

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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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: 03/08/2022	Time In: 3:30 PM	Time Out: 4:45 PM	Result: PASSED if returned to: ccs.informalproviders@maryland.gov by 1pm on 03/09/2022.
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Informal Care

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

Provider Information

First Name: Abenet	Last Name: Teku	Provider ID: 482985
Provider ID #		Email:

Care Location Inspected

Street Address: City County State MD Zip Code

Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(11/18/2019)	2yr 2mos/ 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	Home was generally
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and window access for sunlight
• Has hot and cold running water	Y	Observed the shower
• 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	Both appliances functioning properly
• Has a working telephone	Y	Everyone has working cellphones
• Has operational smoke detector(s)	Y	Tested by the provider
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	Stored in high bathroom cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own

• Cleaning agents	Y	Moved to higher shelf levels
• 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 diapers, pull ups only
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> • Toileting. • Diapering. • Before food preparation and eating. • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your 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 type="checkbox"/> Thermometer	<input type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input type="checkbox"/> Medications	<input type="checkbox"/> Blanket(s)	
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, hallway closet near the exit door.		
Emergency Documents		
<input type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)		
<input type="checkbox"/> Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:		
First Name [Redacted]	Last Name [Redacted]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <u>Itemized List (if needed):</u>		
3 Flashlights		
4 extra batteries		
1 first aid kit		
2 bottled waters		
1 bottle of pain & fever medication		
1 shirt, jacket, and pant		
1 blanket		
1 thermometer		
2 pullups/pack of wipes		
2 small toys		
1 backpack		
Shelter-in-Place: Grab the child and the to-go bag, Provider would make sure all windows and doors are locked, they would go into the master bedroom bathroom (1 door 0 windows), the provider will contact the parent via call/text before, during and after the emergency is over.		
Evac. Loc. (Primary): Provider will grab the emergency bag and the child, call the parent, and will head downstairs with the child and backpack on back, will go to the recreation center and will go inside the gym (0 windows 1 door) for safety, will contact the parent via call or text during and after as well.		
Evac. Loc. (Alternate): Provider will grab the child and bag, give the parent a call, go into her vehicle and buckle child in the car seat, will drive to local police station and go inside for shelter after being instructed of safe space by authorities, will contact the parent via call and text during and afterward.		

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>Abenet Teku</u>		Printed Name: [Redacted]	
Signature: [Redacted]		Signature: [Redacted]	
Date: <u>03/09/2022</u>	Phone: [Redacted]	Date: <u>03/08/2022</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	
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Inspection Date: 08/26/2021 & 09/22/21	Time In: 02:03 PM & 2:00 pm	Time Out: 03:10 PM & 2:14 pm	Result: Approved once returned by 5 pm on 09/23/21
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Informal Care

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

Provider Information

First Name: Cynthia ID#: [REDACTED]	Last Name: Thomas	Provider ID: 357039 Email: [REDACTED]
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Care Location Inspected

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

Name of Children In Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		07/20/2020	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	
• 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	3 burners working 1 burner broken
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	From Ready to go Pack
• 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	Stored in drawer
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	Cleaning agents moved to a high shelf.
• 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 specific changing station located in the child's room. The child's crib/play pin was shown.
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 local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
Disaster Supply Kit Comments/Notes: Handle Bag (Shopping Bag) Missing the portable first aid kit. Forehead scan thermometer. No medications for the children in the bag. 2 16 oz bottles Canned Foods(Ravioli) Pack of Diapers Shirt and Jean Shorts Blanket Toy Truck Scissors, Duct Tape, and Trash Bags. The child doesn't take any medications	
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:	
Shelter In Place: [REDACTED] and grab the emergency bag. Shelter In place in the toiletry room and lock the doors(0 windows 1 door). Call 911 then call the parent.	
Evacuation: Grab the emergency ready to go bag, the child and the car keys. Contact the parent before she leaves if it is not an extreme emergency. Go to the neighbor's home by walking. Will shelter in the living room(9 windows 3 doors).Will call the parent after they are settled. If the provider and the child cannot shelter at this location the provider will grab the bag and head to her vehicle, buckle the child into a car seat, and drive to [REDACTED] home. Will enter the home by locating the key if the relative isn't home. The parent and provider will shelter in the living room (10 windows 2 doors). Will contact the parent when she gets to the relatives home.	

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: Cynthia Thomas		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/28/2021	Phone: [REDACTED]	Date: 09/22/2021	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/14/2022	Time In: 1:45PM	Time Out: 2:40PM	Result: Follow up Needed
Follow up 09/20/2022	Time In: 4:30PM	Time Out: 4:42PM	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	
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Provider Information

First Name: Alaina	Last Name: Thompson	Provider ID: 420772
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]		8/5/2010	10 / No
[REDACTED]		8/8/2011	9 / No
[REDACTED]		8/17/2012	8 / No

Safety of the Home

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed down
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's phone called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Gauze, tape, band-aids, antibacterial
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered or in use

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Locked in drawer
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	Laundry Room shelf
• 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: Dining room Table	
Item Specification (if needed):	
4 shirts, 2 pants, 2 shorts, 2 extra AA batteries, Crossword puzzles, alcohol wipes, Neosporin, cold compress, Band aids, ointment, gauze, tape, 316oz water bottles, 4 Gatorade, can Vienna sausages, large can of ravioli and spaghetti	
Items to review on 09/19/2022 if needed: Observed 9/20/2022	
Emergency Care & Medication Authorization and Emergency Preparedness Plan in ERTG.	
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: Rolled	
Shelter In Place Procedure:	
The provider will grab the children, the ERTB and head to the hallway bathroom one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent and let her know what room they are sheltering in and will keep parent updated.	
Evacuation Procedures:	
The provider will call the parent, make sure the ERTG is in the car, then provider will grab the children and head to the provider's vehicle where she will secure the children their seatbelts before driving to the primary evacuation location which [REDACTED]. Once at the location, the provider will ask to be directed to the shelter room. The provider will call the parents 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 [REDACTED]. The provider will call parent before leaving the care location to let her know they are evacuating. The provider will grab the children and the ERTG and head to the provider's vehicle where she will secure the children their seatbelts before driving. Once at the location, the provider will ask to be directed to shelter room. The provider will call the parents once 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: <i>Alaina Thompson</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9-20-22	Phone: [REDACTED]	Date: 09/20/2022	Phone: 1-877-227-0125

Virtual Inspection In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST		
Inspection Date: 07/29/2021	Time In: 3:00 PM	Time Out: 3:27 PM	Result: APPROVED
Informal Care			
Type of Care (check one):	Non-relative Informal Provider Care		Relative Informal Provider Care
Provider Information			
First Name: Alaina	Last Name: Thompson	Provider ID: 420772	
		Email:	
Care Location Inspected			
Street Address:	City	County	State
Verified home address. Number outside of home.			
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		02/20/2009	11 / Y
		08/05/2010	10 / Y
		08/08/2011	9 / Y
		08/17/2012	8 / 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		
• Has a working inside toilet	Y	2 BATHROOMS	
• Has utilities for cooking, lighting and heating	Y		
• Has a working and safe heating system	Y	Central heat and Air	
• Has a working refrigerator and stove	Y		
• Has a working telephone	Y	Cellphone	
• Has operational smoke detector(s)	Y	One in every room and CO2 detector	
• Has first aid kit/supplies	Y		
• Has protective coverings on any electrical outlet that is accessible to children	Y		
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	

• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Not in the HH
• Alcoholic beverages	Y	Not in the HH
• Guns	Y	NOT IN THE HH
• 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	NOT IN DIAPERS. TOILET TRAINED
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	

<p>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social S HYPERLINK "http://dhs.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/local-offices/"ervices Child Protective Services Unit.</p>	Y	
<p>Emergency Ready-to-Go Pack</p>		
<p>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.</p>		
<p>Disaster Supply Kit</p>		
<p>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.</p>		
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)	
<p>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes</p>		
<p>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes</p>		
<p>Disaster Supply Kit Comments/Notes:</p> <p>In the dining room in the china cabinet.</p> <p>Backpack and Tool Box 2 Flashlights Pack of AA Batteries No medications but she keeps an epi pen and Benadryl for emergency allergic reactions 2 bottles of 16 oz. water Spaghettios canned 3 Tops and Bottoms 2 Outfits per child for cold and warm weather. Night clothes as well. Large blanket for all children. Puzzles, Crayons, Coloring books Clear packing tape and duct tape, 2 pair of scissors and trash bags.</p>		
<p>Emergency Documents</p>		
<p>Informal Provider Emergency Preparedness Plan (this completed form) Authorization for emergency medical care</p>		
<p>Planning and Maintenance</p>		
<p>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</p>		
First Name	Last Name	
<p>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:</p> <p>Shelter in Place:</p> <p>Call the mother and inform the children on the emergency. Go to the meeting spot in the home and lead all children to the hallway bathroom. Call all names to ensure all children are accounted for. Cover children</p>		

and self with a blanket to protect from debris. Call the mother to inform her of the location in the house where they are. Stay until emergency is over. No windows in bathroom and 1 door.

Evacuation:

Location #1: Savista

Location #2: St Charles Mall Shelter in place location.

Grab the ready to go bag. Get the children's coats/jackets on, load children into the vehicle in their seatbelts and call the mother to let her know that they are safe and out of the home. Drive to the location and contact the parent again to inform her of their current location. Bring the children to [REDACTED]. No windows.

If unable to stay at the first Evacuation location the provider will call the mother and inform her of their next location and the route she is taking to get there. Once at the location she and the children will go into the shelter in place location [REDACTED]. It has no windows. The provider will call the mother once in the location to inform of where they are and that all children are alright. Will contact the parent when the emergency 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: Alaina Thompson		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 8/5/2021	Phone: [REDACTED]	Date: 07/29/2021	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: 03/23/2023	Time In: 10:30AM	Time Out: 11:45AM	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: Deborah	Last Name: Truitt	Provider ID: 510194
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]		(02/29/2020)	3yr. / N	
[REDACTED]		(12/24/2020)	2yr. / N	
[REDACTED]		(08/08/2016)	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 steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed, lock on the bathroom door
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat settings tested and observed
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Underneath bathroom sink with cabinet lock
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in locked kitchen drawer
• Medications of any kind	Y	Stored in upper level kitchen cabinet
• Matches, lighters and flammable products	Y	Stored in locked kitchen drawer
• Alcoholic beverages	Y	Does not own
• Guns	Y	Stored on high level shelf in provider's bedroom closet in lock box. Lock box opened and locked by provider and observed
• Cleaning agents	Y	Cleaning agents stored in locked cabinet in the kitchen

<ul style="list-style-type: none"> Poisonous substances 	Y	Stored in the shed
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Yes, trash can for changing area, provider takes it out daily
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	Provider has handwashing procedures posted in children's bathroom
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 (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: In corner near the couch in the playroom area	
Item Specification (if needed):	
- Folder w/ EPP and ECMA per child, 2 books, 1 first aid kit, 1 ice pack, 2 boxes of gauze, gloves, 1 thermometer, 1 bottle of soap, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no spec. meds, 1 flashlight, 1 pk of AAA batteries, 1 large blanket, 1 pair of tweezers, washcloths, 6pk of bottled waters, 6 canned foods, 1 pk of pull-ups, diapers & wipes, 1 carry-on suitcase (carrying case), and 3 outfits(top/bottom) 1 per child - 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 Deborah	Last Name Truitt
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: rolled by the provider.	
Shelter In Place Procedure:	
The provider will gather and account for the children in care, the ERTG will already be in the playroom. The provider will seal and tape all windows and doors within the playroom(2 doors 8 windows) and then contact the parents by call and text to inform them of the emergency and at the end when they are secured.	
Evacuation Procedures:	
Primary: The provider will gather the children and the ERTG and will secure the smaller children in their car seats and the older child in her booster seat within the provider's vehicle. After she secures all children she will drive to [REDACTED]. Upon arrival to the location the provider and children will go into [REDACTED]. Once inside she will speak to the evacuation point of contact and will be instructed of where to locate inside [REDACTED]. The provider will call or text the parent upon leaving the house and when they are secured within [REDACTED].	
Alternate: If they could not access the primary location, the provider will the gather the children and the emergency bag. She will place the small children in their car seats and the older child in their booster seat. Once all children have been secured in the car by the provider they will head to the evacuation location of [REDACTED]. She will also call the evacuation point of contact to inform them they are on the way and [REDACTED] when she and the children arrive. The provider and children will shelter within [REDACTED] (2 doors 4 windows). The provider will call and text the parent before and after they are secured.	
Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: Deborah Truitt	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 3-23-23	Date: 03/23/2023
Phone: [REDACTED]	Phone: 1-877-227-0125