children are secured she will call or text the parents when the emergency has ended.

Evacuation Procedures

Primary: The provider will account for the child in care and her child and grab the ETRG. There will be an additional ERTG in the car as well for convenience. The provider and children will go to the vehicle and she will secure the children in their rear-facing car seats and drive to the evacuation location, which will be [redacted]. Upon arrival the provider has key access into the home, after entry they would go into the master bedroom (1 door 2 windows). Once secured in the home, the provider will contact by call or text the parent before, during and after the emergency if it is safe to do so.

Alternate: If they could not access the primary location, the provider will gather the child in care and her child and ERTG. There will be an additional ERTG in the car as well for convenience. The provider and children will go to the vehicle and secure the children in their rear-facing car seat and drive to the location, which is [redacted]. Upon arrival the provider will call the point of contact, [redacted] to gain access into the building from there she will receive instruction of where she and the children will shelter. Once secured in the location, the provider will contact the parent before, during and after the emergency if it is safe to do so.

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:	Carly Seibel	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	6/16/23	Date:	06/15/2023
Phone:	[redacted]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/07/2022 Follow-up Inspection Date: 06/08/2022	Time In: 9:45 AM Time In: 8:30 AM	Time Out: 10:54 AM Time Out: 8:47 AM	Result: DID NOT PASS Follow-up 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: Linda	Last Name: Sheffey	Provider ID: 483014
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)
Serenity Sheffey		(09/27/2021)	8mos. / Y	
Stephen Sheffey		(08/14/2020)	1yr / Y	
Aulani Cofield		(07/04/2018)	3yr / Y	
			/	
			/	
			/	

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-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	Generally clean
• 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	Only working cellphones
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Observed all home medical supplies
• 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	Moved to high cabinet in the kitchen
• Medications of any kind	Y	High shelf in hallway closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, near the front door		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name [REDACTED]	Last Name [REDACTED]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:		
Item Specification (if needed):		
1 toy, 2 tablets, 1 thermometer, no medications, 3 outfits (1 per child), 1 flashlight, 1 pk of AA batteries, 1 big blanket, 1 first aid kit, diapers and wipes, canned food & baby food, 4 bottled waters, roll of tape, scissors, trash bags, and folder of EPP and ECMA for each child		
Shelter-in-Place Procedures: Provider will call the parents, get the to-go and the children, will walk into the master bedroom closet, will seal the door, if necessary, will stay there until safe to exit and call their parents when the emergency is over.		
Evacuation Locations:		
Primary – Provider will call or text the parents, gather the children and the to-go bag, will load the kids in their car seats and drive [REDACTED]. Provider will have access via her spare key, will go into the basement area, no outside doors, or windows (1 entry door 0 windows), and will contact the parents via call or text once they are settled in.		
Alternate – Provider will gather the kids and to-go bag, load them into their car seats and put the to-go bag into the trunk, she will drive to [REDACTED] and provider has a spare key to access the home. Upon arrival she and the children will go into the basement foyer area (1 door 0 windows), once settled in she will call the parents and inform them of the emergency.		
Items to be reviewed on 06/08/2022: Items corrected and reviewed on 06/08/2022		
<ul style="list-style-type: none"> - First Aid Kit for the home - Basket or bag to hold the supplies for the diaper changing area - Battery-operated flashlight and extra batteries - Folder of the most recent Emergency Preparedness Plan and Emergency Care & Medication forms for each child 		

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>Linda Sheffer</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <i>6/8/22</i>	Phone: [REDACTED]	Date: 06/08/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/04/2023	Time In: 1:30PM	Time Out: 2:35PM	Result: Did not pass. Follow up needed
Follow Up Inspection: 01/05/2023	Time In: 10:00AM	Time Out: 10:22AM	Result: Passed
Informal Care			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
Provider Information			
First Name: Jacqueline	Last Name: Simmonds	Provider ID: [REDACTED]	
Provider ID: [REDACTED]		Email: [REDACTED]	
Care Location Inspected			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? Yes			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		12/08/2021	1 / Yes
[REDACTED]		09/16/2011	11 / No, 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 Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam from shower observed in bathroom
• Has a working inside toilet	Y	Listerine must be moved to higher location
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light came on when door was opened.
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	observed band aids, alcohol swabs, gloves, ointment, tape, gauze
• 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	Back of counter
• Medications of any kind	Y	Upper cabinet in Kitchen
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Was moved to high shelf in closet
• Guns	Y	
• Cleaning agents	Y	Cabinet lock observed
• Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes

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

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

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

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

Item Specification (if needed):

8 D batteries, 1 Onesies, 2 shirts, 3 pair pants, 1 Undershirt, 3 sox, 3 under wears, 1 hoodie,
Band aids, gauze, tape, q-tips, gloves, alcohol wipes, burn ointment, tongue depressors, coloring book, Crayons, Diary of wimpy kid book ,
Uno, 8 Diapers, Wipes, 2 16oz bottles of water, 2 can each of Chef Boyardee Ravioli, Can of Tomato soup, Chicken noodle soup.

Items to review on 01/05/2023 if needed: Observed

Safety lock on cabinet under sink with cleaning agents, alcohol moved to higher shelf, Move Listerine to locked medicine box, move laundry detergent up to Parent's closet, Band-Aids, gauze and ointment for the home, toy/book for older child, clothes for older child, more diapers for the baby, duct tape,

Emergency Preparedness Plan and Emergency care and Medication Authorization in the Emergency bag.

Emergency Documents

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

Planning and Maintenance

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

First Name Jacqueline

Last Name Simmonds

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

Shelter In Place Procedure:

The provider will grab ERTB and gather the children and head to the bathroom. The room has one door no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent immediately after they are secure.

Evacuation Procedures:

The provider will grab the baby and the older child, emergency bag, and her cell phone and walk down three flights of stairs to the main floor and out to the provider's vehicle where she will get the stroller from her car and secure the baby in stroller before walking half a block to the primary evacuation location, [REDACTED]. The provider will call [REDACTED] to let her know they are on their way or use a spare key to gain entry. Once at the location, they will shelter in the bathroom which has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location [REDACTED]. The provider will grab the baby and the older child, emergency bag, and her cell phone and walk down three flights to the main floor and out to the provider's vehicle where she will get the stroller from her car and secure the baby in stroller before walking two blocks to the location.. Once at the location the provider will ask where they can shelter. The provider will call the parent before leaving the care location and immediately after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Jacqueline Simmonds	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 1/5/23	Phone: [REDACTED]	Date: 01/05/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov ov
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Inspection Date: 12/22/2023	Time In: 9:30AM	Time Out: 10:26AM	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: Heather	Last Name: Slagle	Provider ID: 537159
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(04/27/2012)	11yr. / 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	Non-Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed steam from sink
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Band-Aids, Alcohol and Peroxide under bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife holder and block on back of kitchen counter
• Medications of any kind	Y	Stored in both medicine cabinets
• Matches, lighters and flammable products	Y	Moved to container on top of fridge
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning products moved to top shelf of laundry closet and hallway closet
• Poisonous substances	Y	Does not own

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Pack: Stored on shelf above the dryer	
- <u>1 duffle bag (carrying case), 1 flashlight, 1 bag of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, 3 canned foods/2 pk noodles, 1 outfit (top/bottom), 1 large blanket, folder w/ EPP and ECMA docs per child, 1 book, 1 pair of scissors, 1 roll of duct tape and 2 trash bags</u>	
<u>Items to be reviewed on xx/xx/xxxx:</u> N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Natasha	Last Name Summers
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<u>Shelter In Place Procedure:</u>	
The provider will gather the child, and the ERTG and go into the master bedroom (2 doors 2 windows) or master bathroom (1 door 0 windows). If needed the provider will use the sealing plastic and tape to seal the doors, windows and vents. The provider will call then text the parent to relay emergency updates.	
<u>Evacuation Procedures</u>	
Primary: The provider will gather child and the ERTG and walk the child to her vehicle. Provider will ensure the child is secured in his safety seat belt and then drive to [REDACTED]. Upon arrival, the provider will receive shelter instructions from [REDACTED]. Once secured the provider will call and text the parent to relay the emergency updates.	
Alternate: If they could not access the primary location, the provider will gather child and the ERTG and walk the child to her vehicle. Provider will ensure the child is secured in his safety seat belt and then drive to [REDACTED]. Upon arrival, the provider will receive shelter instructions from [REDACTED]. Once secured the provider will call and text the parent to relay the 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: Heather Slack		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 12-29-23	Phone: [REDACTED]	Date: 12/22/2023	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 INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/28/2022	Time In: 10:30AM	Time Out: 12:00PM	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: Glendora	Last Name: Small	Provider ID: [REDACTED]
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		3/9/2022	9 Months

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet Look under sink	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, Neosporin, Antiseptic wipes
• 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	Back of counter
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Locked in cabinet
• Poisonous substances	Y	Other than medications and cleaning solutions

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Bedroom Closet

Item Specification (if needed):

4 D batteries, Gloves, cold pack, alcohol wipes band-aids tape gauze, ointment, Onesies, 1 pant, 1 top, sox, 6 diapers
2 16oz bottles of water, one container each of apple sauce, beef baby food, carrots, Cookie snacks, toy phone, toy car, book

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 **Glendora**

Last Name **Small**

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

Shelter In Place Procedure:

The provider will grab the baby, grab the ERTB and head to the bathroom. The room has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent before going to shelter and then after they are and secure.

Evacuation Procedures:

The provider will call Lyft car service then grab the emergency bag and diaper bag, gather the baby, then proceed to the Lyft where she will secure the baby in his rear facing car seat before being driven to the primary evacuation location, which is the [REDACTED]. Once at the location, they will shelter in the bedroom which has 2 windows and two doors. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the [REDACTED]. The provider will call Lyft, grab the emergency bag and diaper bag, gather the baby, then proceed to the Lyft car where she will secure the baby in his rear facing car seat, before being driven to the location. The provider will call [REDACTED] before leaving the care location to let her know they are on their way. They will shelter in the bathroom that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name: Glendora Small		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: 12/29/2022	Phone: [REDACTED]	Date: 12/28/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/22/2023	Time In: 10:30AM	Time Out: 11:32AM	Result: PASSED
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Informal Care

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

First Name: Angie	Last Name: Smith	Provider ID: 515494
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]		(07/21/2022)	11mos. / Y

Safety of the Home

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

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

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

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

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

<input checked="" type="checkbox"/> Medications	<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 at top of basement near exit	
Item Specification (if needed):	
= 1 flashlight, 2 additional AA batteries in baggie, 1 first aid kit, 1 roll of duct tape, 1 roll of trash bags, 6 bottled waters, 1 duffie bag (carrying case), no spec meds, 3 baby bottles, 3 canned foods, 4 dried pk foods, 3 baby foods/formula, 1 pk of wipes and diapers, 2 outfits(top/bottom), 1 blanket, 1 pair of scissors, 4 small toys, and folder w/ EPP and ECMA docs	
= Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Shelby	Last Name Smith
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
Shelter In Place Procedure:	
The provider will gather the child and ERTG and go to the second floor laundry room (1 door 0 windows). If needed the provider will use sealing plastic and tape to seal the door and remain there until the emergency has ended. The provider will call or text the parent once they inside and safe.	
Evacuation Procedures	
Primary: The provider will account for the child and grab the ERTG. The provider will secure the child in the rear-facing car seat and then drive [REDACTED]. Upon arrival the provider will receive instruction from [REDACTED] of where to shelter and then contact the parent via call or text to inform her they are there.	
Alternate: If they could not access the primary location, the provider will account for the child and grab the ERTG. The provider and child will head to her vehicle and she will secure the child in the rear-facing car seat. She will drive to the location which is [REDACTED]. Upon arrival the provider [REDACTED] and she and the child will go [REDACTED] (1 door 0 windows). Once secured in the location the provider will call or text the parent with emergency updates.	
Care Hours: [REDACTED]	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: Angie Smith	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 6/22/2023 Phone: [REDACTED]	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 INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/14/2022	Time In: 1:45PM	Time Out: 3:32PM	Result: Passed If form is returned by 5:00Pm on 4/15/2022
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Informal Care

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

Provider Information

First Name: Belinda	Last Name: Smith	Provider ID: 484899
Provider ID #: [REDACTED]	Email: [REDACTED]	

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/21/2009	12 / Yes
[REDACTED]		4/13/2015	7 / Yes
[REDACTED]		6/22/2016	5 / Yes
[REDACTED]		11/6/2018	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?	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	No sign of infestation
• Is well-lit and well-ventilated	Y	Bright and sunny
• Has hot and cold running water	Y	Steam observed from shower
• Has a working inside toilet	Y	Flushed
• Has utilities for cooking, lighting and heating	Y	Gas top was operational
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Call observed
• 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	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	Moved to higher cabinet
• Medications of any kind	Y	Hall closet
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Moved to laundry

- Poisonous substances

GENERAL CLEANLINESS STANDARDS

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

Y

Other than medications and cleaning solutions

Standard Met
Y/N

Comments/Notes
Corrective Action /Timeframe if needed

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.

Y

Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.

Y

Diapering procedures are followed.

Y

Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:

- Toileting;
- Diapering;
- Before food preparation and eating;
- After playing outdoors; and
- At other times when necessary to prevent the spread of disease.

Y

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

Standard Met
Y/N

Comments/Notes
Corrective Action /Timeframe if needed

A child is not subject to any form of abuse, including:

- Physical injury
- Any sexual abuse
- Mental injury

Y

A child in care is not subjected to any form of neglect, including:

- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

Y

A child in care is not subjected to mistreatment, including:

- Any deliberate act that hurts a child physically or emotionally, including:
- Spanking, Biting, Hitting, Shaking
- Any other means of physical discipline
- Not attending to a child's physical needs
- Shouting, Cursing, Shaming, Ridiculing
- Washing a child's mouth with soap
- Putting pepper or other spicy or distasteful items in a child's mouth
- Requiring a child to stand on one foot as punishment
- Tying child to a cot or other equipment

Y

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

Y

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ 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 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

Item Specification (if needed):

Tweezers, scissors, band aid, wounds and burn kit, gauze ice pack CPR/AED, alcohol wipes, Q-tips ointments, Tylenol
3 C batteries, 3 Pull ups, 4 Shorts 4 shirts 4 under 4 ware 4 t- shirt, pants, 2 large blankets
4 toys dinosaurs, 4 books and tablets
4 16oz. Water bottles, tuna, chef Boyardee, crackers, beans,

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:

Shelter In Place Procedure:

The provider will gather the children [REDACTED] and the emergency to go bag and head to the family room in the basement where she will do a roll call to make sure everyone is accounted for. The family room has a patio window and provider will seal the windows with plastic if the need arose. Once secure the provider will call the parent.

Evacuation Procedures:

The provider will gather the children [REDACTED] and the emergency to go bag and head to the car where she will secure the children in car seat, booster seat and seat belt before driving to [REDACTED]. Provider has a code to enter through the garage and head to [REDACTED] basement. If the need arose to they would seal the windows with plastic. If they could not go to the primary location, they will go to alternate evacuation location to [REDACTED], which is walking distance. Once let in [REDACTED], they will go to the basement to shelter. Provider will contact parent once they are secure.

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:	Delinda R. Smith	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	4/15/2022	Date:	04/14/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST		
Inspection Date: 08/24/2021	Time In: 2:00 PM	Time Out: 2:46 PM	Result: FAILED
Informal Care			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
Provider Information			
First Name: Jacqueline	Last Name: Smith	Provider ID: 445275	
License #: [REDACTED]		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]		05/12/2016	5 / Y
[REDACTED]		11/13/2007	13 / 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	
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	
• Is in good repair	Y	House clean, but slightly cluttered (apartment)	
• Is free of insect or rodent infestation	Y		
• Is well-lit and well-ventilated	Y	Well-lit in the common area, bedrooms and kitchen	
• Has hot and cold running water	Y	Used the thermometer to test hot and cold water	
• Has a working inside toilet	Y	Toilet flushed by provider	
• Has utilities for cooking, lighting and heating	Y	Showed entire kitchen and all appliances	
• Has a working and safe heating system	Y	Tested the thermostat, heat/cool	
• Has a working refrigerator and stove	Y	Open the stove, turned on the stove top and opened the refrigerator and freezer	
• Has a working telephone	Y	Provider pressed talk and played dial tone out loud	
• Has operational smoke detector(s)	Y	Viewed it blinking, but smoke detectors too high to reach	
• Has first aid kit/supplies	Y	Showed the kit in camera	

<ul style="list-style-type: none"> Has protective coverings on any electrical outlet that is accessible to children 	Y	If outlet was not being used there was an outlet cover-up on it
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<ul style="list-style-type: none"> Sharp or pointed items 	Y	They were placed toward the back of the counter in knife holders
<ul style="list-style-type: none"> Medications of any kind 	Y	In the bathroom cabinet of the mother's room
<ul style="list-style-type: none"> Matches, lighters and flammable products 	Y	
<ul style="list-style-type: none"> Alcoholic beverages 	D	Stated yes, but they were sitting on the backend of the kitchen counter
<ul style="list-style-type: none"> Guns 	D	Stored away properly, but provider could not access ensure the storage location
<ul style="list-style-type: none"> Cleaning agents 	Y	Latch on the cabinet door
<ul style="list-style-type: none"> Poisonous substances 	Y	Does not own any products
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Diapering area in the room of the 4-year-old
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Two trash cans for disposable item, specific diaper receptacle
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, 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: Oxytrol medical patch for an overactive bladder (Laylah)

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: The providers SUV truck.

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name: Jacqueline Smith		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 8/24/2021	Phone: [REDACTED]	Date: 08/24/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/08/2022	Time In: 10:30AM	Time Out: 11:54AM	Result: Failed. Follow up needed.
Follow Up inspection: 11/14/2022	Time In: 9:00AM	Time Out: 9:28AM	Result: PASSED

Informal Care

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

Provider Information

First Name: Katherine	Last Name: Smith	Provider ID: 417460
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]		3/16/2010	12 / No At school
[REDACTED]		5/5/2012	10 / No At school
[REDACTED]		11/30/2015	6 / No 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 Submitted

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Item Specification (if needed):

2 Short sleeve shirt, 2 long sleeve shirt, 2 Jeans pants, 2 Pants, dress, 1 shorts & underwear, 3 Pajamas, socks, 3 blankets
Band-Aids, tape, burn cream, first aid cream, alcohol wipes, cold pack, tweezers, pain relief
8 10oz bottles of water, 3 C batteries, 2 AA batteries, 3 cups mac & cheese, can of corn, green beans & yams
Boogie game, finger puppets, legos, 9 books, books,

Items to review on 11/14/2022 if needed: Observed 11/14/2022

Outlet covers in dining room, hallway, Family room, Kids rooms

Emergency Care & Medication for all the children in the bag, Heavy duty scissors,

Cleaners moved out from under kitchen sink & bathroom, knives out of top drawer, Butcher knives block moved higher, paints in basement moved higher shelf,

Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will gather the children and go down stairs to the laundry room. The ERTS will already be on the shelf in the laundry room. If the need should arise the provider will use plastic and tape to seal the shelter door, there are no windows. The provider will call the parent once they are situated and secure in the laundry room.

Evacuation Procedures:

The provider will grab the emergency bag, have the children grab their bag packs, and head to the provider's vehicle where she will make sure all the children are buckled in their seat belts, before driving to the primary evacuation location. Once at the location, they will shelter in the family room which has one window and one door. The provider will call the parent to let her know and also have to let her know they are on the way. Provider will periodically call the parent to update her on their situation.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is The provider will grab the emergency bag, the children, then proceed to the provider's vehicle where she will make sure the children are buckled in their seatbelts, before driving to the location. The provider will call are in the car to let her know they are on their way. They will shelter in the den that has two small windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent before leaving the care location and after they arrive at the alternate evacuation location.

Signatures & Date

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

PROVIDER

INSPECTOR

Printed Name:

Printed Name:

Signature:

Signature:

Date:

Date: 11/14/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/02/2023	Time In: 3:30PM	Time Out: 4:45PM	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: Klm	Last Name: Smith	Provider ID: 532806
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]		(06/06/2014)	9yr. / N
[REDACTED]		(05/14/2010)	13yr. / Y

Safety of the Home

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Stored on coat rack by exit door

Item Specification (if needed):

- 2 flashlights, 3 AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, 3 bottled waters, 1 pk of noodles, 2 canned foods, 2 outfits (top/bottom), 1 blanket, folder w/ EPP and ECMA docs per child, 1 toy, 1 puzzle book, 1 pair of scissors, 1 roll of duct tape, and 3 trash bags
- Items to be corrected on xx/xx/xxxx: N/A

Emergency Documents

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

Planning and Maintenance

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

First Name

Sykeena

Last Name

Mitchell

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

Shelter In Place Procedure:

The provider will gather the children and ERTG and go into the downstairs bedroom (1 door 1 window). The provider will use the sealing plastic and tape to seal the door and window if needed. The provider will call, text or email if needed to inform the parent of emergency updates.

Evacuation Procedures

Primary: The provider will gather both children, the ERTG and secure the children by hand-holding to [REDACTED]. Upon arrival the provider will [REDACTED]. Once secured the provider will call, text or email the parent if needed with emergency updates.

Alternate: If they could not access the primary location, the provider will gather both children, the ERTG and secure the children by hand-holding to [REDACTED]. Upon arrival the provider [REDACTED] about where to shelter specifically. Once secured the provider will call, text or email the parent if needed with emergency updates.

Care Hours:

Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	<u>Kim Smith</u>	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: <u>11/2/23</u>	Phone: [REDACTED]	Date: <u>11/02/2023</u>	Phone: <u>1-877-227-0125</u>

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/25/2023	Time In: 1:30PM	Time Out: 2:35PM	Result: Did not pass. Needs follow up
Follow Up Scheduled: 1/26/2023	Time In: 9:00AM	Time Out: 9:05AM	Result: Passed

Informal Care

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

Provider Information

First Name: Roslyn	Last Name: Smith	Provider ID: 280068
Provider ID: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/20/2008	14 / No, At School
[REDACTED]		4/17/2010	12 / No, At School
[REDACTED]		9/26/2013	9 / No, At School
[REDACTED]		1/19/2015	8 / No, 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 Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Digital thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, aquaphor, q-tips, Rubbing Alcohol
• Has protective coverings on any electrical outlet that is accessible to children	Y	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	Back of counter
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	
• Cleaning agents	Y	Cabinet must be locked in kitchen and bathroom. Observed
• 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	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: By the front

Item Specification (if needed):

2 AA batteries, 3 sweat pants, 1 pair Jeans, 4 shirts, 3 large blanket
Band aids, bandages, peroxide, ointment, gauze, tape
Puzzles, Board games Jumanji, checkers, chess, tic tac toe.
4 16oz bottles of water, 2 cans of tuna, Soup, Fruit cocktail, 4 large ramen soup bowls

Items to review on 1/26/2023 if needed: Observed 01/26/2023

Lock cabinet with cleaning supplies in the kitchen and the upstairs bathroom,

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 Roslyn

Last Name Smith

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

Shelter In Place Procedure:

The provider will call all the children by name to come downstairs and shelter to the foyer of the home by the front door which has no windows. The emergency bags are already stored in the foyer. If the need should arise the provider will use plastic and tape to seal the door. The provider will call the parent as soon as the provider's knows that there is a shelter in place emergency and will keep update the parent every 15 minutes.

Evacuation Procedures:

The provider will call all the children by name and them, grab the 3 emergency bags, and proceed to the provider's vehicle where she will [REDACTED] in their booster seats and the older children their seatbelts, before driving to the primary evacuation location, which is [REDACTED]. Before leaving the care location the provider will [REDACTED] know they are on their way. Once at the location, they will shelter in the living room which has two windows and one door. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location the will keep updating the parent every 15 minutes.

The alternate evacuation location is [REDACTED]. The provider will grab the emergency bags, gather the children, then proceed to the provider's vehicle where she will [REDACTED] in their booster seats and the older children their seatbelts before driving to the location. The provider will call before letting [REDACTED] know they are on their way. They will shelter in the living room that has two 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 immediately after they are secure in the alternate evacuation location will keep updating the parent every 15 minutes.

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:	Roslyn Smith	Printed Name:	[REDACTED]
Sig:	[REDACTED]	Signature:	[REDACTED]
Date: 1/26/2023	Phone: [REDACTED]	Date: 01/26/2023	Phone: 1-877-227-0125

• Cleaning agents	Y	In bottom cabinet with safety latch on it
• 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	No diapering area, but everything is clean
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diapers, trash stored away appropriately until trash/recycling day
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	N/A	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	They wash their hands consistently
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	Time out only
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.

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Scissors, tape & sealing plastic
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
Disaster Supply Kit Comments/Notes: Reschedule EPP documents review on Monday, speak with [REDACTED]. Completed review of Emergency Preparedness and Medical Emergency form on 8/2 @ 10:45 am.		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name [REDACTED]	Last Name [REDACTED]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Providers Vehicle (Van)		

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: Katherine Smith		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 08/11/2021	Phone: [REDACTED]	Date: 07/30/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/19/2022	Time In: 1:30pm	Time Out: 2:30 pm	Result: Approved
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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: Roslyn	Last Name: Smith	Provider ID: 280068
		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)
		01/19/2015	6 Years / y
		04/17/2010	11 Years / y
		09/26/2013	8 Years / y
		08/20/2008	13 Years / 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	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	Steam in the cup observed.
• Has utilities for cooking, lighting and heating	Y	Observed Flush
• Has a working and safe heating system	Y	4 Operational Burners observed
• Has a working refrigerator and stove	Y	Thermostat turned up
• Has a working telephone	Y	Refrigerator light turned on. Frozen food observed
• Has operational smoke detector(s)	Y	Outbound call made to provider on cell phone
• Has first aid kit/supplies	Y	Test button pressed
• Has protective coverings on any electrical outlet that is accessible to children	Y	Gauze, bandages, peroxide, thermometer.
		No exposed outlets
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knife block on the kitchen counter top
• Medications of any kind	Y	Medicine cabinet in the bathroom upstairs
• Matches, lighters and flammable products	Y	Not kept in the home
• Alcoholic beverages	Y	Not kept in the home
• Guns	Y	Not kept in the home
• Cleaning agents	Y	Kept under cabinet in upstairs bathroom (locked)

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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/ |

☐ Medications

☒ Blanket(s)

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

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

Location of Emergency Ready to go Pack: 3 bags Near the front door under a table

Item Specification (if needed):

- First Aid Kit: Scissors, cold compress, insect relief gauze, bandages, peroxide, forehead scanning thermometer,
- Blue Jeans Blue Jacket White and black polka dot shirt
- Blue Jeans, White Tshirt
- Blue Jeans, Green long sleeve top
- Dark blue Jeans and a baby blue shirt.
- Nonperishable Foods: Canned tuna, Canned Soup, 4 Packs of Ramen.
- Bottled Water: 4 16.9 oz waters
- Children aren't in diapers
- 4 Large Blankets Red and
- Lantern style flash light
- 3 AA Batteries
- [REDACTED]
- Game: Chess, Checkers, Tic Tac Toe, ?Puzzle, Family Feud, Jumanji Board Games.
- Red Scissors, White Duct Tape, 4 Large Trash Bags
- ECMA: [REDACTED]

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:

Shelter In Place Procedures:

The Provider will contact the parent via email as well as contact the parent via the oldest child, grab the ERTGP, count out each child and shelter in the foyer(1 door 0 windows).

Evacuation Procedures:

The Provider will call each child by name, age and number and have them meet in the foyer. Grab the ERTGB and go to the 6 passenger van, open all doors and put the 2 youngest children in the booster seat and the 2 oldest in the seat belt. The oldest child will be in the front seat. The provider will then put the ERTGB in the trunk and drive to [REDACTED] and call him to inform him of their arrival. Prior to arrival the provider will contact the parent to inform her of their relocation. Upon arrival the children and provider will shelter in the foyer(1 door 0 windows). If the provider cannot shelter in this location the provider will call each child by name, age and number and have them meet in the foyer. Grab the ERTGB and go to the 6 passenger van, open all doors and put the 2 youngest children in the booster seat and the 2 oldest in the seat belt. The oldest child will be in the front seat. The provider will then put the ERTGB in the trunk and drive to [REDACTED] to inform her that they will be sheltering at her home. The provider will call the parent and inform her of the change in location. Once the provider arrives she and the children will shelter in the living room (1 door 2 windows.)

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

Roslyn K Smith

Printed Name

[REDACTED]

[Redacted]			
Signature	[Redacted]	Signature	[Redacted]
Date	1/19/22 ()	Phone	[Redacted]
		Date 01/19/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection		Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST																																	
Inspection Date: 5/19/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED																																
Informal Care																																			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care																																			
Provider Information																																			
First Name: Roslyn	Last Name: Smith	Provider ID: 280068	Email:																																
Care Location Inspected																																			
Street Address:	City	County	State Zip Code																																
<table border="1"> <thead> <tr> <th>Name of Children in Care (add pages if needed)</th> <th>Scholarship</th> <th>Date of Birth</th> <th>Age / Present (Y/N)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1/19/2015</td><td>6/ Y</td></tr> <tr><td></td><td></td><td>9/26/2013</td><td>7/ Y</td></tr> <tr><td></td><td></td><td>4/19/2010</td><td>11/Y</td></tr> <tr><td></td><td></td><td>8/20/2008</td><td>12/Y</td></tr> <tr><td></td><td></td><td></td><td>/Y</td></tr> <tr><td></td><td></td><td></td><td>/Y</td></tr> <tr><td></td><td></td><td></td><td>/Y</td></tr> </tbody> </table>				Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)			1/19/2015	6/ Y			9/26/2013	7/ Y			4/19/2010	11/Y			8/20/2008	12/Y				/Y				/Y				/Y
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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																																	
Basic Health and Safety Training Completed?	Y	Corrective Action /Timeframe if needed																																	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes																																	
• Is in good repair	Y	Corrective Action /Timeframes if needed																																	
• 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																																	
• 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																																	
• Sharp or pointed items	Y	Corrective Action /Timeframe if needed																																	
• Medications of any kind	N/A	No daily medication given																																	
• Matches, lighters and flammable products	Y																																		
• Alcoholic beverages	Y																																		
• Guns	N/A	No protection/ no weapon in the home																																	
• Cleaning agents	Y																																		

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

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 Ready- to- Go pack will be stored in the pantry near the back door. There are 2 tote bags filled with all mandatory items and are easy accessible to the provider in case of an emergency. Both bags have wide straps for carrying on shoulders or holding in hand.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The Ready-to-Go Pack will be retrieved and carried by the Provider. The Ready-to-go kit will be stored by the exit so it is easily accessible during an emergency. Provider will collect the children and make the signal so the children are aware of the emergency. Then the Provider will complete a head count to ensure all children are present before contacting the Parent by phone. Then everyone will leave out the back door with the Ready-to-Go kit and get in the vehicle [REDACTED] and [REDACTED] will be secured by a traditional seat belt, however [REDACTED] and [REDACTED] will be seated and secured in a booster seat. The booster seat will already be in the vehicle. After completing another head count, the Provider will drive less than 5 minutes to [REDACTED] for the first evacuation location. The Provider will keep the Parent informed via text and calls using her smartphone.	
If the emergency requires the Provider and children to leave the neighborhood, they will relocate to [REDACTED] where they will stay until they are reunited with the Parent once the emergency status is lifted.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
[REDACTED]		[REDACTED]	
Signature:		Signature:	
[REDACTED]		[REDACTED]	
Date:	Phone:	Date: 5/19//2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/19/2023 Follow-up Inspection Date: 09/20/2023	Time In: 3:00PM Time In: 9:45AM	Time Out: 4:13PM Time Out: 9:52AM	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Shambria	Last Name: Smith	Provider ID: 525894
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]		(06/21/2021)	2yr. / N	
[REDACTED]		(01/07/2018)	5yr. / N	
[REDACTED]		(12/02/2013)	9yr. / Y	

Safety of the Home

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y		
Location of The Emergency Ready to go Pack: Stored in hallway closet		
Item Specification (if needed):		
: <u>2 backpacks (carrying case), 3 flashlights, 1 pk of AA and D batteries, 1 first aid kit, 1 thermometer, no specific meds, 5 bottled waters, 6 canned foods and additional snacks, 1 large emergency blanket, 1 roll duct tape, 3 trash bags, 1 pair of scissors, 3 outfits(top/bottom), 1 bag of toys and folder w/ EPP and ECMA docs per child,</u>		
: <u>Items to be reviewed on 09/20/2023: Corrected & Reviewed on 09/20/2023</u>		
: <u>- ERTG: Change of Clothes for Ea. Child</u>		
: <u>- Toys or Games for children</u>		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input checked="" type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name Shambria	Last Name Smith	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.		
<u>Shelter In Place Procedure:</u>		
The provider will account for the children and grab the ERTG bags and go into the basement (1 door 1 window). The provider will lock all doors and windows. The provider will use the sealing plastic and tape to seal the door and window if needed. Once secured the provider will call and text the parent with emergency updates.		
<u>Evacuation Procedures</u>		
Primary: The provider will account for the children, grab the ERTG bags and will head to the provider's vehicle, all while holding each other's hands. The provider will secure the youngest child in his forward-facing car seat and the middle child in a booster seat and oldest child in her car seat belt. The provider will drive to the [REDACTED]. The provider will [REDACTED] once inside the provider and children would shelter in [REDACTED] (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.		
Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG bags and will head to the provider's vehicle, all while holding each other's hands. The provider will secure the youngest child in his forward-facing car seat and the middle child in a booster and oldest child in her car seat belt. The provider will drive to the [REDACTED]. The provider will [REDACTED] once inside the provider and children would shelter [REDACTED] (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.		
Care Hours: [REDACTED]		

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Shambria Smith		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 10-01-2023	Phone: [REDACTED]	Date: 09/20/2023	Phone: 1-877-227-0125

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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: On step near front door**Item Specification (if needed):**

- Trash bags, black duct tape, red scissors
- First Aid: Gauze, Bandages, Alcohol pads, antiseptic towelettes, mask, cold pad, tweezers and tongue depressor.
- Flashlight
- 10 AA Batteries
- Puzzles and top laptop
- 2 White and blue blankets
- Medication: Motrin
- 3 16 ounce bottles
- 4 diapers
- Change of clothes: [REDACTED] Grey bottoms purple heart top) [REDACTED] Grey sweatpants and sweat suit with underwear)
- Blood pressure cuff
- 2 Canned soup, canned corn beef, crackers, cookies, canned sardines.
- Thermometer

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 Cecilia

Last Name Solomon

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

Shelter In Place Procedures:

The Provider will count the children and ensure their safety then grab the ERTG bag and upstairs in the bedroom(2 doors 3 windows).
The provider will contact the parent once secured.

Evacuation Procedures:

The Provider will count the children and ensure their safety then grab the ERTG bag. The provider will ensure it's safe to take the children outside then head to the car where the children will be secured in the car seats and seat belts. The provider will drive to her daughters home and call to inform her that she will be sheltering at her home. The provider and the children will shelter in a bedroom(1 door 2 windows). The provider will contact the parent upon arrival. If the provider cannot shelter at this location she will count the children, grab the ERTG bag and secure all children in the seat belts and car seats. The provider will then call her friend [REDACTED] to inform her of their arrival. The provider and children will shelter in the basement (1 door 0 windows). The provider will contact the parent once the children are secured.

Signatures & Date

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

PROVIDER**INSPECTOR**

Printed Name: Cecilia Solomon

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 12/28/2021

Phone: (301) 938-2506

Date: 12/28/2021

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/5/2023 Follow-up Inspection Date: 12/7/2023	Time In: 10:30AM Time In: 11:15AM	Time Out: 11:44AM Time Out: 11:42AM	Result: Follow-up Required. Follow-up Result: PASSED
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Informal Care

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

Provider Information

First Name: Austine	Last Name: Spriggs	Provider ID: 504527
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/07/2014)	9yr. / N
[REDACTED]		(11/18/2015)	7yr. / N
[REDACTED]		(04/17/2017)	6yr. / N

Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melted
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit in kitchen cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Corrective Action Completed: 2 Knife holders moved to back kitchen counter
• Medications of any kind	Y	Stored in top kitchen cabinet/ Locked provider's bedroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Corrective Action Completed: Alcohol removed from home

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

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

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

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

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

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

- 1 duffle bag (carrying case), 1 first aid kit, 1 thermometer, 1 flashlight, 1 pk of AAA batteries, 4 toys, no specific medications, 6 bottled waters, 4 canned foods, 3 outfits (top/bottom), 1 large blanket, 1 pair of scissors, roll of sealing plastic 1 roll of duct tape, 2 card games and folder w/ EPP and ECMA docs per child

Items to be reviewed on 12/7/2023: Corrected & Reviewed on 12/7/2023

- Outlet covering needed
- Alcohol moved to safe location
- Sharp knives moved to back of counter
- Cleaning products moved in basement/upstairs bedroom or door lock added

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

Austine

Last Name

Spriggs

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

The provider will gather the children, grab the ERTG bag, lock all doors and windows and head to the upstairs bathroom (1 door 0 window). If needed the provider will seal the door and vent with sealing plastic and tape. The provider will call the parents or 911 if it is an immediate emergency.

Evacuation Procedures

Primary: The provider will gather all children, perform a head count and grab the ERTG. The provider and children will use the hand-holding buddy system [REDACTED]. Upon arrival the provider will receive instructions from [REDACTED] about where they should shelter. Provider will call the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will gather all children, perform a head count and grab the ERTG. The provider will use the hand-holding buddy system [REDACTED]. Upon arrival the provider will call the [REDACTED] Provider and children would [REDACTED] (1 door 0 window). Provider will call the parent with emergency updates.

Care Hours:**Signatures & Date**

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

PROVIDER**INSPECTOR**

Printed Name:

Signature:

Date:

Phone:

Printed Name:

Signature:

Date: 12/7/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 01/17/2023 Follow-up Inspection Date: 01/18/2023	Time In: 3:30PM Time In: 8:30AM	Time Out: 4:44PM Time Out: 8:54AM	Result: Follow-up Required Result: PASSED
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Informal Care

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

Provider Information

First Name: Austine	Last Name: Spriggs	Provider ID: 504527
Provider: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		2/2/2011	11 / N
[REDACTED]		3/7/2014	8 / N
[REDACTED]		11/18/2015	7 / N
[REDACTED]		4/17/2017	5 / N
[REDACTED]		4/23/2019	3 / 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	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 in all bathrooms
• 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	Provider made a call
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Stored in hallway closet
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed on 01/18/2023
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 along back on the kitchen counter
• Medications of any kind	Y	Stored in providers medicine cabinet in her personal bathroom
• Matches, lighters and flammable products	Y	Husband is a smoker, lighter on high cabinet in room & on-person.

• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed on 01/18/2023
• Poisonous substances	Y	Provider has grass weed killer in her shed outside the home
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

☒ Portable First Aid Kit

☒ Diapers (N/A)

☒ Consider special toys or games

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Front room closet near exit

Item Specification (if needed):

- 1 pack of AA batteries, 1 flashlight, 4 canned foods, powder milk, 1 roll of sealing plastic, 1 pair of scissors, 1 roll of duct tape, 1 thermometer, 1 portable first aid kit, no diaper age children in care, 5 outfits 1 per child, folder w/ ECMA for all children and EPP forms, 6 bottled waters, 1 big blanket, 2 card games, [REDACTED]

Items to review on 01/18/2023 if needed: Corrected & Reviewed on 01/18/2023

- **Locks for cabinets and draws in kitchen**
- **Outlet covers in living room, kitchen, bathroom, upstairs hallway, upstairs bathroom and master bedroom**
- **ERTG needs: 6 bottled waters, [REDACTED] and 1 pack of UNO cards**

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

Austine

Last Name

Spriggs

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

Shelter In Place Procedure:

The provider will gather the children and ERTG and go into [REDACTED] in the [REDACTED] Provider will use sealing plastic and tape to seal door if needed and contact the parent via call or text once they are secured in the location.

Evacuation Procedures:

The provider will grab the emergency bag, gather the children, utilizing the [REDACTED] [REDACTED] from the home. Once they enter [REDACTED] will call the parent to relay the information that they are secure and then call 911 if necessary.

If the provider and children cannot go to the primary location they will go to the alternate location which [REDACTED] Provider will grab the ERTG bag and the children using the [REDACTED] Upon arrival, provider will have back door access to the [REDACTED] they will go into the upstairs bathroom (1 door 1 window) of the [REDACTED] they are secured the provider will call the parent to alert her of the emergency.

Signatures & Date

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

PROVIDER

Printed Name:

Austine Spriggs

Date:

1/18/2023

INSPECTOR

Printed Name:

Signature:

Date: 01/18/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/09/2022	Time In: 3:30PM	Time Out: 4:06PM	Result: Passed if returned by 5:00PM on 3/10/2022
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Informal Care

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

Provider Information		
First Name: Daniella	Last Name: Stanley	Provider ID: 482992
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]		11/23/2020	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	
• Is free of insect or rodent infestation	Y	No sign of rodents or insects
• Is well-lit and well-ventilated	Y	Well lit
• Has hot and cold running water	y	Steam observed
• Has a working inside toilet UNDER sink	y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Stove burners observed
• Has a working and safe heating system	Y	Turned up
• Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
• Has a working telephone	Y	House phone. Outbound call observed.
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Ointments, gauze, tape, gloves band aids, tongue depressors, gauze, ice pack, Alcohol wipes,
• Has protective coverings on any electrical outlet that is accessible to children	Y	In all rooms outlets that were not in use are 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 on the counter towards the back of counter.
• Medications of any kind	Y	Medicine cabinet. Unreachable to child.
• Matches, lighters and flammable products	Y	None in the house
• Alcoholic beverages	Y	None in the house
• Guns	Y	None in the house
• Cleaning agents	Y	Under sink locked
• Poisonous substances	Y	None other than medications and cleaning solutions

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

☒ Medications☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: In the closet by the front door.**Item Specification (if needed):**

4 16oz water bottles, canned Beans, ravioli, soup, pasta

First aid kit - band aids, ointment, alcohol wipes gauze, tape, tweezers, burn cream, gloves,

4 diapers & pack of baby wipes

2 tops, 2 pants,

Baby Tylenol, masks,

2 AA batteries, 4 C batteries

Bouncy ball, book

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

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

First Name

Last Name

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

Shelter In Place Procedure:

The provider will call parent and communicate what's going on than grab the child and the emergency bag, unlock child gate and go down the stairs to the basement. The basement has two small windows and two doors.

Evacuation Procedures:

The provider will contact parent than grab the child and the emergency to go bag. Provider will then proceed to her vehicle where she will secure the child in his car seat and drive to the primary evacuation location. If driving was not an option

Alternate Location:

The provider will call parent, grab the baby and emergency bag. The provider will then proceed to her vehicle where she will secure the child in his car seat and drive to the alternate evacuation location. If driving was not an option provider can secure baby in stroller and walk down to 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:

Daniella Stanley

Name:

Signature:

Date: 03/09/2022

Phone:

Date: 03/09/2022

Phone: 1-877-227-0125