

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections



V

First letter of the provider's last name.

Posted June 2025

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>03/17/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:30PM</b>	Result: <b>PASSED</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Rayluz</b>	Last Name: <b>Valdez Nunez</b>	Provider ID: <b>509854</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		<b>(09/10/2021)</b>	<b>1yr.</b>	<b>/ Y</b>	

  

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	<b>Y</b>	All areas were clean
• Is free of insect or rodent infestation	<b>Y</b>	No evidence of infestation
• Is well-lit and well-ventilated	<b>Y</b>	All lights were turned on and lots of natural window lighting
• Has hot and cold running water	<b>Y</b>	Tested by provider and steam observed on camera
• Has a working inside toilet	<b>Y</b>	Flushed by provider and observed, lock on the bathroom cabinet
• Has utilities for cooking, lighting and heating	<b>Y</b>	
• Has a working and safe heating system	<b>Y</b>	Provider tested thermostat and observed
• Has a working refrigerator and stove	<b>Y</b>	Tested by provider and observed
• Has a working telephone	<b>Y</b>	Outbound call made to provider's phone
• Has operational smoke detector(s)	<b>Y</b>	Tested by provider and observed
• Has first aid kit/supplies	<b>Y</b>	Stored in locked kitchen baby cabinet
• Has protective coverings on any electrical outlet that is accessible to children	<b>Y</b>	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	<b>Y</b>	Stored in locked kitchen drawer
• Medications of any kind	<b>Y</b>	Stored in upper level kitchen cabinet
• Matches, lighters and flammable products	<b>Y</b>	Stored in locked cabinet drawer
• Alcoholic beverages	<b>Y</b>	Does not own
• Guns	<b>Y</b>	Does not own
• Cleaning agents	<b>Y</b>	Cleaning agents stored in locked kitchen cabinet
• Poisonous substances	<b>Y</b>	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.	<b>Y</b>	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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



**Location of The Emergency Ready to go Pack:** Stored in the playroom area near exit.

**Item Specification (if needed):**

- **1 outfit (top/bottom/shoes), 1 first aid kit, 1 roll of duct tape, 1 pk of wipes and 4 diapers, 2 bottled waters, 1 blanket, 3 baby jars of baby food, 3 juice pouches, 2 canned foods, 2 thermometers, 1 flashlight, 1 pk of AA batteries, 1 pair scissors, 3 heavy duty trash bags, no spec meds but added Tylenol and allergy medicine for general use, 1 stuffed animal and folder w/ EPP and ECMA, 1 baby bag (carrying case)**

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name

Scarlet

Rayluz

Last Name

Valdez (Parent)

Valdez Nunez (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 and the emergency bag and head to the [REDACTED] (1 door 1 window) for shelter. The provider will call the parent before or after they are secured in the location depending on the emergency. She will secure the window and door with sealing plastic and tape if needed.

**Evacuation Procedures:**

**Primary:** The provider will account for the child and gather the child and the ERTG, and head to her vehicle. She will secure the child in her car seat and drive to [REDACTED]. Upon entry the provider and child will either shelter in the [REDACTED] (1 door 1 window) or bathroom (1 door 1 window). The provider will call the parent before or after depending on the severity of the emergency.

**Alternate:** If they could not access the primary location, the provider will gather the child and the ERTG, secure the child in her car seat and then drive to [REDACTED]. Upon arrival the provider will call or text the parent to be instructed of where to shelter within [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**

Printed Name:

Rayluz Nicole Valdez Nunez

Signature:

[REDACTED]

Date: 03/18/2023

Phone:

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 03/17/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/13/2023</b> Follow-up Inspection Date: <b>04/14/2023</b>	Time In: <b>9:30AM</b> Time In: <b>8:30AM</b>	Time Out: <b>10:58AM</b> Time Out: <b>8:41AM</b>	Result: <b>Did not pass. Follow-up required.</b> Follow-up Result: <b>PASSED</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Shonta</b>	Last Name: <b>Valentine</b>	Provider ID: <b>449138</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(01/31/2012)	11yr. / N
[REDACTED]		(12/07/2012)	10yr. / N
[REDACTED]		(08/07/2018)	4yr. / 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 in all 3 bathrooms
• 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: Band-Aids, Gauze, Alcohol, Peroxide moved to high shelf level in bathroom and First aid kit stored under locked bathroom sink
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were occupied or covered

Harmful Items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in high kitchen cabinet above the stove
• Medications of any kind	Y	Stored in high cabinet in bathroom
• Matches, lighters and flammable products	Y	Stored onto of the fridge
• Alcoholic beverages	Y	Corrective Action Completed: Locks added to alcohol cabinets



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

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



<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)? <b>Y</b>				
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>				
<b>Location of The Emergency Ready to go Pack: Stored in the living room</b> <b>Item Specification (if needed):</b> - <u>1 flashlight, 4 extra AAA batteries, 1 large heavy duty trash bag, 2 duffle bags (carrying case), gen med (Tylenol), 3 blankets, 1 pk of baby wipes, toys, 1 first aid kit, 1 bag of crayons/ 4 coloring books, 2 books, 1 pk of UNO cards, 3 outfits (top/bottom), 1 thermometer, 3 bottled water, and 6 pks of non-perishable food items, folder w/ EPP and ECMA per child, no spec meds, 1 pair of scissors, and 1 roll of duct tape</u>				
<b>Items to be reviewed on 04/14/2023: Corrected &amp; Reviewed on 04/14/2023</b> - <u>Locks added to both alcohol cabinets</u>				
<b>Emergency Documents</b>				
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care				
<b>Planning and Maintenance</b>				
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">First Name <b>Shonta</b></td> <td style="width: 65%; border-bottom: 1px solid black;">Last Name <b>Valentine</b></td> </tr> </table>			First Name <b>Shonta</b>	Last Name <b>Valentine</b>
First Name <b>Shonta</b>	Last Name <b>Valentine</b>			
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b> <b>Shelter In Place Procedure:</b> The provider will gather the children and the ERTG and head to the [REDACTED] home (2 doors 3 windows). The provider would lock all doors and windows and seal them with sealing plastic as needed. The provider will call the parent and inform them of the status of the emergency until it has ended.				
<b>Evacuation Location(s) Procedures:</b> <b>Primary:</b> The provider will account for the children and ERTG and walk to [REDACTED] in which the provider has key access. Upon entry they would go into the master bedroom (1 door 1 window). The provider will make sure they are secured within the room and call the parent to inform them of the emergency and stay until it is safe to leave.  <b>Alternate:</b> If they could not access the primary location, the provider will gather the children and ERTG and carry them into her vehicle, she would secure the older children in their car seat belts and the younger child in the front-facing car seat. The provider would inform the parent via call about the emergency and head to [REDACTED]. The provider also has key access, upon entry she and the children would go into the master bedroom (1 door 1 window) and stay in the location until the emergency has ended and she will call the parent to inform her of the update.				
<b>Signatures &amp; Date</b>				
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.				
<b>PROVIDER</b>		<b>INSPECTOR</b>		
Printed Name: <b>Shonta Valentine</b>		Printed Name: [REDACTED]		
Signature: [REDACTED]		Signature: [REDACTED]		
Date: <b>4-14-2023</b>	Phone: [REDACTED]	Date: <b>04/14/2023</b>		
		Phone: <b>1-877-227-0125</b>		



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 04/19/2022 Follow up inspection: 04/20/2022	Time In: 1:45PM Time In: 10:00AM	Time Out: 2:55PM Time Out: 10:19AM	Result: Follow up Scheduled Result: PASSED If returned by 5:00PM on 04/20/2022.
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### Informal Care

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

### Provider Information

First Name: <b>Shonta</b>	Last Name: <b>Valentine</b>	Provider ID: <b>449133</b>
Provider ID #		Email:

### Care Location Inspected

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		1/31/2012	10 / No at school
		12/7/2012	9 / No at school
		8/7/2018	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	
• Has hot and cold running water	Y	Observed steam from shower
• Has a working inside toilet Look under sink	Y	Moved to higher shelf
• Has utilities for cooking, lighting and heating	Y	Gas stove operational
• Has a working and safe heating system	Y	Heat turned up to 76
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Called provider on cell phone
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Tape, band aids, gauze, ointment, sprain bandages. CPR kit, gloves
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered/in use/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	Out of reach in the back of the counter
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Up on a high rack



• Guns	Y	Locked in a safe
• Cleaning agents	Y	Moved to garage and higher shelf
• Poisonous substances	Y	Other than medications and cleaning solutions
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your 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	<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)? <b>Y</b>		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>		
<u>Location of The Emergency Ready to go Pack:</u> <b>Main level hall way</b>		
<u>Item Specification (if needed):</u> <b>4 AAA batteries</b> <b>First aid - gloves, gauze, tape, bandages, CPR kit, antibiotic ointment</b> <b>Cough medicine, Tylenol, allergy medicine.</b> <b>2 pulls &amp; wipes, 3 shirt, 3 pants,</b> <b>3 16oz. water bottles, cans of Spaghettios, soup, chicken rice, peaches, baked beans, popcorn, nutri grain bars, peanut butter cracker,</b>		
<u>Items to review on 04/20/2022 if needed:</u> <b>Observed 04/20/2022</b> <b>Small blanket</b> <b>Thermometer</b> <b>Books/toys/ Coloring books and erasors, card games.</b>		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name <span style="background-color: black; color: black;">[REDACTED]</span> Last Name <span style="background-color: black; color: black;">[REDACTED]</span>		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Duffel bag to be carried</b>		
<u>Shelter In Place Procedure:</u> The provider will get the children and emergency to go bags and go to the third level of the house to shelter in the main bedroom that has two small windows and two doors. Once there provider will call the parent.		
<u>Evacuation Procedures:</u> The provider will gather the children at the front door, get the emergency to go bag and walk over to a neighbor's house. Provider has spare key and will shelter in a first floor bedroom that has a patio window/door and door to room. Provider will call parent before evacuating and once secure at the evacuation location. If they had to go to the alternate evacuation location which is <span style="background-color: black; color: black;">[REDACTED]</span> the provider will get the children and emergency to go bag and walk to the provider's vehicle where provider will secure the children in car seat and seat belts. Once at the alternate emergency location they will shelter in the main living area of the house that has a patio window/door and front door of the house. Provider will call parent before evacuating and once secure at the evacuation location.		
<b>Signatures &amp; Date</b>		
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.		
<b>PROVIDER</b>		<b>INSPECTOR</b>
Printed Name: <b>Shonta Valentine</b>		Printed Name: <span style="background-color: black; color: black;">[REDACTED]</span>
Signature: <span style="background-color: black; color: black;">[REDACTED]</span>		Signature: <span style="background-color: black; color: black;">[REDACTED]</span>
Date: <b>4-20-2022</b>	Phone: <span style="background-color: black; color: black;">[REDACTED]</span>	Date: <b>04/20/2022</b>
		Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 9/19/2024	Time In: 1:30pm	Time Out: 1:58pm	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: Holly	Last Name: Vito	Provider ID: 374437
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]		12/21/2019	4yrs/ N	
[REDACTED]		11/20/2020	3yrs/N	
[REDACTED]		8/15/2016	8yrs/N	
[REDACTED]		9/13/2018	6yrs/N	
[REDACTED]		3/18/2015	9yrs/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	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	



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

### 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 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/    |



☒ 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: Kitchen Cabinet**

**Item Specification (if needed):**

**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 Holly

Last Name Vito

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

#### Shelter In Place Procedures:

The Provider will gather the ready to go bag and the children, take them to sheltering location [REDACTED] #1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] shelter [REDACTED] #1 of doors, #1 of window(s)). The provider will travel to the evacuation location [REDACTED] to shelter [REDACTED] 1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] to shelter [REDACTED] 1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

#### CARE HOURS:

- Monday-Friday 9am-6pm

### 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:	Holly Vito	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	9/19/2024	Date:	9/19/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>07/28/2023</b> Follow-up Inspection Date: <b>07/28/2023</b>	Time In: <b>2:30PM</b> Time In: <b>4:45PM</b>	Time Out: <b>4:01PM</b> Time Out: <b>5:25PM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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<b>Informal Care</b>			
Type of Care (check one): <input checked="" type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: <b>Cherie</b>	Last Name: <b>Von Haack</b>	Provider ID: <b>489864</b>	
Provider ID #: [REDACTED]		Email: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]			
Address Verified? <b>Yes.</b>			
<b>Name of Children in Care</b> (add pages if needed)	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
[REDACTED]		(01/08/2016)	7yr. / N
[REDACTED]		(10/11/2019)	3yr. / Y

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <b>Y – Yes, N – No, D – Discussed, n/a – Not Applicable</b>		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for heating and window A/C system
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in living room
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: Coverings added to bathroom out. All outlets covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored in high kitchen cabinet
• 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	No cleaning products in-home, stored in parents vehicle (for work)
• Poisonous substances	Y	Does not own



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

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

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

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

**Location of The Emergency Ready to go Pack:** Stored in the front hall closet

**Item Specification (if needed):**

- 2 tote bags (carrying case), 1 flashlight, 1 pk of heavy duty batteries, 1 first aid kit, 1 thermometer, no spec meds, 6pk water, 2 canned goods, 2 boxes of dried foods, 1 pk of diapers/wipes, 4 outfits (top/bottom/underwear/socks), 2 blankets, folder w/ EPP and ECMA docs, coloring books and crayons, 1 roll of duct roll, 1 pair of scissors and 1 roll of sealing plastic

- Items to be reviewed on 07/28/2023: Corrected and Reviewed on 07/28/2023

- 1. Cabinets and drawers in kitchen
- 2. Sharps/Knives stored away appropriately
- 3. Has a working and safe heating system
- 4. Has operational smoke detector(s)
- 5. Has first aid kit/supplies
- 6. Outlet coverings in bathroom
- 7. Cleaning Agents stored away safely
- 8. All areas of the home are kept clean, including diapering area.

#### 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

Cherie

Last Name

Von Haack

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

#### Shelter In Place Procedure:

The provider will gather the children and the ERTG bags and go into the bathroom (1 door 0 windows). If the need should arise the provider will use sealing plastic and tape to seal the doors, windows and vents. Once secured the provider will call, text or face time the parents with emergency updates.

#### Evacuation Procedures

**Primary:** The provider will account for the children and grab the ERTG bags and go to the provider's vehicle. The provider will secure the older child in her booster seat and younger child in her forward-facing car seat. Once secured the provider will call both parents or text them and head [REDACTED]. Upon arrival the provider and children will head [REDACTED] (designated shelter location). The [REDACTED] (2 doors 0 windows). Provider will ensure the parents receive call and text updates throughout the emergency.

**Alternate:** If they could not access the primary location, the provider will gather the children and ERTG bags. The provider will secure the older child in her booster seat and younger child in her forward-facing car seat. Once secured the provider will call both parents or text them and head to [REDACTED]. Upon arrival the provider and children will head [REDACTED] (designated shelter location). The [REDACTED] (1 door 0 windows). Provider will ensure the parents receive call and text updates throughout the emergency.

Care Hours:

#### Signatures & Date

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

##### PROVIDER

Printed Name:

CHERIE VONHAACK

Signature

[REDACTED]

##### INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 7/31/23

Phone:

[REDACTED]

Date: 07/28/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/18/2022</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:35PM</b>	Result: <b>Passed</b>
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**Informal Care**

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

**Provider Information**

First Name: <b>Cherie</b>	Last Name: <b>Von Haack</b>	Provider ID: <b>489864</b>
Provider ID # [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		<b>01/08/2016</b>	<b>6</b>	<b>/</b>	<b>No</b>
[REDACTED]		<b>10/11/2019</b>	<b>2</b>	<b>/</b>	<b>Yes</b>

  

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	Gas stove operational
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light turned on when door opened
• Has a working telephone	Y	Provider cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Alcohol wipes, Band-aids, Gauze, gloves
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered 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	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	
• Cleaning agents	Y	Locked under the sink
• Poisonous substances	Y	Other than medications and cleaning solutions

<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your 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.		
<b>Disaster Supply Kit</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input 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)? <b>Y</b>	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>	
<b><u>Location of The Emergency Ready to go Pack:</u></b> Hall closet by front door	
<b><u>Item Specification (if needed):</u></b>  4 shirts, 4 shorts, 5 pairs socks, 7 underwear 10 extra AA batteries, 6 diapers, pack of wipes, coloring books and crayons Alcohol wipes Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves, Aspirin 6 8oz water bottles, 2 Boxes cereal, 2 cans of Chef Boyardee, 6 Peanut butter crackers packs	
<b><u>Items to review on xx/xx/xxxx if needed:</u></b> N/A	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name <b>Cherie</b> Last Name <b>Von Haack</b>	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
<b><u>Shelter In Place Procedure:</u></b> Provider call the parent and inform them, then provider would get the ERTB from the hall closet, gather the children head to [REDACTED] which has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter.	
<b><u>Evacuation Procedures:</u></b> The Provider will call the parent and inform them, then provider would grab the ERTB from the hall closet, grab the car seat for [REDACTED] and booster seat for [REDACTED] and head to her vehicle where she will secure the children before driving to the primary evacuation location which is [REDACTED]. Once at the location, the provider will head to the auditorium of [REDACTED] that has multiple doors but no windows. The provider will call the parent again and after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The Provider will call the parent and inform them, then provider would grab the ERTB, grab the car seat for [REDACTED] and booster seat for Leia and head to her vehicle where she will secure the children before driving. Once there, they will head to the into the main building and head to [REDACTED] where they will shelter. The [REDACTED] has multiple doors and no windows. The provider will 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: <b>CHERIE VON HAACK</b>	Printed Name: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: <b>8/18/2022</b>	Phone: [REDACTED]	Date: <b>08/18/2022</b>	Phone: <b>1-877-227-0125</b>