

Child Care Scholarship Program Informal Child Care Monitoring Inspections



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.

200 West Baltimore Street Baltimore, MD 21201 | 410-767-0100 Deaf and hard of hearing use Relay.

marylandpublicschools.org

| ⊠Virtual Inspection □In-person Inspection | | Department of E Care Care Care NFORMAL SPECTION CH | hip Program | | Return to: ccs.informalproviders@maryland.gov |
|---|--------------------------------------|---|-----------------------|-------------|---|
| Inspection Date: 11/26/2024 | Time | e In: 2:45 pm | Time Out: 3:36 p | om Res | sult: Passed |
| Informal Care Type of Care (check one): | Non-relative Inf | ormal Provider C | are ⊠Relative | Informal F | Provider Care |
| Provider Information First Name: Ramona Provider ID #: | Last | Name: Walker | | Prov Ema | vider ID: 562311 ail: |
| Care Location Inspected <u>Street Address</u> : <u>Address Verified?</u> : Yes Name of Children in Care (a | <u>City</u> : dd pages if needed) | <u>Cour</u> Scholarship | nty: Date of Birth | Age | <u>State</u> : <u>Zip Code</u> / Present (Y/N) |
| Name of Children in Care (a | du pugeo il neodeo) | | 10/16/2014 | 10 years | old/ N |

| Directions: Review and determine compliance with each star Additional pages may be used for comments. | Y-Yes, N-No | A REAL PROPERTY AND A REAL |
|--|---------------------|--|
| Health and Safety Training: | Standard Met Y/N | t 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 | | Comments/Notes Corrective Action /Timeframe if needed |
| All areas of the home are kept clean, including diapering area. | Y | |

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| rash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
|---|---------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Dependent of Social Services Child Protective Services | | |

Department of Social Services Child Protective Services Unit.

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.

Υ

Disaster Supply Kit

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

| ⊠Flashlight ` | Bottled water | ⊠Folder or binder for EPP documents | | |
|--|----------------------|--|--|--|
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) | | |
| Portable First Aid Kit | Diapers- N/A | ⊠Consider special toys or games | | |
| Thermometer | Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags | | |
| DMedications- N/A | ⊠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

Location of Emergency Ready to go Pack: In the provider's bedroom closet

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 Ramona Last Name Walker

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 child, parent before, during and after sheltering.

(1 doors, 1 window(s)). The provider will call the

Evacuation Procedures:

The Provider will gather the child and the ready to go bag, taking them to the car securing the child in a seatbelt. The provider will (1 doors, 1 window(s)). The

provider will call the parent before, during and after sheltering.

The Provider will gather the child and the ready to go bag, taking them to the car securing the child in a seatbelt. The provider will (# of doors, # of window(s)). The provider will call

the parent before, during and after sheltering.

CARE HOURS:

 Signatures & Date

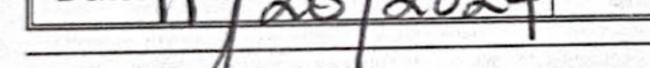
 Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted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

 PROVIDER
 INSPECTOR

 Printed Name:
 Printed Name:

 Signatu
 Signature:

 Date:
 I/28/2024
 Phone



MSDE OCC Informal Care Inspection Checklist 2020-03-26

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| ■Virtual Inspection Inspection Inspection Inspection | | | ARE | | etum to: cs.informalproviders@maryland.go | |
|---|---|---------------------|---|-----------------------------|---|--|
| nspection Date: 1/7/2025 Time In: 4:30 PM | | | Time Out: 5:08 PM | A Result Passed | | |
| Informal Care | | Drovider C | are DRelative In | formal Provid | der Care | |
| Type of Care (check one): | Non-relative Info | ormal Provider C | | | | |
| Provider Information | State State State | | | Provider | ID: 570491 | |
| First Name: Danaysia Last Name: Wallace Provider ID #: | | | | Email: | | |
| Care Location Inspected Street Address: Address Verified?: Yes | <u>City</u> : | County: | <u>State</u> : | Zip | Code: | |
| | (heboor if nooded) | Scholarship | Date of Birth | Age / | Present (Y/N) | |
| Name of Children in Care | (add pages if needed) | | 11/3/2013 | 11 years old | YW | |
| | | | 11/23/2019 | 5 years old | Y | |
| | | | 8/2/2017 | 7 years old | IY | |
| Safety of the Home Directions: Review | and determine complian | ice with each stan | dard. Note any comm Y - Yes, N - No, I | ents or correct | tive actions needed. d, n/a – Not Applicable | |
| Additional pages may be used for comments. Health and Safety Training: | | Standard Met Y/N | | | | |
| | | Y | | | | |
| Basic Health and Safety Training Completed? Home is free of health and safety hazards: | | Standard Met Y/N | Comments Corrective | Action /Timeframe if needed | | |
| | 2 | | Y | | | |
| Is in good repair | rodent infestation | | Y | | | |
| | Is free of insect or rodent infestation | | | | | |

| Is well-lit and well-vertilated | 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 | 1 | |
| Has protective coverings on any electrical outlet that is accessible to children | Y | |
| Harmful items are stored appropriately and away from | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| children: | Y | |
| Sharp or pointed items | Y | |
| Medications of any kind | Y | |
| Matches, lighters and flammable products | Y | |
| Alcoholic beverages | Y | |
| • Guns | | |
| 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 | |
| All areas of the finance inspection Checklist 2020-03-26 | Page 1 of 3 | |

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| 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. | | |
| Handwashing procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |

| Emergency Ready-to-Go Pack | Emero | ency | Ready-to | -Go | Pack |
|----------------------------|-------|------|-----------------|-----|------|
|----------------------------|-------|------|-----------------|-----|------|

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

Disaster Supply Kit

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

| ⊠ Flashlight | Bottled water | Selder or binder for EPP documents |
|------------------------|----------------------|--|
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | Diapers- N/A | Consider special toys or games |
| ⊠ Thermometer | Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| □Medications-N/A | ⊠Blanket(s) | |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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| Items in the Direct Day |
|--|
| 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 |
| Location of Emergency Ready to go Pack: Hallway Closet |
| Emergency Documents |
| ☐ Informal Provider Emergency Preparedness Plan (this completed form) |
| Authorization for emergency medical care |
| Planning and Maintenance |
| Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: |
| First Name Last Name |
| Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: |
| Shelter In Place Procedures: |
| The Provider will gather the ready to go bag and the children, will <u>call</u> parent before, during and after sheltering. |
| Evacuation Procedures: |
| The Provider will gather the children and the ready to go bag, the children will be holding each other's hands. The provider will |
| parent before, during and after sheltering. |
| parent belore, during and alter sheltering. |
| The Provider will gather the children and the ready to go bag, secure to the 2 older children in seatbelts and the youngest in a booster seat. The provider will |
| (1 doors, 0 window(s)). The provider will <u>call</u> parent before, during and after sheltering. |
| CARE HOURS: |
| Signatures & Date |

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

| PROVIDER | INSPECTOR | | |
|--------------------------------|--------------------------------------|--|--|
| Printed Name: Danaysia Wallace | Printed Name: | | |
| Signature: | Signature: | | |
| Date: 1/10/25 Phone: | Date: 1/7/2025 Phone: 1-877-227-0125 | | |

| ⊠Virtual Inspection □In-person Inspection | lucation/Office of ip Program ARE ECKLIST | of Child Return to: ccs.informalproviders@maryland.gov | | | | |
|---|--|---|---------------------|----------------------------|-------------------------------|--|
| Inspection Date: 11/25/2024 | Time | e In: 3:30 PM | Time Out: 4:28 P | M Re | sult: Pas | sed |
| Informal Care | | | | | Stell . | |
| Type of Care (check one): | □ Non-relative Inf | ormal Provider C | are ⊠Relative | Informal | Provider | Care |
| Provider Information | | | | intorna | Tiondor | |
| First Name: Pamela | Last | Name: Wallace | | Pro | ovider ID: | : 566758 |
| Provider ID # | | Name: Wanace | | Email: | | |
| Care Location Inspected | | | | | September 1 | |
| Street Address: Address Verified?: Yes | <u>City</u> : | County | | | State: | Zip Code: 2014 |
| Name of Children in Care (| add pages if needed) | Scholarship | Date of Birth | Age | 1 | Present (Y/N) |
| | | | 12/17/2021 | 2 years | s old/ N | |
| | | | 12/07/2019 | 4 years | s old/ N | |
| Orfet of the lines | | | | | No. of Contraction | |
| Safety of the Home | | | | | | |
| | and determine compliance y be used for comments | | | | | actions needed. /a – Not Applicable |
| Health and Safety Training: | | | Standard Met Y/N | | ents/Not | es on /Timeframe if needed |
| Basic Health and S | afety Training Comple | ted? | Y | | | |
| Home is free of health and safety hazards: | | Standard Met Y/N | | ents/Not tive Acti | es on /Timeframe if needed | |
| Is in good repair | | | Y | | | A CONTRACTOR OF A CONTRACTOR A CONTR |
| Is free of insect or rodent infestation | | Y | | antoning, which is and the | | |
| 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 | | | - |
| | safe heating system | | Y | - | | · · · · · · · · · · · · · · · · · · · |
| Has a working refri | The data second s | × | Y | | | |
| Has a working tele | | | Y | | | |
| Has operational sm | | | Y | | | |
| Has first aid kit/sup | and a second sec | | Y | | | |
| Has protective cover accessible to children | erings on any electrica ren | I outlet that is | Y | | | |
| Harmful items are stored a children: | Harmful items are stored appropriately and away from | | | | ents/Note | 95 on /Timeframe if needed |
| Sharp or pointed it | ems | n al de la composition de la compositio | Y | | • | areas at the second |
| | | | | | | a an |
| | and flammable product | S | Y | | | |
| Alcoholic beverage | | | Y | | | |
| Guns | | | Y | | | |
| Cleaning agents | A second s | | Y | | | |
| Poisonous substar | nces | | Y | | | |
| GENERAL CLEANLINESS | STANDARDS | | Standard Met Y/N | | ents/Note tive Actio | es on /Timeframe if needed |
| All areas of the home are ke | ept clean, including dia | pering 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services</u> <u>Unit</u> . | Y | |
| Emergency Ready-to-Go Pack | | |

| | hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | |
|------------------------|--|--|
| ⊠Flashlight | ⊠Bottled water | Solder 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 | ⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trasł Bags |
| □Medications- N/A | ⊠Blanket(s) | |

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| Items in the Disaster Supply Kit a | are clean, organized | I, and usable (Y/N)? | 'Yes | |
|--|--|---|---|---|
| Emergency Ready-to-Go Pack is | available and easi | y accessible in the | event of an emergency (Y/N)? Ye | es |
| Location of Emergency Ready | to go Pack: Dinin | g room cabinet | | |
| Emergency Documents | | | | |
| Informal Provider Emerg | gency Preparedne | ss Plan (this comp | eted form) | |
| ⊠Authorization for emerge | ency medical care | | | |
| Planning and Maintenance | | | | |
| Person responsible for updating t | the Disaster Supp | ly Kit and the Eme | rgency Documents regularly: | |
| First Name Pamela | | ast Name Vallace | | |
| Description of how the Emergence | cy Ready-to-Go Pa | ack will be transpo | rted to an evacuation location: | |
| Shelter in Place Procedures: | | | | |
| call the parent before shelterin | nd text during/aft fren and the ready | er sheltering. to go bag <u>, the two</u> a/after sheltering. | <u>o children will be holding eac</u> (1 | <u>0 window(s))</u> . The provider will <u>call</u> <u>ch other's hand</u> . The provider will <u>doors, window(s))</u> . The provider will |
| CARE HOURS: | n a booster seat. | The provider will | them to the car securing the | youngest child in forward facing fore sheltering and text |
| | | | | |
| Signatures & Date | THE CARE AND | | | |
| Acknowledgement: By signing belo been discussed. The parties also a pop up visit which will be conducted | acknowledge that, i | f approved, the hom | | |
| PRO | VIDER | | IN | SPECTOR |
| Printed Name: Pamela 1 | Nallace | | Printed Name: | |
| Signature | | | Signature: | |
| Date: 11-25-24 P | hone: | | Date: 11/25/2024 | Phone: 1-877-227-0125 |

| ⊠Virtual Inspection □In-person Inspection | | Care Care Care Care Scholarsh | ip Program ARE | Child | Return f ccs.info | to: rmalproviders@maryland.gov |
|---|---------------------------|-------------------------------|----------------------------------|-----------|---------------------------|-----------------------------------|
| Inspection Date: 11/12/2024 | Time | In: 4:00PM | Time Out: 5:06 | PM Re | sult: Pass | ed |
| Informal Care | | | | - | | |
| Type of Care (check one): | Non-relative Info | rmal Provider C | are Relative | Informal | Provider (| Care |
| Provider Information | | | | | | |
| First Name: Christal Provider ID #: | Last | Name: Walters | | | ovider ID: nail: | 361614 |
| Care Location Inspected | | | | | | |
| Street Address: Address Verified?: Yes | City: | Cou | Inty: State | <u>e:</u> | Zip Cod | <u>e</u> : |
| Name of Children in Care (a | add pages if needed) | Scholarship | Date of Birth | Age | 1 | Present (Y/N) |
| | | | 8/31/2012 | 12 yea | rs old/ Y | |
| | | | 6/23/2017 | 7 years | | |
| | | | 5/10/2020 | 4 year | old/ Y | |
| Safety of the Home | | | | | 57255 | |
| Directions: Review ar | nd determine compliance | with each stand | | | | |
| | be used for comments. | | Y – Yes, N – No, Standard Met | | ents/Notes | |
| Health and Safety Training: | | | Y/N | Correc | tive Actio | n /Timeframe if needed |
| Basic Health and Sa | fety Training Complete | d? | Y | 0.000 | | |
| Home is free of health and s | safety hazards: | | Standard Met Y/N | | ents/Notes tive Action | s n /Timeframe if needed |
| Is in good repair | | | Y | _ | | |
| Is free of insect or ro | dent infestation | | Y | | | |
| Is well-lit and well-vell | | | Y | | | |
| Has hot and cold run | - | | Y | | | |
| Has a working inside | | | Y | | | |
| | ing, lighting and heating | 9 | Y | - | | |
| Has a working and s | | | Y | _ | | |
| Has a working refrig | | | Y | - | | |
| Has a working telep | | | Y Y | | | |
| Has operational smo Has first aid kit/supp | | | Y | | | |
| | rings on any electrical o | outlet that is | | | | |
| accessible to childre | 'n | | Y | - | 1 | |
| Harmful items are stored ap children: | opropriately and away | from | Standard Met Y/N | | nts/Notes | /Timeframe if needed |
| Sharp or pointed iter | ms | | Y | | | |
| Medications of any k | kind | | Y | | | |
| Matches, lighters an | d flammable products | | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | | | |
| Cleaning agents | | | Y | | | |
| Poisonous substance | es | | Y | | | |
| GENERAL CLEANLINESS S | TANDARDS | | Standard Met Y/N | | nts/Notes | /Timeframe if needed |
| | | | 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |

| Emergency Ready-to-Go Pack | | |
|--|---|--|
| The Emergency Ready-to-Go Pack r (including needed medications) and | | of an emergency. This contains a Disaster Supply Kit |
| Disaster Supply Kit | | |
| | at each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | |
| ⊠Flashlight | Bottled water | Section Folder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | □Diapers-N/A | ⊠Consider special toys or games |
| ⊠Thermometer | ⊠Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| □Medications- N/A | ⊠Blanket(s) | |

| MSDE OCC Informal | Care Inspection | Checklist 2020-03-26 | |
|-------------------|-----------------|----------------------|--|
| | | | |

| Items in the Disaster Supply Kit are clean, organized, and u | sable (Y/N)? Yes | |
|---|--|---|
| Emergency Ready-to-Go Pack is available and easily access | ssible in the event of an emergency (Y/N | ? Yes |
| Location of Emergency Ready to go Pack: By the front Item Specification (if needed): * <u>To be observed for compliance on</u> : * | door | |
| Emergency Documents | | |
| ⊠Informal Provider Emergency Preparedness Plan | (this completed form) | |
| Authorization for emergency medical care | | |
| Planning and Maintenance | en de la complete de | |
| Person responsible for updating the Disaster Supply Kit ar | nd the Emergency Documents regularly | <i>I</i> : |
| First Name Last Na | me . | |
| Description of how the Emergency Ready-to-Go Pack will | he transported to an evacuation location | n. |
| Shelter In Place Procedures: | be transported to an evacuation location | лт. |
| The Provider will gather the ready to go bag and the childr provider will <u>call/text the parent before, during and after</u> <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go b <u>middle child in a booster seat and the youngest in a for</u> <u>parent before, during and after sheltering</u> . The Provider will gather the children and the ready to go b <u>middle child in a booster seat and the youngest in a for</u> <u>sheltering</u> . <u>CARE HOURS</u> : | r sheltering. ag <u>, taking them to the car securing</u> <u>prward facing car seat</u> . The provider v <u>the securing</u> r(# of doors, # of window ag, taking them to the car securing | vill <u>(v(s))</u> . The provider will <u>call/text the</u> the oldest child in a seat belt, the vill |
| Signatures & Date | | |
| Acknowledgement: By signing below the parties acknowledge been discussed. The parties also acknowledge that, if approv pop up visit which will be conducted virtually or in-person. | | |
| PROVIDER | | INSPECTOR |
| Printed Name: Christal Walters | Printed Name: | |
| Signature: | Signature: | μ |
| Date: 11-12-2024 Phone: | Date: 11/12/2024 | Phone: 1-877-227-0125 |

| ⊠Virtual Inspection □In-person Inspection | Chi | Department of E Care Id Care Scholars INFORMAL C NSPECTION CH | ARE | Child | Return ccs.inf | | viders@maryland.gov |
|---|--|---|---------------------|----------|--------------------------|-----------------------|---------------------|
| Inspection Date: 9/30/2024 | Tir | ne In: 2:00 PM | Time Out: 3:00 F | M Re | sult: Foll | ow Up Ne | eeded |
| Inspection Date: 10/01/2024 | Tir | ne In: 2:30 PM | Time Out: 3:00 F | | | ow Up Ne | |
| Inspection Date: 10/03/2024 | Tir | ne In: 2:14 PM | Time Out: 2:26 F | | sult: Pas | | |
| Informal Care | | | | | | | |
| Type of Care (check one): | D Non-relative I | nformal Provider C | are Relative | Informal | Provider | Care | |
| Provider Information | | | | | | | |
| First Name: Susan | La | st Name: Wartmar | 1 | Pro | vider ID | 563536 | |
| Provider ID #: | · · · · · · · · · · · · · · · · · · · | | | Em | ail: | | |
| Care Location Inspected | | | | | - | | |
| Street Address: Address Verified?: Yes | <u>City</u> : | Count | Σ: | | State: | | Zip Code: |
| Name of Children in Care (a | dd pages if needed) | Scholarship | Date of Birth | Age | 1 | Preser | nt (Y/N) |
| | | | 6/8/2024 | 3 mont | hs/Y | | 1.1.1 |
| Safety of the Home | | | | | | | |
| Health and Safety Training: | | otod? | Standard Met Y/N | | ents/Note | | rame If needed |
| Basic Health and Sa | fety Training Compl | eted? | Y | - | | | |
| Home is free of health and s | safety hazards: | | Standard Met Y/N | | ents/Note tive Action | | rame if needed |
| Is in good repair | | | Y | - | | | |
| Is free of insect or ro | | | Y | - | | | |
| Is well-lit and well-ve | | | Y | | | | |
| Has hot and cold run Has a working inside | • | | Y | - | | | |
| | Concernance and the second sec | tina | | 1 | | | |
| Has utilities for cooki Has a working and s | | ung | Y | - | | | |
| Has a working refrige | | | Y | 1 | | | |
| Has a working teleph | | | Y | 1 | | | |
| Has operational smo | | | Y | 1 | | | |
| Has first aid kit/supp | | | Y | - | | | |
| Has protective cover accessible to children | ings on any electrica | al outlet that is | Y | | | | |
| Harmful items are stored ap children: | propriately and aw | ay from | Standard Met Y/N | Commen | | and the second second | ame If needed |
| Sharp or pointed iten | ns | | Y | | | | |
| Medications of any k | | | Y | | | | |
| Matches, lighters and | d flammable product | s | Y | 1 | | | |
| Alcoholic beverages | A. 1 | | Y | | | | |
| Guns | | | Y | | | | |
| Cleaning agents | | | Y | | | | |
| Poisonous substance | es | | Y | | | - | |
| GENERAL CLEANLINESS S | TANDARDS | | Standard Met Y/N | Correcti | a second to the second | | ame if needed |
| All areas of the home are kep | t clean, including dia | apering area. | Y | | | | |
| ASDE OCC Informal Care Inspectio | n Checklist 2020-03-26 | | Page 1 of 3 | | | | |
| | | | | | | | |

| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
|---|---------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | ¥ | |
| 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 | |

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.

| Directions: Review and determine t contains enough supplies for each of | hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | Supply Kit. Be certain that the Disaster Supply Kit , and usable. Comment and note below if needed. |
|--|--|--|
| ⊠Flashlight | Bottled water | Solder 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 | ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| Medications | ⊠Blanket(s) | |

| | ble and easily accessible in | the event of an emergency (Y | //N)? Yes |
|---|---|---|---|
| Location of Emergency Ready to go I | Pack: Hall Closet | | |
| Item Specification (if needed): | | | |
| | a contra a | | |
| To be observed for compliance on 10 Doorknob safety locks | 0/01/2024 : | | |
| Outlet covers | | | |
| - Cooking knives | | | |
| o be observed for compliance on 10/0 | 3/2024 : | | |
| Locks for the gun case | | | |
| mergency Documents | | | |
| ⊠Informal Provider Emergency F | Preparedness Plan (this co | mpleted form) | |
| Authorization for emergency m | | | |
| lanning and Maintenance | | | |
| Person responsible for updating the Dis | aster Supply Kit and the E | mergency Documents regul | arly: |
| irst Name Jusan | Last Name Wartman | | |
| | bag and the child | | 1 doors, 0 window(s)). The provide |
| he Provider will gather the ready to go vill <u>call parent before/after sheltering</u> <u>evacuation Procedures:</u> The Provider will gather the child and the rovider will <u>call parent before/after si</u> the Provider will gather the child and the rovider will <u>call parent before/after</u> | and text the parent duri ne ready to go bag <u>, taking</u> neltering and text the par ne ready to go bag <u>, taking</u> | them to the car, securing rent during sheltering. them to the car, securing | the child in an infant car seat. The The the child in an infant car seat. The |
| he Provider will gather the ready to go vill <u>call parent before/after sheltering</u> vacuation Procedures: The Provider will gather the child and the rovider will <u>call parent before/after si</u> the Provider will gather the child and the rovider will <u>call parent before/after</u> | and text the parent duri ne ready to go bag <u>, taking</u> neltering and text the par ne ready to go bag <u>, taking</u> | them to the car, securing rent during sheltering. them to the car, securing | the child in an infant car seat. The The the child in an infant car seat. The |
| he Provider will gather the ready to go ill <u>call parent before/after sheltering</u> <u>vacuation Procedures:</u> he Provider will gather the child and the rovider will <u>call parent before/after si</u> he Provider will gather the child and the rovider will <u>call parent before/after si</u> he provider will <u>call parent before/after</u> he provider will <u>call parent before/after</u> | and text the parent duri ne ready to go bag <u>, taking</u> <u>heitering and text the par</u> ne ready to go bag <u>, taking</u> <u>her sheltering and text the</u> parties acknowledge that all ledge that, if approved, the h | them to the car, securing rent during sheltering. them to the car, securing a parent during sheltering. standards have been reviewe | the child in an infant car seat. The The the child in an infant car seat. The d, and any corrections if needed have |
| he Provider will gather the ready to go ill <u>call parent before/after sheltering</u> vacuation Procedures: he Provider will gather the child and the rovider will <u>call parent before/after si</u> he Provider will <u>call parent before/after si</u> he provider will <u>call parent before/after</u> he pro | and text the parent duri the ready to go bag <u>, taking</u> the ready to go bag <u>, taking</u> | them to the car, securing rent during sheltering. them to the car, securing a parent during sheltering. standards have been reviewe | the child in an infant car seat. The The the child in an infant car seat. The d, and any corrections if needed have |
| The Provider will gather the ready to go will <u>call parent before/after sheltering</u> Evacuation Procedures: The Provider will gather the child and the provider will <u>call parent before/after si</u> the Provider will gather the child and the provider will <u>call parent before/after si</u> the provider will <u>call parent before/after</u> the provid | and text the parent duri the ready to go bag <u>, taking</u> the ready to go bag <u>, taking</u> | them to the car, securing rent during sheltering. them to the car, securing a parent during sheltering. standards have been reviewe | the child in an infant car seat. The d, and any corrections if needed have d is subject to random, unannounced |
| Schelter In Place Procedures: The Provider will gather the ready to go Scale parent before/after sheltering Evacuation Procedures: The Provider will gather the child and the provider will call parent before/after sheltering The Provider will gather the child and the provider will call parent before/after sheltering The Provider will gather the child and the provider will call parent before/after sheltering CARE HOURS: - Signatures & Date Nethod Scale State PROVIDER Printed Name: Signature: | and text the parent duri the ready to go bag <u>, taking</u> the ready to go bag <u>, taking</u> | them to the car, securing rent during sheltering. them to the car, securing a parent during sheltering. standards have been reviewe nome in which care is provided | the child in an infant car seat. The The the child in an infant car seat. The d, and any corrections if needed have d is subject to random, unannounced |

| ⊠Virtual Inspection □In-person Inspection | Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST | | | f Child Return to: ccs.informalproviders@maryland.g |
|---|---|-----------------|----------------|---|
| Inspection Date: 10/3/2024 | Time | In: 1:30pm | Result: Passed | |
| Informal Care | | | | |
| Type of Care (check one): | Non-relative Info | rmal Provider C | are ØRelative | e Informal Provider Care |
| Provider Information | and the second second | | | |
| First Name: Bessie | Last Name: Washingto | | | Provider ID: 519234 |
| Provider ID #: | | | Email: | |
| Care Location Inspected | | | | |
| Street Address: Address Verified?: Yes | Cit | Υ; | County: | State: Zip Code: |
| Name of Children in Care (a | dd pages if needed) | Scholarship | Date of Birth | Age / Present (Y/N) |
| | | | 12/7/2021 | 2yrs/Y |

Safety of the Home

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

| Health and Safety Training: | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | |
|--|---------------------|--|--|
| Basic Health and Safety Training Completed? | Y | | |
| Home is free of health and safety hazards: | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | |
| Is in good repair | Y | | |
| Is free of insect or rodent infestation | Y | | |
| Is well-lit and well-ventilated | Y | | |
| Has hot and cold running water | Y | | |
| 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |

| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | * | |
|---|---|--|
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠ Flashlight

⊠Batteries

Portable First Aid Kit

Bottled water

⊠Non-perishable food

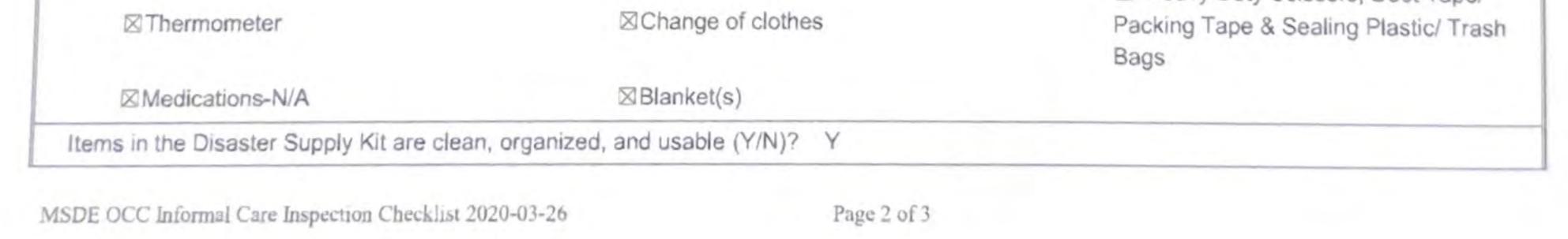
⊠Diapers

⊠Folder or binder for EPP documents

Backpack(s) or carrying case(s)

⊠Consider special toys or games

Heavy Duty Scissors, Duct Tape/



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: Closet floor

Item Specification (if needed):

To be observed for compliance on :

Emergency Documents

.

SInformal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

| Planning and Maintenance | |
|-----------------------------------|---|
| Person responsible for updating t | e Disaster Supply Kit and the Emergency Documents regularly: |
| First Name Bessie | Last Name Washington |
| Description of how the Emergence | Ready-to-Go Pack will be transported to an evacuation location: |
| Shelter In Place Procedures: | |

40 af wind aw/all

| The Provider will gather the ready to go bag and the children, tak The provider will <u>contact</u> parent before, during and after sheltering | | IIdow[3]]. |
|--|---|------------------|
| Evacuation Procedures: | | |
| The Provider will gather the children and the ready to go bag, the provider will travel to the evacuation location doors, #2 of window(s)). The provider will contact parent before | gaining access by | t. The (#1 of |
| The Provider will gather the children and the ready to go bag, the provider will travel to the evacuation location gaining a (#0 of doors, #0 of window(s)). The provider will con | access by shelter in | The |
| <u>CARE HOURS</u> : - Monday-Friday 7:30am-5pm | | |
| - Monday-Friday 7:30am-5pm | | |
| Monday-Friday 7:30am-5pm Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the | | |
| Monday-Friday 7:30am-5pm Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the | | |
| Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person. | home in which care is provided is subject to random, unannounce | |

Phone: Date: 10/3 2024

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Page 3 of 3

| | ov | | |
|--|--|--|--|
| ime Out: 11:22AM | Result: PASSED | | |
| | | | |
| Relative Infor | mal Provider Care | | |
| | | | |
| n | Provider ID: 519234 | | |
| Email: | | | |
| | | | |
| y : | State Zip Code: | | |
| Date of Birth | Age / Present (Y/N) | | |
| (12/07/2021) 1y | r. / N | | |
| | | | |
| comments or correct | ive actions needed. Additional iscussed, n/a – Not Applicable | | |
| Standard Met Co | mments/Notes rrective Action /Timeframe if needed | | |
| and the second | Relative Informal Care – Certificate Submit | | |
| | mments/Notes rrective Action /Timeframe if needed | | |
| Y | All areas were clean | | |
| Y | No evidence of infestation | | |
| Y | All lights were turned on and natural window lighting | | |
| Y | Tested by provider and steam observed on camera | | |
| Y | Flushed by provider and observed | | |
| Y | | | |
| 1 | Thermostat tested by provider for cooling & heating | | |
| Y | Tested by provider and observed | | |
| Y | Outbound call made to provider's phone | | |
| Y | Tested by provider and observed | | |
| Y | First aid kit stored in bathroom closet | | |
| Y | All outlets covered or occupied | | |
| | ments/Notes rective Action /Timeframe if needed | | |
| Y | Stored on back of kitchen counter | | |
| Y | Moved to higher level in bathroom closet | | |
| Y | Does not own | | |
| Y | Does not own | | |
| Y | Does not own | | |
| | Stored in higher level shelf in laundry room | | |
| Y | Does not own | | |
| Y/N Corr | ments/Notes rective Action /Timeframe if needed | | |
| Y Y Y tandard Met | Com | | |

Revised 10/2021

| Trash, garbage and wet and soiled diapers are disposed of in sanitary manner. | Y | Diapers taken out daily in small plastic ba |
|--|---|--|
| 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 chang area |
| Handwashing procedures are followed. Provider and child's washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDA | ARDS Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstat that indicate that the child's health or welfare is harm placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mentatinjury that is caused by the failure to give proper care attention to a child. | ances ned or Y al | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuneglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services U | Y | |
| Emergency Ready-to-Go Pack | | |
| The Emergency Ready-to-Go Pack must be available and easily acce needed medications) and Emergency Documents. | essible in the event of an emo | ergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | |
| Directions: Review and determine that each item is adequately includ enough supplies for each child in care. Also the items are clean, organ | led in the Disaster Supply Ki nized, and usable. Comment | t. Be certain that the Disaster Supply Kit contains t and note below if needed. |
| Sector Se | | SFolder or binder for EPP documents |
| ⊠Batteries for Flashlight ⊠Non-pe | rishable food | \boxtimes Backpack(s) or carrying case(s) |
| ⊠Portable First Aid Kit ⊠Diapers | 3 | Consider special toys or games |
| ⊠ Thermometer ⊠Change | e of clothes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags |
| ⊠Medications ⊠Blanket | i(s) | |
| Items in the Disaster Supply Kit are clean, organized, and usable | e (Y/N)? Y | |
| | | |
| Emergency Ready-to-Go Pack is available and easily accessible | | ency (Y/N)? Y |

| Location of The Emergency Ready to go Pack | Stored in hallway closet near exit |
|--|------------------------------------|
| Location et al | |

(hob

| Item Specification (if needed). 1 backpack (carrying case), 2 flashlights | 1 pk of AA batteries, 1 first aid kit, 1 thern | nometer, no spec meds, 1 juice, 1 canned fod, ottom), 1 book, 1 pair scissore, 1 have fod. |
|--|---|--|
| 1 dried food, 2 bottled waters, 3 diapers duty trash bags, 1 roll of duct tape, and f | folder with EPP and ECMA | ottom), 1 book, 1 pair scissors, 1 box of heavy |
| | | |
| Items to be reviewed on xx/xx/xxxx: N/A | | |
| Emergency Documents | | |
| SInformal Provider Emergency Prepared | dness Plan (this completed form) | |
| ⊠Authorization for emergency medical can | are | |
| Planning and Maintenance | LA LAND MANAGER | ulastu: |
| Planning and maintenance Person responsible for updating the Disaster Su | ipply Kit and the Emergency Documents reg | urany. |
| First Name | Last Name Washington | |
| Bessie Description of how the Emergency Ready-to-Go | Pack will be transported to an evacuation le | ocation: carried by the provider. |
| Mergency updates. | (s) for shelter. Once they are secured and se | d ERTG. The provider will secure the child in or receive alternate instructions of where |
| Signatures & Date | | |
| Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge th pop up visit which will be conducted virtually or in | hat, if approved, the home in which care is pro | viewed, and any corrections if needed have by ided is subject to random, unannounced |
| PROVIDER | Market and States and States | INSPECTOR |
| Printed Name: Bessie Washin | gton Printed Name: | et al along a station of the second |
| Signature | Signature: | and the second |
| Date: 07-27-2023 Phone: | Date: 07/14/2023 | Phone: 1-877-227-0125 |
| | | |

J

| Mar EVintual Inspection Clin-person Inspection | Child | State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST | | | Return to: ccs.informalproviders@maryland.gov | | |
|---|-----------------|--|---------------|---------------------|--|------------|--|
| Inspection Date: 10/22/2024 | Time | Time In: 3:30pm Time Out: 4:30pm | | n Res | Result: Passed | | |
| Informal Care | | | | | | | |
| Type of Care (check one): | on-relative Inh | ormal Provider C | are IRelative | Informal F | Provider Care | | |
| Provider Information | | | | | | | |
| First Name: Linda | Last | Last Name: Washington | | Provider ID: 565321 | | | |
| Provider ID #: | | | | Email: | | | |
| Care Location Inspected | | | | | | | |
| Street Address: Address Venified?: Yes | <u>City</u> : | C | ounty: | | State: | Zip Code: | |
| Name of Children in Care (add page | s if needed) | Scholarship | Date of Birth | Age | / Pre | sent (Y/N) | |
| | | | 12/30/2017 | Gyrs/ Y | | | |
| | | | 3/12/2019 | 5yrs/Y | | | |
| | | | 3/12/2019 | 5yrs/Y | | | |
| | | | 5/14/2021 | 3yrs/Y | | | |
| | | | 9/27/2023 | 1yrs/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 Salety 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 | n of the first of the second second I I I I I I I I I I I I I I I I I I I | | |
| Matches, lighters and flammable products | Y | | | |
| Alcoholic beverages | Y | | | |
| • Guns | Y | | | |
| Cleaning agents | Y | N N | | |
| Poisonous substances | Y | | | |

and the second second second second

| 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. | ¥ | |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | ¥. | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | | |
| 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. | ¥ | |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

Flashlight

Bottled water

Section Folder or binder for EPP documents

Batteries

Portable First Aid Kit Thermometer Mon-perishable food

Change of clothes

Backpack(s) or carrying case(s)

Consider special toys or games

Heavy Duty Scissors, Duct Tape/

MSDE OCC Informal Care Inspection Checkliss 2020-03-26

Page 2 of 3

Packing Tape & Sealing Plastic/ Trash Bags RMedications-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: Hallway Closet Item Specification (if needed): 1 To be observed for compliance on : -**Emergency Documents** Sinformal Provider Emergency Preparedness Plan (this completed form) SAuthorization for emergency medical care Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Linda Last Name Washington 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 window(s)). The provider will contact parent before, during and after sheltering.

(#1 of doors, #0 of

| and the second se | window(s)). The provider will contact parent before, during and after sheltening. |
|--|---|
| | Evacuation Procedures: |
| | The Provider will gather the children and the ready to go bag, they will be traveling The provider will <u>travel to</u> The provider will <u>travel to</u> 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 The provider will gather the children and the ready to go bag, they will be traveling The provider will travel to gaining access by #1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering |
| | CARE HOURS: - Monday-Friday 5:30am-6:30pm |
| The second s | Signatures & Date |
| Contraction of the local division of the loc | 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 | | INCOLOTION |
|------------------------------------|------------------|-----------------------|
| Printed Name: KINDA LEE Mashington | Printed Name: | INSPECTOR |
| Signature: | Signature: | |
| Date: 10/22/24 Phone: | Date: 10/22/2024 | Phone: 1-877-227-0125 |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Page 3 of 3

INFORMAL CHILD CARE INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION: 04-04-2025/3:29pm/61 minutes | INS | PECTION TYPE | | AGES | Total Approved | # Scholarship | # Present | Resident Children |
|---|-----|-------------------------|-----------------|-------------------|-------------------|------------------|--------------|----------------------|
| APPLICANT ID: | ~ | Initial Application |] | 0-23 months | I | I | I | |
| - | | Renewal Application | - | 2 year olds | | | | |
| | | Complaint Investigation | - | 3 year olds | | | | |
| PROVIDER ID: 576283 | | Monitoring | - | 4 year olds | | | | |
| APPLICATION DATE: | | Other | | 5's (pre-school) | | | | |
| 02/27/2025 | | |] | 5-12 (school age) | | | | |
| COUNTY: | | Follow-Up | 13-19 year olds | | | | | |
| Calvert County | | | | TOTAL | I | I | I | |
| | | | | Overnight | | | | |

| FATALITY: N/A | SERIOUS INJURY: | COMPLAINT #: N/A | | |
|--|-----------------|--|---------------------------|--|
| INFORMAL PROVIDER PHOTO ID VERIFIED: | Yes No | ID TYPE: Provisional Driver's License | EXP. DATE: I 1/22/2024 | |
| CARE LOCATION: O Child's Home Informal Child Care Provider's Home | | | | |
| CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care | | | | |
| INFORMAL PROVIDER NAME: Nakisha Washington | | | | |
| PERSON(S) INTERVIEWED: Nakisha Washington | | | | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

| Part 1 – Safety of Home | | | | | | |
|-------------------------|--|---|--|--|--|--|
| С | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | C k) Has first aid kit/supplies | | | | |
| | 2. Home is free of health and safety hazards | C I) Has protective coverings on accessible electrical outlets | | | | |
| С | a) Is in good repair | Harmful items are stored appropriately and away from children | | | | |
| С | b) Is free of insect or rodent infestation | C a) Sharp or pointed items | | | | |
| С | c) Is well-lit and well-ventilated | C b) Medications of any kind should be stored | | | | |
| С | d) Has hot and cold running water | C c) Matches lighters and flammable products | | | | |
| С | e) Has a working inside toilet | C d) Alcoholic beverages | | | | |
| С | f) Has utilities for cooking, lighting and heating | C e) Weapons and firearms | | | | |
| С | g) Has a working and safe heating system | C f) Cannabis edibles, smoking and vaping paraphernalia and by products | | | | |
| С | h) Has a working refrigerator and stove | C g) Cleaning agents | | | | |
| С | i) Has a working telephone | C h) Poisonous substances | | | | |
| С | j) Has operational smoke and carbon-monoxide detector(s) | C i) Interior environmental hazards | | | | |

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| Part 2 – General Cleanliness | | | | | |
|------------------------------|----|--|----|----|---|
| С | 4. | All areas of the home are kept clean, including diapering area. | 9. | Re | est Area and Furnishings |
| С | 5. | Trash garbage and wet or soiled diapers are disposed | С | a) | SIDS prevention review |
| | | of in a sanitary manner. | С | b) | Infant/toddler rest furnishings |
| С | 6. | Children are changed immediately when they have a soiled or wet diaper, clothing or bedding. | С | c) | Crib safety |
| С | 7. | Diapering procedures are followed. | С | d) | Individual rest place |
| | 8. | Handwashing procedures are followed. | | e) | The provider shall provide furnishings for each child approved for care in the home. |
| С | | a) Toileting | С | | ei) Younger than 12 months old, a crib, portable crib, |
| С | | b) Diapering | C | | or playpen eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag |
| С | | c) Food preparation and eating | | | old, a bed, col, mat, or sleeping bag |
| С | | d) After playing outdoors | | | |
| С | | e) Preventing the spread of disease | | | |

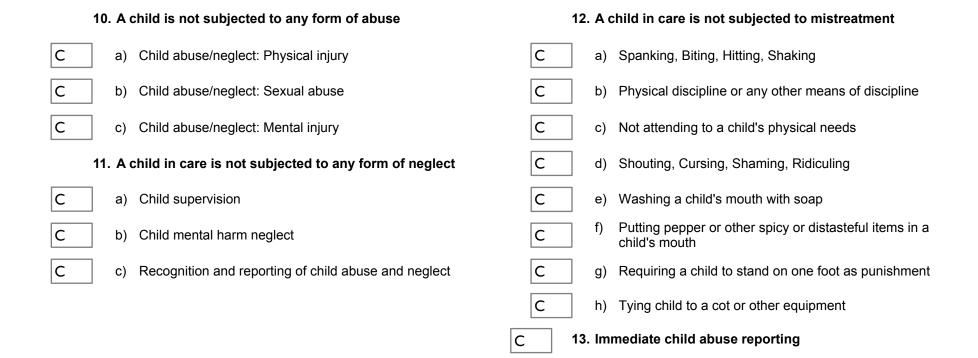
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 3 – Child Abuse, Neglect and Mistreatment Standards



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

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Part 4 – Vehicular Traffic and Transportation Safety



Part 5 – Outdoor Activity Area

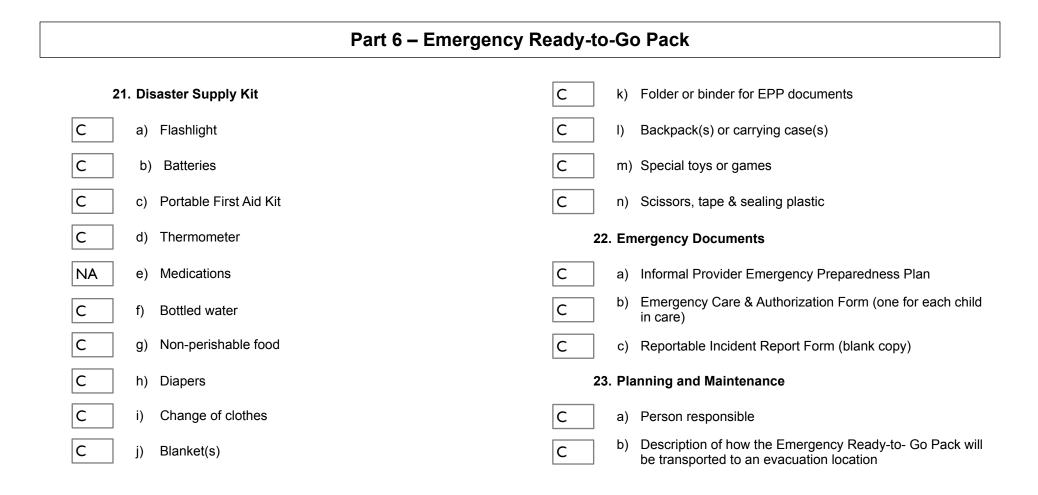
17. Safe outdoor play area С 20. Pool Safety C С a) 4 ft. fence that surrounds the pool 18. Enclosed safe play area b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment С entry/exit way С c) Secured Lock С d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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- 2. Select the Standard that requires documentation and enter the compliance status.
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<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

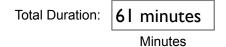
| Part 7 – Health & Safety Review | | | | | |
|---|--|--|--|--|--|
| C 24. Shelter in Place | C 31. Health & Safety Review: Premises safety, hazard protection | | | | |
| C 25. Lockdown (partial & full) | C 32. Emergency response planning | | | | |
| 26. Home is free of health and safety hazards | C 33. Food allergy emergency preparedness | | | | |
| C a) Primary Evacuation Location | C 34. Hazardous materials management | | | | |
| C b) Alternate Evacuation Location | C 35. Prevention and control of infectious diseases (including immunization) | | | | |
| C 27. Infant sleep safety | C 36. Pediatric first-aid and CPR | | | | |
| C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | C 37. Appropriate precautions in transporting children | | | | |
| C 29. Recognition and reporting of child abuse and neglect | C 38. Substance-free child care environment | | | | |
| C 30. Health & Safety Review: Administration of medication. | | | | | |

consistent with standards for parental consent



| Time Out: | 04/04/2025 | 16:31 |
|-----------|------------|-------|
| | Date | Tim |

| Date | Start Time | End Time | Duration | Follow-Up |
|------------|------------|----------|------------|-----------|
| 04/04/2025 | 15:29 | 16:31 | 61 minutes | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



SUMMARY OF CORRECTION

| PROVIDER ID: | APPLICANT ID: | ZIP CODE: | COUNTY: | | |
|-------------------------|---------------|--------------------------------|--|--|--|
| 576283 | - | 20657 | Calvert County | | |
| INFORMAL PROVIDER NAME: | | CARE LOCATION: | | | |
| Nakisha Washington | | Child's H | ome Informal Child Care Provider's Home | | |
| PERSON(S) INTERVIEWED: | | | | | |
| Nakisha Washington | | | | | |
| VISIT TYPE: | | INSPECTION TIME/DATE/DURATION: | | | |
| Initial Application | | 3:29pm/04-04-2025/61 minutes | | | |

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

| STANDARD NUMBER | STANDARD TEXT | SUMMARY OF CORRECTION | DATE OF CORRECTION |
|--------------------|-----------------------|-----------------------|-----------------------|
| | No corrections needed | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Blessen Harris | 04/25 | Complete | Includes overflow page | |
|------------------------------------|-------|----------|------------------------|-------------------|
| Signature of Agency Representative | Date | | | ICCP Form SOC108c |
| Blessen Harris | | | | |

| Inspection Date: 2/28/2025 Time In: 1:30pm Time In: 1:30pm Time In: 1:30pm Time Informal Care Type of Care (check one): Non-relative Informal Provider Care Provider Information First Name: Skyleur Provider Information First Address: Care Location Inspected Street Address: Address Verified?: Yes Name of Children in Care (add pages if needed) Scholarship Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - N Health and Safety Training: Basic Health and Safety Iraining Completed? Home is free of health and safety hazards: Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has not and cold running water Has a working inside toilet Has a working refrigerator and stove Has a working refrigerator and stove Has a working refrigerator and stove Has a working telephone Has protective coverings on any electrical outlet that is accessible to children | e Out: e Out: Relative Relative County: ate of Birth 2/26/2015 1/13/2019 ote any comme es, N – No, D andard Met Y/N Y Y Y Y Y Y Y Y Y Y Y | Result Informal Provide Email Provide Email Syrs/ N 5yrs/ N 5yrs/ N comment Corrective | der ID: 57 | re 73815 Present (Dons need Not App Timefran | ed. |
|---|--|--|---|--|---|
| Informal Care Type of Care (check one): Non-relative Informal Provider Care Provider Information First Name: Skyleur Last Name: Watkins Provider ID #: Last Name: Watkins Care Location Inspected Street Address: Street Address: City: Address Verified?: Yes Scholarship D Name of Children in Care (add pages if needed) Scholarship D Safety of the Home Street Address: Y - N Maditional pages may be used for comments. Y - N Health and Safety Training: Si Basic Health and Safety Training Completed? Street of health and safety hazards: Si Is in good repair Is swell-lit and well-ventilated Si Is well-lit and cold running water Has a working inside toilet Has a working and safe heating system Has a working refrigerator and stove Has a working refrigerator and stove Has a working telephone Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children Has is accessible to children | Image: Second system Image: Second system County: Image: Second system Second system | Informal Provid Email S Age 9yrs/ N 5yrs/ N ents or corre D – Discusso Comment Corrective | ovider Car der ID: 57 State / P ective actio ed, n/a ts/Notes e Action / | re 73815 Present (Dons need Not App Timefrai | Y/N) ed. ilicable me if needed |
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| Address Verified?: Yes Name of Children in Care (add pages if needed) Scholarship D Safety of the Home Safety of the Home Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y – Y Health and Safety Training: Si Basic Health and Safety Training Completed? Si Home is free of health and safety hazards: Si Is in good repair Si Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has a working and safe heating system Has a working refrigerator and stove Has a working refrigerator and stove Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | ate of Birth 2/26/2015 1/13/2019 Dote any comme es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y Y Y Y Y | Age 9yrs/ N 5yrs/ N ents or corre D – Discusso Comment Corrective | / P ective actio ed, n/a – I ts/Notes e Action / ts/Notes e Action / | ons need Not App Timefrai | Y/N) ed. ilicable me if needed |
| Safety of the Home Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - N Health and Safety Training: State the standard of the | 2/26/2015 1/13/2019 ote any comme es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y Y Y Y | 9yrs/ N 5yrs/ N ents or corre D – Discusso Comment Corrective | ective actio ed, n/a – 1 ts/Notes e Action / ts/Notes e Action / | ons need Not App Timefrai | ed. Ilicable me if needed |
| Safety of the Home Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - N Health and Safety Training: State the standard of the | 1/13/2019 ote any comme es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y Y Y Y Y | 9yrs/ N 5yrs/ N ents or corre D – Discusso Comment Corrective | ective actio ed, n/a – 1 ts/Notes e Action / ts/Notes e Action / | ons need Not App Timefrai | ed. Ilicable me if needed |
| Safety of the Home Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - N Health and Safety Training: Statestime Basic Health and Safety Training Completed? Statestime Home is free of health and safety hazards: Statestime • Is in good repair Statestime • Is free of insect or rodent infestation Statestime • Is well-lit and well-ventilated Statestime • Has a working inside toilet Has a working and safe heating system • Has a working refrigerator and stove Has a working telephone • Has first aid kit/supplies Has first aid kit/supplies | 1/13/2019 ote any comme es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y Y Y Y Y | 5yrs/ N ents or corre D – Discusso Comment Corrective Corrective | ed, n/a – ts/Notes e Action / ts/Notes e Action / | Not App Timefrai Timefrai | licable me if needed |
| Safety of the Home Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - Y Health and Safety Training: State Basic Health and Safety Training Completed? State Home is free of health and safety hazards: State • Is in good repair State • Is free of insect or rodent infestation State • Is well-lit and well-ventilated Has hot and cold running water • Has a working inside toilet Has a working and safe heating system • Has a working refrigerator and stove Has a working telephone • Has operational smoke detector(s) Has first aid kit/supplies • Has protective coverings on any electrical outlet that is accessible to children | ote any comme es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y Y | ents or corre D – Discusso Comment Corrective Comment Corrective | ed, n/a – ts/Notes e Action / ts/Notes e Action / | Not App Timefrai Timefrai | licable me if needed |
| Directions: Review and determine compliance with each standard. N Additional pages may be used for comments. Y - Y Health and Safety Training: Standard. N Basic Health and Safety Training Completed? Standard. N Home is free of health and safety hazards: Standard. N • Is in good repair Standard. N • Is free of insect or rodent infestation Standard. N • Is well-lit and well-ventilated Has hot and cold running water • Has a working inside toilet Has a working inside toilet • Has a working and safe heating system Has a working refrigerator and stove • Has a portectional smoke detector(s) Has first aid kit/supplies • Has protective coverings on any electrical outlet that is accessible to children Standard | es, N – No, D andard Met Y/N Y andard Met Y/N Y Y Y Y Y Y | D – Discusso Comment Corrective Comment Corrective | ed, n/a – ts/Notes e Action / ts/Notes e Action / | Not App Timefrai Timefrai | licable me if needed |
| Home is free of health and safety hazards: Si • Is in good repair Is free of insect or rodent infestation • Is well-lit and well-ventilated Is well-lit and well-ventilated • Has hot and cold running water Has a working inside toilet • Has a working and safe heating system Has a working refrigerator and stove • Has a working telephone Has operational smoke detector(s) • Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Andard Met Y/N Y Y Y Y Y Y | Corrective | e Action / | .pnttE | me if needed |
| Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and heating Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y/N Y Y Y Y Y | Corrective | e Action / | .pnttE | me if needed |
| Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and heating Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y Y Y Y Y | haking andisolgans g. Sideola Bitsong | Hiting, SI of physical Hiting physical | BURNE . | |
| Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and heating Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y Y Y | er disciplina of Cideoxia En song | of privile privile | | |
| Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and heating Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y | g Pidioulin (h) soap | | and stated | NOV ODEL |
| Has a working inside toilet Has utilities for cooking, lighting and heating Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y ded lute. | qnon (B | | Gunda | natuoria |
| Has utilities for cooking, lighting and heating Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | | | w rhoort | a blirto a | gritting = |
| Has a working and safe heating system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y | enero to V- | NOR TERMO | Jo Badal | a grainia |
| Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | | tool enon | o hasta of | Phone a | analupna k |
| Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y | | notio no to | | and the second se |
| Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y | | | | provider (mm |
| Has first aid kit/supplies Has protective coverings on any electrical outlet that is accessible to children | Y | | | | lect of market |
| Has protective coverings on any electrical outlet that is accessible to children | Y | Parent cha | anged the | battery c | luring the inspe |
| accessible to children | Y | | | | |
| Harmful items are stored appropriately and away from | Y | 1 | | | |
| children: | ndard Met Y/N | Comments Corrective | | imefram | e if needed |
| Sharp or pointed items | Y | | | | A VIRGINIA CONTRACT |
| Medications of any kind | Y | | | | |
| Matches, lighters and flammable products | Y | | TO SOL PROVIDE | | ne etimoso |
| Alcoholic beverages | Y | | | | Ideal days 400 |
| Guns | Y | | | | minute a la |
| Cleaning agents | Y | | | | |
| Poisonous substances | Y | | | | E. Davinghan E. |
| GENERAL CLEANLINESS STANDARDS Standards All areas of the home are kept clean, including diapering area. | ndard Met | Comments | | | ElPedable Fi |

Statute of the second of the beauting of the second of the

| Education/Office of Civild | Papadment m | US Energies |
|--|-----------------------|---|
| rash, garbage and wet and soiled diapers are disposed of in a anitary manner. | Y | Cin-parson |
| hild is changed immediately when s/he has a soiled or wet appendix | Y | nditestant |
| iapering procedures are followed. | Y | Contraction Contractor Contractor |
| andwashing procedures are followed. Provider and child's hands ashed thoroughly with soap and warm running water after: • Toileting; | | entormal Care |
| Diapering; Before food preparation and eating; After playing outdoors; and | Y | Type of Cate (check one); D Non-telative Provider Information |
| At other times when necessary to prevent the spread of disease. | nitteV. one Alatin | First Name: Skylaur Provider ID, & W-325-768-744-721 |
| HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | <u>Pictoress Verified 7</u> Yee Name of Children in Chry (odd paper If gelden Sage Hill |
| child in care is not subjected to any form of neglect, cluding: | | Journale Gordan |
| The failure to give proper care and attention to a child including leaving a child unattended under circumstances | | Gafely of the Home |
| 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 | Y | Directions: Review and determine Comple Additional pages may be used for comme |
| injury that is caused by the failure to give proper care and attention to a child. | | Health and Cafety Training: |
| child in care is not subjected to mistreatment, including: | | Barbar Menth and Barbar Parising David |
| Any deliberate act that hurts a child physically or emotionally, including: | | Home is tree of health and balaky lyzarder |
| Spanking, Biting, Hitting, Shaking | | is in good repair |
| Any other means of physical discipline Not attending to a child's physical needs | | In free of insect or rodent intribution |
| Shouting, Cursing, Shaming, Ridiculing | Y | beleithev liew bris li-liew et |
| Washing a child's mouth with soap | Market and the second | Has hat and cold naming writer |
| Putting pepper or other spicy or distasteful items in a child's mouth | | Has a working inside todat |
| Requiring a child to stand on one foot as punishment | Den C prier | it with Him utilities for coolding, lighting and he |
| Tying child to a cot or other equipment | 1.000 | |
| e provider immediately reports any suspected child abuse, | | · making the lighted protocol and store |
| glect or mistreatment by calling 911 and your local | | |
| epartment of Social Services Child Protective Services | Y | |
| <u>nit</u> . | | |
| | a ten range | - The provide the operating of any second |

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 contains enough supplies for each | e that each item is adequately included in the Disaster a child in care. Also that the items are clean, organized | Supply Kit. Be certain that the Disaster Supply Kit |
|---|--|--|
| ⊠Flashlight | Bottled water | Selder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | ⊠Diapers- N/A | ⊠Consider special toys or games |
| ⊠Thermometer | Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash |
| ⊠Medications- N/A | ⊠Blanket(s) | Bags |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

STOR OOD Informal Oare Europerizati Chiedelia 2020-03

| Items in the Disaster Supply Kit are clean, organi | zed, and usable (Y/N)? Y |
|---|--|
| Emergency Ready-to-Go Pack is available and e | asily accessible in the event of an emergency (Y/N)? Y |
| Location of Emergency Ready to go Pack: fro | ont closet |
| Item Specification (if needed): | |
| • To be observed for compliance on 2/28/2025 | @ 1:30pm : |
| Smoke detector | |
| Alcohol wipes | |
| Emergency Documents | |
| ☑ Informal Provider Emergency Prepared | ness Plan (this completed form) |
| Authorization for emergency medical ca | |
| Planning and Maintenance | |
| | pply Kit and the Emergency Documents regularly: |
| First Name Skyleur | Last Name Watkins |
| | |
| 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 will <u>contact</u> parent before, during and after shell | |
| Evacuation Procedures: | |
| The Provider will gather the children and the rea The provider will travel to | location gaining access by to |
| shelter in #1 of doors, #4 of w | rindow(s)). The provider will contact parent before, during and after sheltering |
| The Provider will gather the children and the rea | dy to go bag, they will be traveling by children secured |
| and The provider will tra | vel to gaining access by the to shelter in provider will contact parent before, during and after sheltering |
| #2 of doors, #3 of window(s)]. The | stowder will contact parent before, during and alter snekering |
| CARE HOURS: - Monday, Tuesday and Wednesday 7: | :00pm-7:00am |
| Signatures & Date | |
| | knowledge that all standards have been reviewed, and any corrections if needed have |
| been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p | t, if approved, the home in which care is provided is subject to random, unannounced |
| | NIGSTOTO D |

| PROVIDER | INSPECTOR | | | |
|--------------------------------|-----------------|-----------------------|--|--|
| Printed Name: SKY leur Watkins | Printed Name: | | | |
| Signature: | Signature: | | | |
| Date: 311/2025 Phone: | Date: 2/28/2025 | Phone: 1-877-227-0125 | | |

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| ⊠Virtual Inspection □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 | |
|---|---|---------------------------|---------------------------------|--|--|----------------------------------|
| Inspection Date: 2/27/2025 | Tim | e In: 1:30pm | Time Out: | Res | sult: Follow Up | Dispering procedures |
| Inspection Date: 2/28/2025 | Tim | e In: 1:30pm | Time Out: | Res | sult: Passed | Handreshing process |
| Informal Care | | | | | | |
| Type of Care (check one): | on-relative In | formal Provider | Care ⊠Relative | Informal I | Provider Care | Diapering |
| Provider Information | | Contraction of the second | | mattes | then nolveusound | Before rood |
| First Name: Skyleur | Last | Name: Watkins | ame: Watkins Provider ID: 57381 | | | 5 |
| Provider ID #: | 240 | rianio. Francis | | Em | ail: | |
| Care Location Inspected | -invited in | and the second | | | | |
| Street Address: | 53 | City: | County | <i>L</i> : | State | Zip Code: |
| Address Verified?: Yes | N | | velueling: | ni ,esuda 1 | t to any form o | A contra la not subjec |
| Name of Children in Care (add page | s if needed) | Scholarship | Date of Birth | Age | / Prese | ent (Y/N) |
| | | | 3/26/2015 | 9yrs/ N | | viujai lainekii * |
| | | | 11/13/2019 | 5yrs/ N | a of hetpeldus. | A onlid in ours is not |
| Directions: Review and detern Additional pages may be used | | | Y-Yes, N-No, | D - Discus | ssed, n/a – Not | |
| Health and Safety Training: | | | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| Basic Health and Safety Tra | ining Complet | ted? | Y | | and hada-idus | tes al mon el bligo A |
| Home is free of health and safety h | azards: | | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| Is in good repair | | | Y | king. | ing, Hilling, Sha | Spanding, BR |
| Is free of insect or rodent inf | estation | | Y | brilling | main of physical | Any other ma |
| Is well-lit and well-ventilated | | Y | Y | em la statisti | primeria Shamina | s Shouting Cu |
| Has hot and cold running water | iter | | Y | quon | rithe mouth with | · Washing a ch |
| Has a working inside toilet | | 200 | e ni y neh luh | or distance | volge terlio to a | idded Bunnie |
| Has utilities for cooking, light | ting and heati | ng | Y | in tool and | no heads of hike | na onoluma |
| Has a working and safe heat | | | Y | | a cot or other a | |
| Has a working refrigerator a | nd stove | | Y | | | The provider (mmodia |
| Has a working telephone | | 1000 | Y | | | nogleat or minimum |
| Has operational smoke determined | ctor(s) | | Y | Parent o | changed the batte | ery during the inspection |
| Has first aid kit/supplies | | | Y | | | |
| Has protective coverings on accessible to children | any electrical | outlet that is | Y | | 019 0 D-01-1 | Bruit y nemana |
| Harmful items are stored appropria children: | tely and awa | ly from | Standard Met Y/N | 2000 C 2000 C 2000 C 2000 | ts/Notes /e Action /Timef | rame if needed |
| Sharp or pointed items | | Y | | | Distance Sumaly Kit | |
| Medications of any kind | | | Y | | | and another the |
| Matches, lighters and flamm | able products | annungo anada sig | Y | in ni birto r | ייוודמאיים למי מזומי | typone eninthop |
| Alcoholic beverages | | | Y | | | - Idolata - Iva |
| • Guns | - | | Y | | | adaptin G iS |
| Cleaning agents | | | Y | | 101.00 | Sectable Fire |
| Poisonous substances | | | Y | | | |
| GENERAL CLEANLINESS STANDA | RDS | | Standard Met Y/N | | its/Notes /e Action /Timef | |

Statute of the second of the beauting of the second of the

| Education Office of Ghild | Depártment el | and Energies and |
|--|---------------------|--|
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Din-parson |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | indizection |
| Diapering procedures are followed. | Y | Increasion Date: 22 (1/2020 |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; | | Inspection Deter Scoreds Informal-Cate Type of Cate (check and) D Mon-relative |
| Diapering; Before food preparation and eating; After playing outdoors; and | Y | Provider Information |
| At other times when necessary to prevent the spread of disease. | nitteW.ener,Watkin | First Name: Skyleur Provider 10, #: W-325-768-744-721 |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | Anno 1 Children In Care (add naped from the Ca |
| A child in care is not subjected to any form of neglect, | | Journee Gorden |
| The failure to give proper care and attention to a child including leaving a child unattended under circumstances | | Gafety of the Home |
| 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 | Y | Directions: Review and deterrings Compl Additional pages may be used for comme |
| injury that is caused by the failure to give proper care and attention to a child. | | Henth and Estaty Training: |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: | | Basis Health and Seless Frances |
| Spanking, Biting, Hitting, Shaking | | Is in good repair |
| Any other means of physical discipline | | In the of insect or rodent intertation |
| Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing | Y | belalinevilew brts lit-liew at |
| Washing a child's mouth with soap | | · Has hot and cold ninning writer |
| Putting pepper or other spicy or distasteful items in a child's mouth | | talict abiani prohow a sel-1 + |
| Requiring a child to stand on one foot as punishment | gner | (i) + i) Hits utilities for coolding, lighting and he |
| Tying child to a cot or other equipment | | nelava grulenut ellar bris gruthine a alhi 👒 |
| he provider immediately reports any suspected child abuse, | | everys plote rotatedition thingtonic e source + |
| eglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services | Y | Has a working talaphone |
| Jnit. | Y | |
| | | |
| Emergency Ready-to-Go Pack | a porter that is | a costa a las possiblementes a constructional estat |

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 contains enough supplies for each | e that each item is adequately included in the Disaster a child in care. Also that the items are clean, organized | Supply Kit. Be certain that the Disaster Supply Kit |
|---|--|--|
| ⊠Flashlight | ⊠Bottled water | Selder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | ⊠Diapers- N/A | ⊠Consider special toys or games |
| ⊠Thermometer | Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash |
| ⊠Medications- N/A | ⊠Blanket(s) | Bags |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

STOR OOD Informal Oare Europerizati Chiedelia 2020-03

| Items in the Disaster Supply Kit are clean, organi | zed, and usable (Y/N)? Y |
|---|--|
| Emergency Ready-to-Go Pack is available and e | asily accessible in the event of an emergency (Y/N)? Y |
| Location of Emergency Ready to go Pack: fro | ont closet |
| Item Specification (if needed): | |
| • To be observed for compliance on 2/28/2025 | @ 1:30pm : |
| Smoke detector | |
| Alcohol wipes | |
| Emergency Documents | |
| ☑ Informal Provider Emergency Prepared | ness Plan (this completed form) |
| Authorization for emergency medical ca | |
| Planning and Maintenance | |
| | pply Kit and the Emergency Documents regularly: |
| First Name Skyleur | Last Name Watkins |
| | |
| 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 will <u>contact</u> parent before, during and after shell | |
| Evacuation Procedures: | |
| The Provider will gather the children and the rea The provider will travel to | location gaining access by to |
| shelter in #1 of doors, #4 of w | rindow(s)). The provider will contact parent before, during and after sheltering |
| The Provider will gather the children and the rea | dy to go bag, they will be traveling by children secured |
| and The provider will tra | vel to gaining access by the to shelter in provider will contact parent before, during and after sheltering |
| #2 of doors, #3 of window(s)]. The | stowder will contact parent before, during and alter snekering |
| CARE HOURS: - Monday, Tuesday and Wednesday 7: | :00pm-7:00am |
| Signatures & Date | |
| | knowledge that all standards have been reviewed, and any corrections if needed have |
| been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p | t, if approved, the home in which care is provided is subject to random, unannounced |
| | NIGSTOTO D |

| PROVIDER | INSPECTOR | | | |
|--------------------------------|-----------------|-----------------------|--|--|
| Printed Name: SKY leur Watkins | Printed Name: | | | |
| Signature: | Signature: | | | |
| Date: 311/2025 Phone: | Date: 2/28/2025 | Phone: 1-877-227-0125 | | |

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| ⊠Virtual Inspection □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. ov | |
|--|--|------------|------------------|---|--|---|--|
| Inspection Date: 08/30/2023 Time In: 1:30PM Follow-up Inspection Date: 08/31/2023 Time In: 10:00AM | | | | Time Out: 2:43PMResult:Time Out: 10:22AMFollow- | | : Follow-up Required. -up Result: PASSED | |
| Informal Care | | 194 | | | | | |
| Type of Care (check one): | Non-rel | ative Info | ormal Provider (| Care □Relativ | e Informal Prov | vider Care | |
| Provider Information | | | | | 1 | | |
| First Name: Angelia | | Last | Name: Webste | er | Provide | er ID: <u>527003</u> | |
| Provider ID #: | | S Party La | | | Email: | | |
| Care Location Inspected Street Address: Address Verified? Yes. | | City: | County | | State Zip | Code: | |
| Name of Children in Care (a | idd pages if nee | eded) | Scholarship | Date of Birth | Age | Present (Y/N) | |
| | | _ | | (01/06/2023) | 7mos. / N | | |
| | | | | (08/31/2014) | 8yr./ N | | |
| | | | | (05/08/2013) | 13yr. / N | | |
| Safety of the Home | | A COLOR | | | | | |
| Directions: Review and determ bages may be used for comme | ine compliance | with eac | h standard. Note | any comments or o | corrective action | s needed. Additional , n/a – Not Applicable | |
| Health and Safety Training: | | | a and | Standard Met | Comments/ | Notes | |
| Basic Health and Safety Train | ing Completed | 1? | | Y/N Y | Corrective Action /Timeframe if needed Non-Relative Informal Care – Certificate | | |
| Home is free of health and s | afety hazards | s: | | Standard Met Y/N | Submitted Comments/Notes Corrective Action /Timeframe if needed | | |
| Is in good repair | | | | Y | All areas were clean | | |
| Is free of insect or ro | dent infestation | n | | Y | No evidence of infestation | | |
| Is well-lit and well-ve | ntilated | | | Y | All lights were turned on and natural winde lighting | | |
| Has hot and cold run | | | | Y | Tested by provider and observed the ice me the clear glass | | |
| Has a working inside | | | | Y | Flushed by provider and observed | | |
| Has utilities for cooking | ng, lighting and | d heating | 1 | Y | | | |
| Has a working and sa | | | | Y | Thermostat tested by provider for cooling heating | | |
| Has a working refrige | rator and stove | е | | Y | | ed by provider and observed | |
| Has a working teleph | one | | | Y | Outbound call made by informal team to pro | | |
| Has operational smoke detector(s) | | | | Y | Tested by provider and observed | | |
| Has first aid kit/supplies | | | | Y | Medical Supplies stored in locked bedroom | | |
| Has protective coverings on any electrical outlet that is accessible to children | | | utlet that is | Y | Corrective Action Completed: All outlets we covered or occupied | | |
| armful items are stored app hildren: | propriately an | d away | from | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| Sharp or pointed item | S | | | Y | Moved to hi | gher cabinet shelf in laundry room | |
| Medications of any kin | | | | Y | Corrective Action Completed: Lock added cabinet with medications | | |
| Matches, lighters and | flammable pro | oducts | | Y | | Does not own | |
| Alcoholic beverages | | | | Y | Does not own | | |

| • Guns | Y | Does not own |
|---|---------------------|--|
| Cleaning agents | Y | Corrective Action Completed: Lock added to kitchen cabinet |
| Poisonous substances | Y | Outside in locked shed |
| GENERAL CLEANLINESS STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| All areas of the home are kept clean, including diapering area. | Y | Changing area in child's playpen |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Trash thrown away daily via trash cans |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | Diapering station has needed supplies |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, ncluding: 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. | ¥ | |
| 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 | |
| he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> epartment of Social Services Child Protective Services Unit. | Y | |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight

Batteries for Flashlight

Portable First Aid Kit

⊠Bottled water ⊠Non-perishable food ⊠Diapers

Solder or binder for EPP documents

☑ Backpack(s) or carrying case(s)
 ☑ Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

| ⊠Thermometer | ⊠Change of clothes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags | | |
|---|--|---|--|--|
| Medications | ⊠Blanket(s) | C C | | |
| Items in the Disaster Supply Kit are clean, organ | nized, and usable (Y/N)? Y | | | |
| Emergency Ready-to-Go Pack is available and e | easily accessible in the event of an emerge | ency (Y/N)? Y | | |
| wipes, 4 blankets, 1 roll of duct tape, 1 pa and ECMA docs per child, case of bottled games Items to be reviewed on 08/31/2023: Corr 1. Outlet coverings required in all areas 2. Lock added to bedroom closet with me 3. Lock added to kitchen cabinet with cle 4. ERTG Missing Items: Thermometer, 4 of Emergency Documents ⊠Informal Provider Emergency Prepared | s, 1 pk of AA batteries, no specific meds air of scissors, bar soap/tooth brushes, d waters, 1 thermometer, 4 outfits (tops rected & Reviewed on 08/31/2023 edications raning products or more bottled waters, change of cloth | s, 1 bag of dried foods, 1 pk of diapers/1 pk of 1 roll of heavy duty trash bags, binder w/ EPP /bottoms/underwear/socks) and toys and board es for ea. child, and toys or games | | |
| Authorization for emergency medical ca | | | | |
| Planning and Maintenance | | | | |
| Person responsible for updating the Disaster Su | pply Kit and the Emergency Documents | regularly: | | |
| First Name Sharita | Last Name Artis | | | |
| Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. Shelter In Place Procedure: The provider will account for the children and grab the ERTG and head into the living room (1 door 2 windows). The provider will use the sealing plastic and tape to seal the door, vents and windows if needed. The provider will call or text the parent once she and the children are secured. Evacuation Procedures Primary: The provider will account for the children and grab the ERTG. The provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to Upon arrival the provider will call or text the parent with emergency updates. Alternate: If they could not access the primary location, the provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to Upon arrival the provider will call or text the parent with emergency updates. Alternate: If they could not access the primary location, the provider will walk the children to the vehicle. She will ensure the 3 older children are secured in their seat belts and the youngest child is secured in her rear-facing car seat. Once complete the provider will secure herself and drive to the Upon arrival the provider and children, will shelter in Upon 2 windows). Once secure the provider will shelter in Upon 2 windows). Once secure dhe provider will shelter in Upon 2 windows). | | | | |
| Signatures & Date | | | | |
| Acknowledgement: By signing below the parties at been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in- | at, if approved, the home in which care is | n reviewed, and any corrections if needed have s provided is subject to random, unannounced | | |
| PROVIDER | | INSPECTOR | | |
| Printed Name: Angelia Webster | Printed Name: | | | |
| Signa | Cignoture | | | |

| Signa | Signature: | |
|----------------------|------------------|-----------------------|
| Date: 9/89/23 Phone; | Date: 08/31/2023 | Phone: 1-877-227-0125 |

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| ⊠Virtual Inspection □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. ov | |
|--|--|------------|------------------|---|--|---|--|
| Inspection Date: 08/30/2023 Time In: 1:30PM Follow-up Inspection Date: 08/31/2023 Time In: 10:00AM | | | | Time Out: 2:43PMResult:Time Out: 10:22AMFollow- | | : Follow-up Required. -up Result: PASSED | |
| Informal Care | | 194 | | | | | |
| Type of Care (check one): | Non-rel | ative Info | ormal Provider (| Care □Relativ | e Informal Prov | vider Care | |
| Provider Information | | | | | E. A. | | |
| First Name: Angelia | | Last | Name: Webste | er | Provide | er ID: <u>527003</u> | |
| Provider ID #: | | S Party La | | | Email: | | |
| Care Location Inspected Street Address: Address Verified? Yes. | | City: | County | | State Zip | Code: | |
| Name of Children in Care (a | idd pages if nee | eded) | Scholarship | Date of Birth | Age | Present (Y/N) | |
| | | _ | | (01/06/2023) | 7mos. / N | | |
| | | | | (08/31/2014) | 8yr./ N | | |
| | | | | (05/08/2013) | 13yr. / N | | |
| Safety of the Home | | A COLOR | | | | | |
| Directions: Review and determ bages may be used for comme | ine compliance | with eac | h standard. Note | any comments or o | corrective action | s needed. Additional , n/a – Not Applicable | |
| Health and Safety Training: | | | a and | Standard Met | Comments/ | Notes | |
| Basic Health and Safety Train | ing Completed | 1? | | Y/N Y | Corrective Action /Timeframe if needed Non-Relative Informal Care – Certificate | | |
| Home is free of health and s | afety hazards | s: | | Standard Met Y/N | Submitted Comments/Notes Corrective Action /Timeframe if needed | | |
| Is in good repair | | | | Y | All areas were clean | | |
| Is free of insect or ro | dent infestation | n | | Y | No evidence of infestation | | |
| Is well-lit and well-ve | ntilated | | | Y | All lights were turned on and natural winde lighting | | |
| Has hot and cold run | - | | | Y | Tested by provider and observed the ice me the clear glass | | |
| Has a working inside | | | | Y | Flushed by provider and observed | | |
| Has utilities for cooking | ng, lighting and | d heating | | Y | | | |
| Has a working and sa | | | | Y | Thermostat tested by provider for cooling heating | | |
| Has a working refrige | rator and stove | е | | Y | | ed by provider and observed | |
| Has a working teleph | one | | | Y | Outbound call made by informal team to pro | | |
| Has operational smoke detector(s) | | | | Y | Tested by provider and observed | | |
| Has first aid kit/supplies | | | | Y | Medical Supplies stored in locked bedroom | | |
| Has protective coverings on any electrical outlet that is accessible to children | | | utlet that is | Y | Corrective Action Completed: All outlets we covered or occupied | | |
| armful items are stored app hildren: | propriately an | d away | from | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| Sharp or pointed item | S | | | Y | Moved to hi | gher cabinet shelf in laundry room | |
| Medications of any kin | | | | Y | Corrective Action Completed: Lock added cabinet with medications | | |
| Matches, lighters and | flammable pro | oducts | | Y | | Does not own | |
| Alcoholic beverages | | | | Y | Does not own | | |

| • Guns | Y | Does not own |
|---|---------------------|--|
| Cleaning agents | Y | Corrective Action Completed: Lock added to kitchen cabinet |
| Poisonous substances | Y | Outside in locked shed |
| GENERAL CLEANLINESS STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| All areas of the home are kept clean, including diapering area. | Y | Changing area in child's playpen |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Trash thrown away daily via trash cans |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | Diapering station has needed supplies |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, ncluding: 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. | ¥ | |
| 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 | |
| he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> epartment of Social Services Child Protective Services Unit. | Y | |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight

Batteries for Flashlight

Portable First Aid Kit

⊠Bottled water ⊠Non-perishable food ⊠Diapers

Solder or binder for EPP documents

☑ Backpack(s) or carrying case(s)
 ☑ Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

| ⊠Thermometer | ⊠Change of clothes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags | | | | |
|---|---|--|--|--|--|--|
| Medications | ⊠Blanket(s) | C C | | | | |
| Items in the Disaster Supply Kit are clean, organ | nized, and usable (Y/N)? Y | | | | | |
| Emergency Ready-to-Go Pack is available and e | easily accessible in the event of an emerge | ency (Y/N)? Y | | | | |
| wipes, 4 blankets, 1 roll of duct tape, 1 pa and ECMA docs per child, case of bottled games Items to be reviewed on 08/31/2023: Corr 1. Outlet coverings required in all areas 2. Lock added to bedroom closet with me 3. Lock added to kitchen cabinet with cle 4. ERTG Missing Items: Thermometer, 4 of Emergency Documents ⊠Informal Provider Emergency Prepared | s, 1 pk of AA batteries, no specific meds air of scissors, bar soap/tooth brushes, d waters, 1 thermometer, 4 outfits (tops rected & Reviewed on 08/31/2023 edications raning products or more bottled waters, change of cloth | s, 1 bag of dried foods, 1 pk of diapers/1 pk of 1 roll of heavy duty trash bags, binder w/ EPP /bottoms/underwear/socks) and toys and board es for ea. child, and toys or games | | | | |
| Authorization for emergency medical ca | | | | | | |
| Planning and Maintenance | | | | | | |
| Person responsible for updating the Disaster Su | pply Kit and the Emergency Documents | regularly: | | | | |
| First Name Last Name Artis | | | | | | |
| are secured. <u>Evacuation Procedures</u> Primary: The provider will account for the childred the 3 older children are secured in their seat belts provider will secure herself and drive to shelter in the (1 door 3 windows). On Alternate: If they could not access the primary le children are secured in their seat belts and the year | ab the ERTG and head into the living roo ind windows if needed. The provider will en and grab the ERTG. The provider will s and the youngest child is secured in h Upon arrival the provider ce secured the provider will call or text t ocation, the provider will walk the childre bungest child is secured in her rear-facin Upon arrival the provider and children, w | om (1 door 2 windows). The provider will use the call or text the parent once she and the children I walk the children to the vehicle. She will ensure er rear-facing car seat. Once complete the ter will and the parent with emergency updates. en to the vehicle. She will ensure the 3 older ng car seat. Once complete the provider will | | | | |
| Signatures & Date | 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: Angelia Webster | Printed Name: | | | | | |
| Signa | Cignoture | | | | | |

| Signa | Signature: | |
|----------------------|------------------|-----------------------|
| Date: 9/89/23 Phone; | Date: 08/31/2023 | Phone: 1-877-227-0125 |

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INFORMAL CHILD CARE INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION: 3-27-2025/2:15pm/ 65min | INS | INSPECTION TYPE | | Total Approved | # Scholarship | # Present | Resident Children |
|---|-----|-------------------------|-------------------|-------------------|------------------|--------------|----------------------|
| APPLICANT ID: | | Initial Application | 0-23 months | | | | |
| - | ✓ | Renewal Application | 2 year olds | | | | |
| PROVIDER ID: | | Complaint Investigation | 3 year olds | | | | |
| 507025 | | Monitoring | 4 year olds | | | | |
| APPLICATION DATE: | | Other | 5's (pre-school) | | | | |
| 02/24/2025 | | | 5-12 (school age) | I | I | 0 | |
| COUNTY: | | Follow-Up | 13-19 year olds | | | | |
| Washington County | | | TOTAL | I | I | 0 | |
| | | | Overnight | | | | |

| FATALITY: N/A | SERIOUS INJURY: N/A | COMPLAINT #: N/A | |
|--------------------------------------|------------------------------|------------------------------|--------------------------|
| INFORMAL PROVIDER PHOTO ID VERIFIED: | Yes No | ID TYPE: Driver's License | EXP. DATE: 12/08/2032 |
| CARE LOCATION: O Child's | Home Informal Child Care | Provider's Home | |
| CARE TYPE: Relativ | re Informal Child Care Non-F | Relative Informal Child Care | |
| INFORMAL PROVIDER NAME: Sara Weit | zel | | |
| PERSON(S) INTERVIEWED: Sara Weit | zel and Rachel Mellot | | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

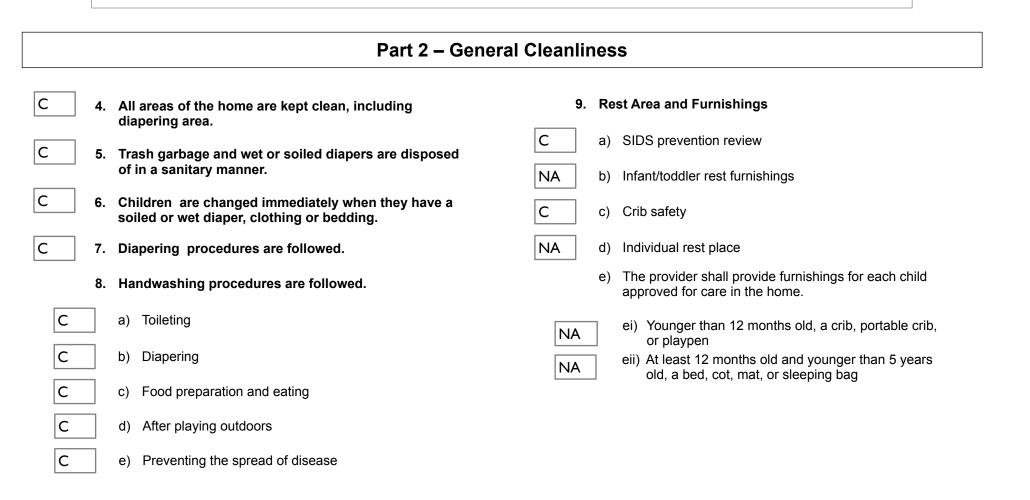
| Part 1 – Safety of Home | | | | | | | | |
|-------------------------|---|----|---|--|--|--|--|--|
| C 1. | Health & Safety Training (Basic 3 hrs. & the Annual Update) | С | k) Has first aid kit/supplies | | | | | |
| 2. | Home is free of health and safety hazards | С | I) Has protective coverings on accessible electrical outlets | | | | | |
| С | a) Is in good repair | 3. | Harmful items are stored appropriately and away from children | | | | | |
| С | b) Is free of insect or rodent infestation | С | a) Sharp or pointed items | | | | | |
| С | c) Is well-lit and well-ventilated | С | b) Medications of any kind should be stored | | | | | |
| С | d) Has hot and cold running water | С | c) Matches lighters and flammable products | | | | | |
| С | e) Has a working inside toilet | С | d) Alcoholic beverages | | | | | |
| С | f) Has utilities for cooking, lighting and heating | С | e) Weapons and firearms | | | | | |
| С | g) Has a working and safe heating system | С | f) Cannabis edibles, smoking and vaping paraphernalia and by products | | | | | |
| С | h) Has a working refrigerator and stove | С | g) Cleaning agents | | | | | |
| С | i) Has a working telephone | С | h) Poisonous substances | | | | | |
| С | j) Has operational smoke and carbon-monoxide detector(s) | С | i) Interior environmental hazards | | | | | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

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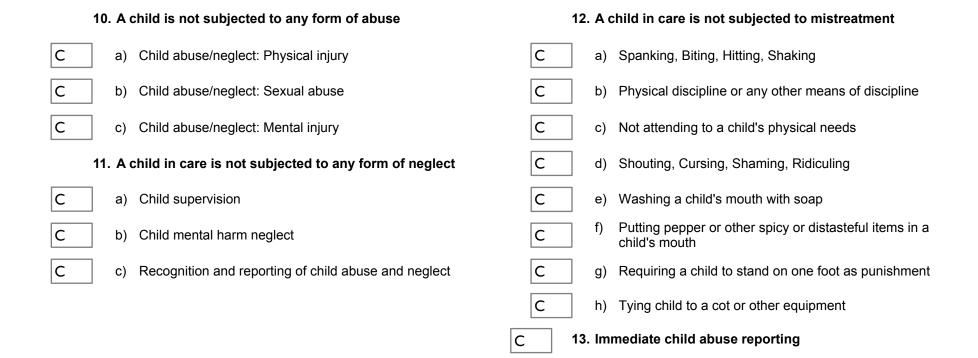
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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Part 3 – Child Abuse, Neglect and Mistreatment Standards



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

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Part 4 – Vehicular Traffic and Transportation Safety



Part 5 – Outdoor Activity Area

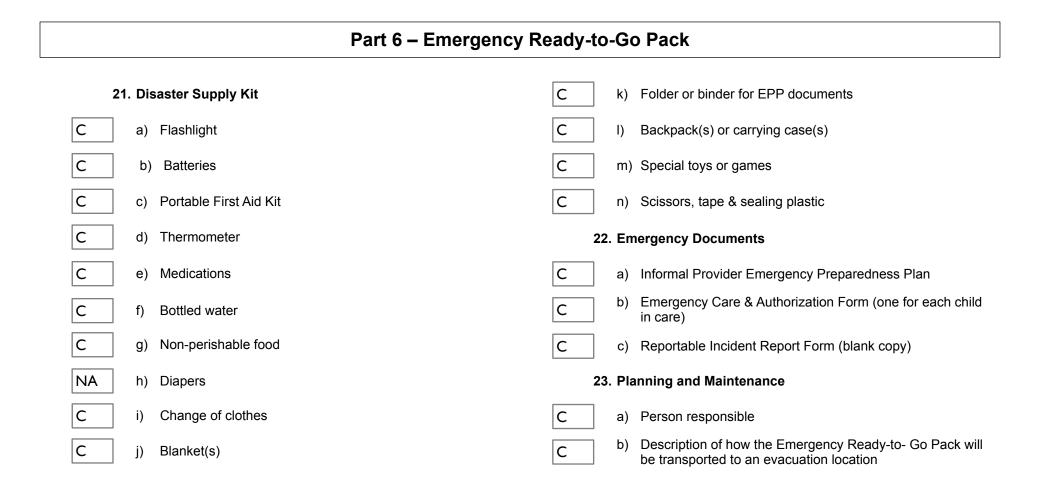
17. Safe outdoor play area С 20. Pool Safety C С a) 4 ft. fence that surrounds the pool 18. Enclosed safe play area b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment С entry/exit way С c) Secured Lock С d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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| Part 7 – Health & Safety Review | | | | | | |
|--|--|--|--|--|--|--|
| C 24. Shelter in Place | C 31. Health & Safety Review: Premises safety, hazard protection | | | | | |
| C 25. Lockdown (partial & full) | C 32. Emergency response planning | | | | | |
| 26. Home is free of health and safety hazards | C 33. Food allergy emergency preparedness | | | | | |
| C a) Primary Evacuation Location | C 34. Hazardous materials management | | | | | |
| C b) Alternate Evacuation Location | C 35. Prevention and control of infectious diseases (including immunization) | | | | | |
| NA 27. Infant sleep safety | C 36. Pediatric first-aid and CPR | | | | | |
| NA 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | C 37. Appropriate precautions in transporting children | | | | | |
| C 29. Recognition and reporting of child abuse and neglect | C 38. Substance-free child care environment | | | | | |
| C 30. Health & Safety Review: Administration of medication, consistent with standards for parental consent | | | | | | |

Sign and upload form to

Sara Weitzel

Signature of Informal Child Care Provider

Date

Blessen Harris PROVIDER PORTAL

Signature of Agency Representative **Blessen Harris**

Date

03/27/2025

03/27/2025 15:20 Time Out: Date

Time

| Date | Start Time | End Time | Duration | Follow-Up |
|------------|------------|----------|------------|-----------|
| 03/27/2025 | 14:15 | 15:20 | 65 minutes | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Duration: 65 minutes Minutes

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

Review and sign at time of a follow-up inspection to address any noncompliances

| INSPECTION DATE/TIME/DURATION: | INSPECTION TYPE: Follow-Up Inspection | AGES | Total Approved | # Scholarship | # Present | Resident Children |
|----------------------------------|--|------|-------------------|------------------|--------------|----------------------|
| PROVIDER ID: | APPLICANT ID: | | | | | |
| | | | | | | |
| INFORMAL PROVIDER NAME: | PERSON(S) INTERVIEWED: | | | | | |
| | | | | | | |
| INFORMAL PROVIDER PHOTO ID VERIF | ID TYPE: | | | EXP. DATE | E | |
| CARE LOCATION: O Child's Home | CARE TYPE: | | ve Care | Non-Re | lative Care | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

| | Standard # | Inspection # | Standard Description | | | |
|---------|-------------------|----------------|----------------------|-------------------------|------------------------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Sign and upload form to | Includes overflow page | |
| 5 | Sara Weitz | rel | 03/27/2025 | PROVIDER PORTAL | | |
| Signatu | ure of Informal C | hild Care Prov | vider Date | | Signature of Agency Representative | Date Page 9 |

SUMMARY OF CORRECTION

| PROVIDER ID: | APPLICANT ID: | ZIP CODE: | COUNTY: | | | |
|--|---------------|-------------------|---|--|--|--|
| 507025 | - | 21719 | Washington County | | | |
| INFORMAL PROVIDER NAME: | | CARE LOCATION: | | | | |
| Sara Weitzel | | | Child's Home Informal Child Care Provider's Home | | | |
| PERSON(S) INTERVIEWED: | | | | | | |
| Sara Weitzel and Rachel N | 1ellot | | | | | |
| VISIT TYPE: INSPECTION TIME/DATE/DURATION: | | | | | | |
| Renewal Application | | 2:30pm/3-27-2025/ | 2:30pm/3-27-2025/65 minutes | | | |

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

| STANDARD NUMBER | STANDARD TEXT | SUMMARY OF CORRECTION | DATE OF CORRECTION |
|--------------------|-----------------------|-----------------------|-----------------------|
| | No corrections needed | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Blessen Harris | 03/25 | Complete | Includes overflow page | |
|------------------------------------|-------|----------|------------------------|-------------------|
| Signature of Agency Representative | Date | | | ICCP Form SOC1080 |
| Blessen Harris | | | | |

| ⊠Virtual Inspection □In-person Inspection | Child | epartment of I Care Care Scholars INFORMAL SPECTION C | CARE | Child | Return to: ccs.informalproviders@maryland.go |
|---|--|--|----------------------|---------------------|--|
| Inspection Date: 3/21/2024 | Time | e In: 1:30pm | Time Out: 2:30pr | n Re | esult: Passed |
| Informal Care | | at second se | | | |
| Type of Care (check one): | □ Non-relative Inf | ormal Provider | Care Relative | Informal | Provider Care |
| Provider Information | | | | | |
| First Name: Sara | the state of the s | Nome: Weitzel | | Pr | ovider ID: 507025 |
| Provider ID # | Last | Last Name: Weitzel | | | nail: |
| Care Location Inspected | | | | 1 | |
| Street Address: Address Verified?: Yes | C | ity | County | | State Zip Code |
| Name of Children in Care (| add pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) |
| | | | 9/21/2011 | 12 | /N |
| | | | 12/30/2015 | 8 | /N |
| | | | | | |
| Safety of the Home | and a second | | | | |
| Directions: Review a | ind determine compliance | e with each star | ndard. Note any comm | nents or co | orreclive actions needed. |
| | y be used for comments. | | | | ussed, n/a – Not Applicable |
| Health and Safety Training | : | | Standard Met Y/N | | ents/Notes ctive Action /Timeframe if needed |
| Basic Health and S | afety Training Complet | ed? | Y | | |
| Home is free of health and | safety hazards: | | Standard Met Y/N | | ents/Notes ctive Action /Timeframe if needed |
| Is in good repair | | | Y | | |
| Is free of insect or r | odent infestation | | Y | | |
| Is well-lit and well-w | rentilated | | Y | | |
| Has hot and cold rule | inning water | ···· | Y | | |
| Has a working insid | le toilet | | Y | | |
| Has utilities for coo | king, lighting and heati | ng | Y | | |
| Has a working and | safe heating system | | Y | | |
| Has a working refri | gerator and stove | | Y | | |
| Has a working tele; | phone | | Y | | |
| Has operational sm | oke detector(s) | | Y | | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ |
| Has first aid kit/sup | | | Y | _ | |
| Has protective cover accessible to children | erings on any electrical ren | outlet that is | Y | 7 Outle | ets |
| Harmful items are stored a children: | ppropriately and awa | y from | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed |
| Sharp or pointed ite | ems | | Y | | |
| Medications of any | kind | | Y | | |
| Matches, lighters a | nd flammable products | | Y | | |
| Alcoholic beverage | S | | Y | | |
| • Guns | | | Y | Kept in high loc | a locked back within a larger bag. Kept in ation. |
| Cleaning agents | | | Y | | |
| Poisonous substan | ces | | Y | | |
| GENERAL CLEANLINESS | STANDARDS | | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed |
| | | | | COLLECT | uve Account i miestance it ficeucu |

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| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
|---|---------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |
| Emergency Ready-to-Go Pack | · | |

| isaster Supply Kit | | |
|-------------------------|--|--|
| | hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | |
| ⊠Flashlight | Bottled water | Solder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| ⊠Portable First Aid Kit | □Diapers N/A | ⊠Consider special toys or games |
| ⊠Thermometer | ⊠Change of clothes | ⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| □ MedicationsN/A | ⊠Blanket(s) | |

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Page 2 of 3

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| Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes | | |
|---|--|---|
| Location of Emergency Ready to go Pack: Laundry room Item Specification (if needed): Pink and black back pack Sealing plastic, packing tape & large scissors 2 blankets 3 bottled water Granola Bar Medication is a controlled quantity administered by parent Deck of Cards, To be observed for compliance on : | : daily. | |
| Emergency Documents | | |
| ⊠Informal Provider Emergency Preparedness Plan (this com ⊠Authorization for emergency medical care | pleted form) | |
| Planning and Maintenance | | |
| Person responsible for updating the Disaster Supply Kit and the Em | ergency Documents regularly: | |
| First Name Sara Last Name Weitze | 4 | |
| during the emergency and a final update after. The Provider will go into the laundry room and grab the bag and get the parent to notify <u>them of their need to relocate</u> | ng and text the parent throughout the children ready to leave. The . They would then rovider and children are secured the children ready to leave. The . The Provider would secured | e Provider would and Once I she will give the parents updates e Provider would and the the youngest in a booster seat and (1 door 1 window). Once |
| Signatures & Date | | |
| Acknowledgement: By signing below the parties acknowledge that all si been discussed. The parties also acknowledge that, if approved, the ho pop up visit which will be conducted virtually or in-person. | | |
| PROVIDER | IN | ISPECTOR |
| Printed Name: Sara R. Weitzel | Printed Name: | |
| Signature: | Signature: | |
| Date: 3/21/2024 Phone: | Date: 3/21/2024 | Phone: 1-877-227-0125 |

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| ⊠Virtual Inspection □In-person Inspection | | artment of Ed d Care Scholar INFORMAL SPECTION C | ship Program CARE | Child Care | Return to: ccs.informalproviders@maryland.g ov |
|---|--------------------------|---|---|------------------------|--|
| Inspection Date: 05/05/2022 | Time | Time In: 1:45PM Time | | M Result 5/6/20 | :: PASSED if returned by 12PM on 22 |
| Informal Care | | | 1 | - | |
| Type of Care (check one): | Non-relative Info | rmal Provider (| are Relative | Informal Pro | wider Care |
| Provider Information | | | | . (mormai i re | |
| First Name: Cynthia | last | Name: Wells | | Provid | ler ID: 485362 |
| Provider ID #: | Last Name. Wens | | | Email | |
| Care Location Inspected | | | | | |
| Street Address: Address Verified? Yes | City: | Co | ounty: | State: | Zip Code: |
| Name of Children in Care (a | dd pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) |
| Concernance of the second s | ,,, | | 9/5/2018 | 3 / Yes | |
| | | | 4/16/2020 | 2 /Yes | |
| | | | | - / 100 | |
| | | | | | |
| | | | | | |
| | | | | | |
| Safety of the Home | | - 13 | | | |
| Directions: Review and determ pages may be used for comme | | ch standard. Note | e any comments or c Y – Yes, N – No, | orrective actio | ons needed. Additional ed, n/a – Not Applicable |
| Health and Safety Training: | | | Standard Met Y/N | Comment: Corrective | s/Notes Action /Timeframe if needed |
| Basic Health and Safety Train | ning Completed? | | N/A | | Relative Informal Provider |
| Home is free of health and s | safety hazards: | | Standard Met Y/N | Comment | s/Notes 9 Action /Timeframe if needed |
| Is in good repair | | | Y | | |
| Is free of insect or ro | 2.3.2.2.3.0001250.0 | | Y | No sign of | infestation |
| Is well-lit and well-ve | | | Y | 1 | |
| Has hot and cold run | | | Y | - | erved from shower |
| Has a working inside | | | Y | Flush obse | |
| | ing, lighting and heatin | g | Y | Operationa | al gas stove |
| Has a working and s | | | Y | | |
| Has a working refrige | | | Y | | e on when opened |
| Has a working teleph | | | Y | Cell phone | provider was called |
| Has operational smo | | | Y | Dead side | - Parties |
| Has first aid kit/supp | ings on any electrical | outlot that in | ř | Band aids, | onument |
| accessible to childre | n | | Y | Behind fun | niture |
| Harmful items are stored ap children: | | / from | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed |
| Sharp or pointed iter | | | Y | | |
| Medications of any k | | | Y | High cabine | t |
| | d flammable products | | Y | None | |
| Alcoholic beverages | | | Y | None | |
| Guns | | | Y | None | |
| Cleaning agents | | | Y | | |
| Poisonous substance | es | | Y | Other than r | medications and cleaning solutions |

| GENERAL CLEANLINESS STANDARDS | Standard Mer Y/N | t Comments/Notes Corrective Action /Timeframe if needed |
|--|---|---|
| All areas of the home are kept clean, including diaperi | ng area. Y | |
| Trash, garbage and wet and soiled diapers are dispos sanitary manner. | ed of in a. Y | |
| Child is changed immediately when s/he has a soiled diaper, clothing or bedding. | or wet Y | |
| Diapering procedures are followed. | v | |
| Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running water Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease. | r after: Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT S | TANDARDS Standard Me Y/N | t Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, includi Physical injury Any sexual abuse Mental injury | ng: Y | |
| A child in care is not subjected to any form of neg including: The failure to give proper care and attention including leaving a child unattended under ci that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk of injury that is caused by the failure to give pro attention to a child. | to a child rcumstances is harmed or Y of mental | |
| A child in care is not subjected to mistreatment, in Any deliberate act that hurts a child physicall 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 it child's mouth Requiring a child to stand on one foot as pur Tying child to a cot or other equipment | y or Y ems in a | |
| The provider immediately reports any suspected c neglect or mistreatment by calling 911 and your <u>lo</u> Department of Social Services Child Protective Se | <u>cal</u> Y | |
| Emergency Ready-to-Go Pack | | * |
| The Emergency Ready-to-Go Pack must be available and en needed medications) and Emergency Documents. | asily accessible in the event of an | emergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | |
| Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are cle | tely included in the Disaster Suppl ean, organized, and usable. Comm | y Kit. Be certain that the Disaster Supply Kit contains ment and note below if needed. |
| ⊠Flashlight | ⊠Bottled water | Selder or binder for EPP documents |
| Batteries for Flashlight | ⊠Non-perishable food | ⊠Backpack(s) or carrying case(s) |
| | ⊠Diapers | Consider special toys or games Heavy Duty Scissors, duct tape/ |
| ⊠Thermometer | ⊠ Change of clothes | A Heavy Duty Scissors, duct tape/ |

bags

| ⊠Medications | ⊠Blanket(s) | |
|---|--|--|
| Items in the Disaster Supply Kit are | clean, organized, and usable (Y/N)? Y | |
| Emergency Ready-to-Go Pack is av | ailable and easily accessible in the event of an emergene | y (Y/N)? Y |
| Location of The Emergency Read | y to go Pack: In basement where care is provided. | |
| | | |
| Item Specification (if needed): 6 AA batteries, First aid- tongue | lepressors, gauze, bandages, q-tips, cold compress, | wipes |
| | pie, canned baked beans, canned sliced peaches , a | |
| 2 Onsies, 2 pants, 2 shirt 1 under | | ppie sauce, |
| 4 diapers, wipes, books, playing | | |
| 4 ulapers, wipes, books, playing | carus | |
| Items to review on xx/xx/xxxx if n | eeded: N/A | |
| | | |
| Emergency Documents | | |
| ⊠Informal Provider Emerger | cy Preparedness Plan (this completed form) | |
| ⊠Authorization for emergene | y medical care | |
| Planning and Maintenance | | |
| | Disaster Supply Kit and the Emergency Documents r | egularly: |
| | Last Name | |
| Description of how the Emergency <u>Shelter In Place Procedure:</u> The provider will call parents, grab door and no windows. If the need s | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to nould arise the provider will cover the door with plastic | he storage room in the basement that has one |
| Shelter in Place Procedure: The provider will call parents, grab door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent them in their coats grab the emerge provider will get the children in their fror location is | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to hould arise the provider will cover the door with plastic them know they are secure. It them know they are evacuating the care location ncy bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge in the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location are | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ncy bag in the car before driving to evacuation location, their alternate evacuation by will shelter in the basement back room that |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent them in their coats grab the emerge provider will get the children in their from ocation is mas one window and one door. Pro- et them know they are secure. Items to review on xx/xx/xxxx if r | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to hould arise the provider will cover the door with plastic them know they are secure. It them know they are evacuating the care location ncy bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge in the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location are | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ncy bag in the car before driving to evacuation location, their alternate evacuation ay will shelter in the basement back room that |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab- door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent hem in their coats grab the emerge provider will get the children in their from ocation is has one window and one door. Pro- et them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to bould arise the provider will cover the door with plastic them know they are secure. It is to let them know they are evacuating the care location ncy bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge in the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location are eeded: N/A | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ncy bag in the car before driving to evacuation location, their alternate evacuation by will shelter in the basement back room that and after they are at the emergency location to |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab- toor and no windows. If the need s vill then call the parents again to le Evacuation Procedures: The provider will contact the parent hem in their coats grab the emerge provider will get the children in their from ocation is has one window and one door. Pro- et them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date Acknowledgement: By signing below been discussed. The parties also again | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to bould arise the provider will cover the door with plastic them know they are secure. It is to let them know they are evacuating the care location for bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge in the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location are eeded: N/A | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ncy bag in the car before driving to evacuation location, their alternate evacuation ay will shelter in the basement back room that and after they are at the emergency location to reviewed, and any corrections if needed have |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent hem in their coats grab the emerge provider will get the children in their from ocation is has one window and one door. Pro- et them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date Acknowledgement: By signing below been discussed. The parties also ac paper of the parties also ac provider will be conducted PROVII | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to hould arise the provider will cover the door with plastic them know they are secure. It is to let them know they are evacuating the care location ncy bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge to the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location a eeded: N/A | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving th ncy bag in the car before driving to evacuation location, their alternate evacuation ay will shelter in the basement back room that and after they are at the emergency location to reviewed, and any corrections if needed have |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent hem in their coats grab the emerge provider will get the children in their from ocation is has one window and one door. Pro- et them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date Acknowledgement: By signing below been discussed. The parties also ac paper of the parties also ac provider will be conducted PROVII | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to hould arise the provider will cover the door with plastic them know they are secure. It is to let them know they are evacuating the care location ncy bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge to the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location a eeded: N/A | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ney bag in the car before driving to evacuation location, their alternate evacuation by will shelter in the basement back room that and after they are at the emergency location to reviewed, and any corrections if needed have provided is subject to random, unannounced |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab door and no windows. If the need s will then call the parents again to le Evacuation Procedures: The provider will contact the parent them in their coats grab the emerge provider will get the children in their from ocation is nas one window and one door. Pro et them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date Acknowledgement: By signing below been discussed. The parties also ac cop up visit which will be conducted PROVID Printed Name? | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to hould arise the provider will cover the door with plastic them know they are secure. It is to let them know they are evacuating the care location ray bags, and walk to the primary evacuation location car seats, secure them in the vehicle, put the emerge to the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location a eeded: N/A | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ney bag in the car before driving to evacuation location, their alternate evacuation by will shelter in the basement back room that and after they are at the emergency location to reviewed, and any corrections if needed have provided is subject to random, unannounced |
| Description of how the Emergency Shelter In Place Procedure: The provider will call parents, grab- toor and no windows. If the need s vill then call the parents again to le Evacuation Procedures: The provider will contact the parent hem in their coats grab the emerge provider will get the children in their from them know they are secure. Items to review on xx/xx/xxxx if r Signatures & Date Acknowledgement: By signing below peen discussed. The parties also ac provider will be conducted PROVID Printed Name. The provider will be conducted Provider will be conducted Provider will be conducted PROVID | Ready-to-Go Pack will be transported to an evacuation the emergency bag and gather the children and go to bould arise the provider will cover the door with plastic them know they are secure. It to let them know they are evacuating the care location car seats, secure them in the vehicle, put the emerge the care location. If they could not go to the primary to which provider has a spare keys. Once there the rider will call parents before leaving the care location are knowledge that, if approved, the home in which care is virtually or in-person. DER | he storage room in the basement that has one and tape from emergency to go bag. Provider on. Provider will gather the children and put If driving the ney bag in the car before driving to evacuation location, their alternate evacuation ay will shelter in the basement back room that and after they are at the emergency location to reviewed, and any corrections if needed have provided is subject to random, unannounced |

| ⊠Virtual Inspection □In-person Inspection | | epartment of Edu Id Care Scholars INFORMAL ISPECTION CH | ship Program CARE | hild Care | Return to: ccs.informalproviders@maryland.g ov |
|--|--------------------|--|----------------------|---------------|--|
| Inspection Date: 02/15/2023 | Time | e In: 3:30PM | Time Out: 4:46P! | Result | PASSED |
| Informal Care Type of Care (check one): | □ Non-relative Inf | | | | |
| Provider Information | | | | Informal Prov | vider Care |
| First Name: Sara Provider ID | Last | Name: Weitzel | | Provide | er ID: <u>507025</u> |
| Care Location Inspected | | | | | |
| Street Address: Address Verified? Yes. | City: | County: | State | Zip Code | |
| Name of Children in Care (add | pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) |
| | | | (09/21/2011) | 11yr / Y | |
| | ····· | | (12/30/2015) | 7yr / Y | |

SatewortherHome

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? | Ŷ | Relative Informal Care - Certificate Submitted |
| Home is free of health and safety hazards: | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| Is in good repair | Y | All areas generally clean |
| Is free of insect or rodent infestation | Y | No evidence of infestation |
| Is well-lit and well-ventilated | Y | Artificial and lots of natural light |
| Has hot and cold running water | Y | Observed steam, tested by provider |
| Has a working inside toilet | Y | Observed and flushed by provider in all bathrooms |
| Has utilities for cooking, lighting and heating | Y | |
| Has a working and safe heating system | Y | Provider tested their thermostat, and explained they have cooling units placed in the windows during summer time. Both of the cooling units were observed on camera |
| Has a working refrigerator and stove | Y | Electric stove top smoke observed |
| Has a working telephone | Y | Call was made to the provider |
| Has operational smoke detector(s) | Y | Observed and tested by provider |
| Has first aid kit/supplies | Y | Stored in kitchen |
| Has protective coverings on any electrical outlet that is accessible to children | Y | All outlets covered or occupied |
| Harmful items are stored appropriately and away from children: | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| Sharp or pointed items | Y | Stored in locked drawer in the kitchen |
| Medications of any kind | Y | Stored in providers in locked pantry in the kitchen |
| Matches, lighters and flammable products | Y | Does not own |
| Alcoholic beverages | Y | Located in high cabinet above the fridge |
| • Guns | Y | Stored in parent's bedroom on high shelf in lockboy |
| Cleaning agents | Y | In locked kitchen cabinets under the sink |
| Poisonous substances | Y | Does not own |

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021

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

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

Location of The Emergency Ready to go Pack: Stored on shelf in laundry room near exit.

Item Specification (if needed):

<u>3 flashlights, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, no diaper age children in care, 3</u>
 <u>bottles of water, 4 pack of mac & cheese, 1 large blanket, 1 outfit (top/bottom) and underwear for each child, 2 blankets,</u>
 <u>Backpack, 1 roll of duct tape, 1 pair of scissors, 1 roll of sealing plastic, folder of EPP and ECMA forms per child, toy trucks and playing cards</u>

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

Emergency Documents

⊠Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

| Person responsible for updating | Disaster Supply Kit and the Emergency Documents regularly: | · · |
|---------------------------------|--|-----|
| First Name Sara | Last Name Weitzel | |

Shelter in Place Procedure:

The provider will gather the children and ERTG and go into the first floor bathroom (1 door 0 windows). The provider will use sealing plastic and tape to seal door if needed. Once the provider and children are secured in the location she will text the parents and continue to send text updates until they are safe.

Evacuation Procedures:

Primary: The provider will grab the emergency bag, gather the children, utilizing the second of the care location. The provider will call or text the second of ensure they are secured and gain entry access. Upon entry the provider and children will go into the kitchen area (0 doors 1 window). Once they are secured the provider will text the parents at the beginning, during and after the emergency to give them updates.

Alternate: If the provider and children cannot go to the primary location they will go to the alternate location. The provider will secure the older child in their seatbelt and the smaller child in his booster seat within the Provider's vehicle. Before arrival provider will call and/or text the **secure theorem** them they are on the way. Upon, arrival she will hold the hands of the children as they get out of the car. The Provider and children will go into the first floor bedroom (1 interior door 1 window). Once they are safe the provider will text and/or call the parents until the emergency is over.

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: Sara R. Weitzel | Printed Name: |
| Signature: | Signature: |

| Date: 02 | /11-/ | 2023 | Phone: |
|----------|-------|------|--------|
|----------|-------|------|--------|

Date: 02/15/2023

Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3

Revised 10/2021

| ⊠Virtual Inspection □In-person Inspection | | ducation/Office o hip Program CARE ECKLIST | f Child | Return to: ccs.informalproviders@maryland.go | | |
|---|--|---|--|---|--------------------|---|
| Inspection Date: 09/11/2024 | In: 3:30 PM | Time Out: 4:22 PM | | Result: Passed | | |
| Informal Care | | | | | | |
| Type of Care (check one): | | | | Informal F | Provide | r Care |
| Provider Information | Non-relative Info | ormal Provider C | are DRelative | Informal | 104100 | |
| First Name: Shannon | | Dee | wider II | D: 557238 | | |
| Provider ID #: Last Name: Whitaker | | | | Em | | d. moto |
| Care Location Inspected | | | | | an | |
| Street Address: | - | | | 100 | | State: Zip Code: |
| Address Verified res | | City: | Cour | nty: | | |
| Name of Children in Care (a | 41 | Laura | | Age | 1 | Present (Y/N) |
| and the care (a | add pages if needed) | Scholarship | Date of Birth | 7 years | old/N | |
| | | | 8/25/2017 | / years | 010/11 | |
| Safety of the Home | 1 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 2. | 1 | |
| Directions: Review an | nd determine compliance be used for comments. | e with each stand | ard. Note any comm | D - Discus | sed, n | actions needed. n/a – Not Applicable |
| Health and Safety Training: | | | Standard Met | 0 | nto/No | tes ion /Timeframe if needed |
| Basic Health and Sa | afety Training Complete | d? | Y | | | |
| Home is free of health and | | | Standard Met Y/N | Comme | nts/Not ive Act | tes ion /Timeframe if needed |
| Is in good repair | | | Y | | | |
| Is free of insect or ro | dent infestation | | Y | | | |
| Is well-lit and well-vell-vell-vell-vell-vell-vell-vell- | | | | | | |
| Has hot and cold run | nning water | | Y | | | |
| Has a working inside | e toilet | | Y | 1 | | |
| Has utilities for cook | ing, lighting and heatin | g | Y | | | |
| Has a working and s | afe heating system | | Y | | | |
| Has a working refrig | erator and stove | | Y | | | |
| Has a working telept | hone | | Y | | | |
| Has operational smooth | oke detector(s) | | Y | | | |
| Has first aid kit/supp | lies | | Y | | | |
| Has protective cover accessible to childre | rings on any electrical on n | outlet that is | Y | | | |
| Harmful items are stored ap children: | ppropriately and away | from | Standard Met Y/N | Commen | | es on /Timeframe if needed |
| Sharp or pointed iten | ns | | Y | | | |
| Medications of any k | ind | | Y | - | | |
| Matches, lighters and | d flammable products | | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | | | |
| Cleaning agents | | | Y | | | |
| Poisonous substance | 55 | | Y | | | |
| GENERAL CLEANLINESS S | and a source of the | | Standard Met Y/N | Commen | | es on /Timetrame it needed |
| All areas of the home are kept | clean, including diape | ring area. | Y | | | |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Page 1 of 3

In the local state of the local state way was the local state beam to a state state of the local state state of

| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | 1 | |
|---|--|---|
| Child is changed immediate | Y | |
| diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| e provider immediately reports any suspected child abuse, lect or mistreatment by calling 911 and your local partment of Social Services Child Protective Services | Y | |
| ergency Ready-to-Go Pack | | |
| The Emergency Ready-to-Go Pack must be available and easily access (including needed medications) and Emergency Documents. | ible in the event of a | n emergency. This contains a Disaster Supply Kit |
| ter Supply Kit | | |
| Directions: Review and determine that each item is adequately included contains enough supplies for each child in care. Also that the items are c | in the Disaster Supplean, organized, and | bly Kit. Be certain that the Disaster Supply Kit usable. Comment and note below if needed |
| ⊠Flashlight ⊠Bottled water | | Selder or binder for EPP documents |
| | | |
| Batteries Non-perishable food | 1 | Backpack(s) or carrying case(s) |

Consider special toys or games

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

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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

⊠ Thermometer

DMedications-N/A

Page 2 of 3

Yes

⊠Change of clothes

⊠Blanket(s)

| | | AND YPS | |
|--|--|---|---|
| rgency Ready-to-Go Pack is available and | the event | of an emergency (Y/N)? 100 | |
| rgency Ready-to-Go Pack is available and | d easily accessible in the event | | |
| cation of Emergency Ready to go Pack | : Coat closet by the front doo | n | |
| nergency Documents | | | |
| ⊠Informal Provider Emergency Pre ⊠Authorization for emergency mergency mergency | eparedness Plan (this complete dical care | ed form) | |
| | | to regularly: | |
| Person responsible for updating the Dis First Name | Lastina | | |
| Shannon Description of how the Emergency Rei Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelter Evacuation Procedures: The Provider will gather the child a | ady-to-Go Pack will be transpo go bag and the child, t enng, | (1 doors, 0 wind | <u>dow(s))</u> . The provider will <u>text</u> <u>hand</u> . The provider will <u>walk to</u> ovider will text parent before, during |
| Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelt Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child streaming CARE HOURS: | ady-to-Go Pack will be transpo go bag and the child, t ening, and the ready to go bag, carryin | the bag and holding the child's 3 doors, 10 window(s)). The prior | |
| Shelter in Place Procedures: The Provider will gather the ready to parent before, during and after shelt Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child sheltering CARE HOURS: Signatures & Date | ady-to-Go Pack will be transpo go bag and the child, t ening, and the ready to co bag, carryin and the ready to co bag, carryin 8 door | the bag and holding the child's 3 doors, 10 window(s)). The provider will to the bag and holding the child' to, 0 window(s)). The provider will to | hand. The provider will <u>walk to</u> ovider will text parent before, during <u>s hand</u> . The provider will <u>walk to</u> ext parent before, during and after |
| Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelte Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child sheltering <u>CARE HOURS:</u> Signatures & Date Acknowledgement: By signing been discussed. The parties al pop up visit which will be cond | ady-to-Go Pack will be transpo go bag and the child, t enng, and the ready to go bag, carryin and the ready to go bag, carryin below the parties acknowledge th is acknowledge that, if approved bucked virtually or in-person. | the bag and holding the child's 3 doors, 10 window(s)). The provider will to the bag and holding the child' to, 0 window(s)). The provider will to | hand. The provider will <u>walk to</u> ovider will text parent before, during <u>s hand</u> . The provider will <u>walk to</u> ext parent before, during and after |
| Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelt Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child sheltering CARE HOURS: | ady-to-Go Pack will be transpo go bag and the child, ti ening. and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin a door a door below the parties acknowledge th to acknowledge that, it approved bucted virtually or in-person. PROVIDER | the bag and holding the child's 3 doors, 10 window(s)). The provider will the sag and holding the child's rs, 0 window(s)). The provider will the sag and holding the | hand. The provider will <u>walk to</u> ovider will text parent before, during <u>s hand</u> . The provider will <u>walk to</u> ext parent before, during and after |
| Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelte Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child sheltering <u>CARE HOURS:</u> Signatures & Date Acknowledgement: By signing been discussed. The parties al pop up visit which will be cond | ady-to-Go Pack will be transpo go bag and the child, ti ening. and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin a door a door below the parties acknowledge th to acknowledge that, it approved bucted virtually or in-person. PROVIDER | the bag and holding the child's 3 doors, 10 window(s)). The provider will the bag and holding the child' rs, 0 window(s)). The provider will the home in which care is provided is the home in which care is provided is Printed Name: | hand. The provider will walk to ovider will text parent before, during s hand. The provider will walk to ext parent before, during and after |
| Shelter In Place Procedures: The Provider will gather the ready to parent before, during and after shelt Evacuation Procedures: The Provider will gather the child a and after sheltering The Provider will gather the child sheltering CARE HOURS: - - Signatures & Date Acknowledgement: By signing been discussed. The parties al pop up visit which will be cond | ady-to-Go Pack will be transpo go bag and the child, ti ening. and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin and the ready to oo bad, carryin a door a door below the parties acknowledge th to acknowledge that, it approved bucted virtually or in-person. PROVIDER | the bag and holding the child's 3 doors, 10 window(s)). The provider will the bag and holding the child's ing the bag and holding the child' rs, 0 window(s)). The provider will the rat all standards have been reviewed, a the home in which care is provided is | hand. The provider will walk to ovider will text parent before, during s hand. The provider will walk to ext parent before, during and after |

| MSDE OCC 1-1 |
|--|
| MSDE OCC Informal Care Inspection Checklist 2020-03-26 |
| 2020-03-26 |

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1112

INFORMAL CHILD CARE INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION: 5-21-2025/3:00pm/ | INSPECTION TYPE | | AGES | Total Approved | # Scholarship | # Present | Resident Children |
|---|-----------------|-------------------------|-------------------|-------------------|------------------|--------------|----------------------|
| APPLICANT ID: | ~ | Initial Application | 0-23 months | | | | |
| - | | Renewal Application | 2 year olds | | | | |
| PROVIDER ID: | | Complaint Investigation | 3 year olds | | | | |
| 539704 | | | 4 year olds | I | I | 0 | |
| APPLICATION DATE: | | Other | 5's (pre-school) | | | | |
| 04/15/2025 | | | 5-12 (school age) | 2 | 2 | 0 | |
| COUNTY: | | Follow-Up | 13-19 year olds | | | | |
| Harford County | | | TOTAL | 3 | 3 | 0 | |
| 1 | | | Overnight | | | | |

| FATALITY: N/A | SERIOUS INJURY: | COMPLAINT | #. | | | |
|--|-----------------|------------------------------|--------------------------|--|--|--|
| INFORMAL PROVIDER PHOTO ID VERIFIED: | Yes No | ID TYPE: Driver's License | EXP. DATE: 02/14/2033 | | | |
| CARE LOCATION: O Child's Home Informal Child Care Provider's Home | | | | | | |
| CARE TYPE: O Relative Informal Child Care Non-Relative Informal Child Care | | | | | | |
| INFORMAL PROVIDER NAME: Jocquella White | | | | | | |
| PERSON(S) INTERVIEWED: Jocquella White | | | | | | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

| Part 1 – Safety of Home | | | | | | | |
|-------------------------|------|--|----|----------|--|--|--|
| С | 1. H | ealth & Safety Training (Basic 3 hrs. & the Annual Update) | С | k) | Has first aid kit/supplies | | |
| | 2. H | ome is free of health and safety hazards | С | I) | Has protective coverings on accessible electrical outlets | | |
| С | a) | Is in good repair | 3. | Ha ch | rmful items are stored appropriately and away from ildren | | |
| С | b |) Is free of insect or rodent infestation | С | a) | Sharp or pointed items | | |
| С | c) | Is well-lit and well-ventilated | С | b) | Medications of any kind should be stored | | |
| C | d) | Has hot and cold running water | С | c) | Matches lighters and flammable products | | |
| С | e) | Has a working inside toilet | С | d) | Alcoholic beverages | | |
| С | f) | Has utilities for cooking, lighting and heating | С | e) | Weapons and firearms | | |
| | g) | Has a working and safe heating system | С | f) | Cannabis edibles, smoking and vaping paraphernalia and by products | | |
| С | h) | Has a working refrigerator and stove | С | g) | Cleaning agents | | |
| C | i) | Has a working telephone | С | h) | Poisonous substances | | |
| C | j) | Has operational smoke and carbon-monoxide detector(s) | С | i) | Interior environmental hazards | | |
| ICCP Form IR10 |)8c | | | | Deve 0 | | |

Page 2

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

| | | Part 2 – Genera | I Cleanli | ine | SS |
|---|----|--|-----------|-----|--|
| С | 4. | All areas of the home are kept clean, including diapering area. | 9 | . R | est Area and Furnishings |
| С | 5. | Trash garbage and wet or soiled diapers are disposed of in a sanitary manner. | С | a) | SIDS prevention review |
| | | | С | b) | Infant/toddler rest furnishings |
| С | 6. | Children are changed immediately when they have a soiled or wet diaper, clothing or bedding. | С | c) | Crib safety |
| С | 7. | Diapering procedures are followed. | С | d) | Individual rest place |
| | 8. | Handwashing procedures are followed. | | e) | The provider shall provide furnishings for each child approved for care in the home. |
| С | | a) Toileting | | - | ei) Younger than 12 months old, a crib, portable crib, |
| С | | b) Diapering | C | | eii) At least 12 months old and younger than 5 years |
| С | | c) Food preparation and eating | С | | old, a bed, cot, mat, or sleeping bag |
| С | | d) After playing outdoors | | | |
| С | | e) Preventing the spread of disease | | | |

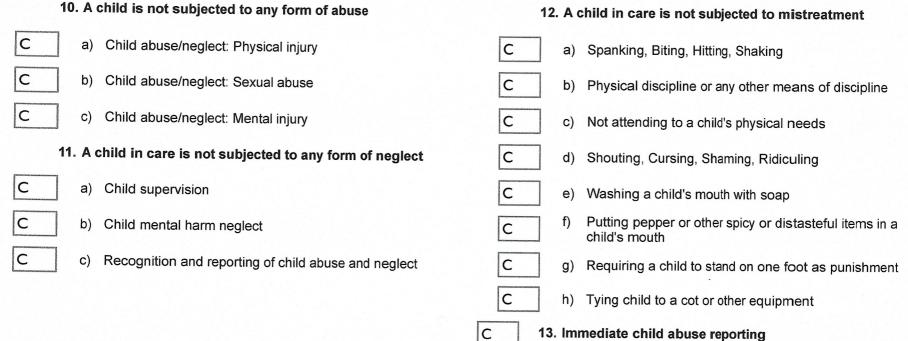
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 3 – Child Abuse, Neglect and Mistreatment Standards

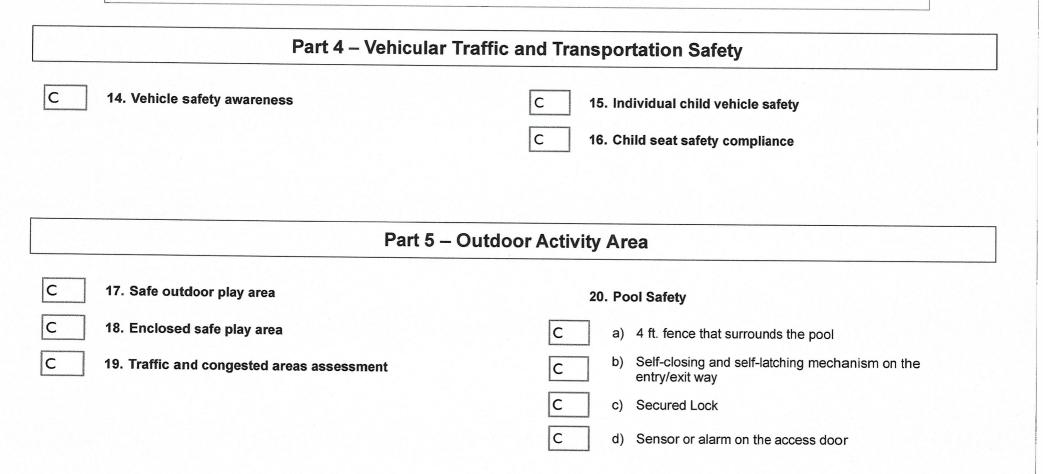


12. A child in care is not subjected to mistreatment

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

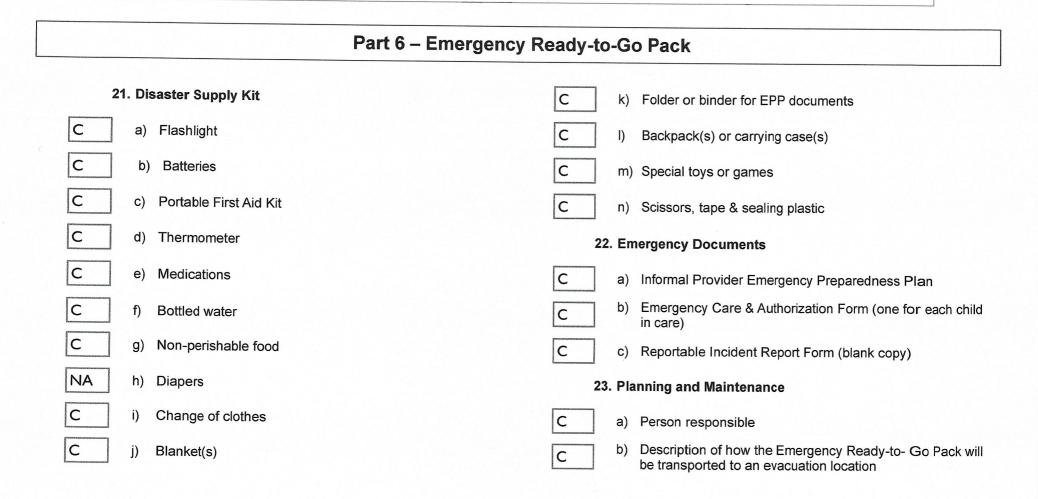
- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

| Part 7 – Health & Safety Review | | | | | | |
|--|---|--|--|--|--|--|
| | | | | | | |
| C 24. Shelter in Place | С | 31. Health & Safety Review: Premises safety, hazard protection | | | | |
| C 25. Lockdown (partial & full) | С | 32. Emergency response planning | | | | |
| 26. Home is free of health and safety hazards | С | 33. Food allergy emergency preparedness | | | | |
| C a) Primary Evacuation Location | С | 34. Hazardous materials management | | | | |
| C b) Alternate Evacuation Location | С | 35. Prevention and control of infectious diseases (including | | | | |
| C 27. Infant sleep safety | | immunization) | | | | |
| | С | 36. Pediatric first-aid and CPR | | | | |
| C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | С | 37. Appropriate precautions in transporting children | | | | |
| C 29. Recognition and reporting of child abuse and neglect | С | 38. Substance-free child care environment | | | | |
| C 30. Health & Safety Review: Administration of medication, consistent with standards for parental consent | | | | | | |

Signature of Informal Child Care Provider

5/21/25 Date

Sign and upload form to PROVIDER PORTAL

Signature of Agency Representative

Blessen Harris

Blessen Harris

Date

05/21/2025

Time Out: 05/21/2025 16:01 Date

Time

| Date | Start Time | End Time | Duration | Follow-Up |
|---|------------|---|------------|--|
| 05/21/2025 | 15:00 | 16:01 | 61 minutes | nn Mar e an Sailte a Bhar Bhar Bhar Bhar Chuidh ann an Anna an Anna ann ann an Anna Anna Anna Anna Anna Anna An |
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| | | | | |

Total Duration: 61 minutes

Minutes

SUMMARY OF CORRECTION

| PROVIDER ID: | APPLICANT ID: | ZIP CODE: | COUNTY: |
|-------------------------|---------------|--------------------------------|--|
| 539704 | - | 21014 | Harford County |
| INFORMAL PROVIDER NAME: | | CARE LOCATION: | |
| Jocquella White | | Child's H | ome Informal Child Care Provider's Home |
| PERSON(S) INTERVIEWED: | | | |
| Jocquella White | | | |
| VISIT TYPE: | | INSPECTION TIME/DATE/DURATION: | |
| Initial Application | | 3:00pm/5-21-2025/61 mi | nutes |

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

| STANDARD NUMBER | STANDARD TEXT | SUMMARY OF CORRECTION | DATE OF CORRECTION |
|--------------------|-----------------------|-----------------------|-----------------------|
| | No corrections needed | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Blessen Harris | 05/25 | Complete | Includes overflow page | |
|------------------------------------|-------|----------|------------------------|-------------------|
| Signature of Agency Representative | Date | | | ICCP Form SOC108c |
| Blessen Harris | | | | |

| ⊠Virtual Inspection □In-person Inspection | Maryland S | Child | epartment of Ed Care Care Scholarsh INFORMAL C PECTION CHE | ARE | Child | Return t ccs.info | o: rmalproviders@maryland.gov |
|--|--|-----------|--|---------------------|----------|---------------------------|----------------------------------|
| Inspection Date: 8/21/2024 | | Time | In: 2:00 PM | Time Out: 2:50 P | M Re | sult: Follo | w Up Needed |
| Inspection Date: 8/29/2024 | | Time | In: 12:00PM | Time Out: 12:13F | PM Re | sult: Pass | ed |
| Informal Care | | | | , | | | |
| Type of Care (check one): | □ Non-relat | ive Info | rmal Provider Ca | are ⊠Relative | Informal | Provider C | are |
| Provider Information | | | | | | | |
| First Name: Kelly | | Last | Name: White | | Pro | ovider ID: | 558942 |
| Provider ID #: | | | | | Em | nail: | |
| Care Location Inspected | | • | | | • | | |
| <u>Street Address:</u> <u>Address Verified?</u> : Yes | (| City: | <u>C</u> (| ounty: | | <u>State</u> : | Zip Code: |
| Name of Children in Care (a | add pages if need | led) | Scholarship | Date of Birth | Age | / | Present (Y/N) |
| | | | | 7/7/2019 | 5 years | old/ N | |
| Onfortu of the Home | | | • | • • | | | |
| 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 | | ents/Notes tive Actior | s n /Timeframe if needed |
| Basic Health and Sa | afety Training Co | omplete | d? | Y | | | |
| Home is free of health and | safety hazards: | | | Standard Met Y/N | | ents/Notes tive Actior | s n /Timeframe if needed |
| Is in good repair | | | | Y | | | |
| Is free of insect or re | | | | Y | | | |
| Is well-lit and well-vell-vell-vell-vell-vell-vell-vell- | | | | Y | | | |
| Has hot and cold ru | | | | Y | | | |
| Has a working insid | | | | Y | | | |
| Has utilities for cool | | | 9 | Y | | | |
| Has a working and a | | | | Y | | | |
| Has a working refrig | - | • | | Y | | | |
| Has a working telep | | | | Y Y | | | |
| Has operational sm Has first aid kit/supp | | | | Y | | | |
| Has protective cove accessible to childre | rings on any ele | ctrical c | outlet that is | Y | | | |
| Harmful items are stored a children: | | d away | from | Standard Met Y/N | | nts/Notes | /Timeframe if needed |
| Sharp or pointed ite | ms | | | Y | | | |
| Medications of any | | | | Y | | | |
| Matches, lighters ar | | oducts | | Y | | | |
| Alcoholic beverages | | | | Y | | | |
| Guns | | | | Y | | | |
| Cleaning agents | | | | Y | | | |
| Poisonous substance | ces | | | Y | | | |
| GENERAL CLEANLINESS | STANDARDS | | | Standard Met Y/N | | nts/Notes ve Action | /Timeframe if needed |
| All areas of the home are key | ot clean, includin | g diape | ring area. | Y | | | |

| Y | |
|---------------------|--|
| Y | |
| Y | |
| Y | |
| Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| Y | |
| Y | |
| Y | |
| Y | |
| | Y Y Y Standard Met Y/N Y Y |

| The Emergency Ready-to-Go Pack (including needed medications) <u>an</u> | | of an emergency. This contains a Disaster Supply Kit |
|--|---|--|
| isaster Supply Kit | | |
| | that each item is adequately included in the Disaster child in care. Also that the items are clean, organized | |
| ⊠Flashlight | Bottled water | Solder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | □Diapers- N/A | ⊠Consider special toys or games |
| ⊠Thermometer | ⊠Change of clothes | ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| □Medications- N/A | ⊠Blanket(s) | |

| Emergency Ready-to-Go Pack is available | and easily accessible in | n the event of an emergency (| Y/N)? Yes |
|---|--|---|---|
| Location of Emergency Ready to go Pac | k: In the bedroom | | |
| To be observed for compliance on 8/29/3 • Outlet Covers • Smoke Detector • Door Knob Covers | 2024 AT 12:00PM : | | |
| Emergency Documents | | | |
| ⊠Informal Provider Emergency Pre ⊠Authorization for emergency medi | | completed form) | |
| Planning and Maintenance | | | |
| Person responsible for updating the Disast First Name Kelly | er Supply Kit and the Last Name White | Emergency Documents regu | ılarly: |
| Description of how the Emergency Ready- Shelter In Place Procedures: | to-Go Pack will be trai | nsported to an evacuation lo | cation: |
| text parent before, during and after shelter Evacuation Procedures: The Provider will gather the children and the (1 doors, The Provider will gather the children and the call and text parent before, during and after CARE HOURS: | ne ready to go bag <u>, th</u> <u>0 window(s))</u> . The pro- ne ready to go bag, th | ovider will call and text parer | nt before, during and after sheltering |
| | | | |
| Signatures & Date | | | |
| Acknowledgement: By signing below the part been discussed. The parties also acknowledge | ge that, if approved, the | Il standards have been review home in which care is provide | ed, and any corrections if needed have ed is subject to random, unannounced |
| Acknowledgement: By signing below the part been discussed. The parties also acknowledge | ge that, if approved, the | Il standards have been review home in which care is provide | ed, and any corrections if needed have ed is subject to random, unannounced INSPECTOR |
| Acknowledgement: By signing below the part been discussed. The parties also acknowledg pop up visit which will be conducted virtually PROVIDER | ge that, if approved, the or in-person. | Il standards have been review home in which care is provide Printed Name: | ed is subject to random, unannounced |
| Deleted New york | ge that, if approved, the or in-person. | home in which care is provide | ed is subject to random, unannounced |

| ⊠Virtual Inspection □In-person Inspection | berson Child Care Scholarship Program ccs.informalproviders@maryla | | | | | |
|--|--|-----------------|---------------------|---------------|--|--|
| Inspection Date: 2/13/2024 | Time | n: 10:30am | Time Out: 11:30 | am Re | sult Passed | |
| Informal Care | | | 1 | | | |
| Type of Care (check one): | Non-relative Infor | mal Provider C | are Relative | Informal | Provider Care | |
| Provider Information | | | | - Internation | | |
| First Name: Jocquella Provider ID # | Last N | ame:White | | Pro | ovider ID: 539704 | |
| Care Location Inspected | | | | 1 211 | | |
| Street Address: Address Verified?: Yes | | City | Coun | ty | State Zip Code | |
| Name of Children in Care (add | (hebeen if sener | Scholarship | Date of Birth | Age | / Present (Y/N) | |
| Name of Children in Care (add | pages in fielded) | oonoidroinp | 1/22/2014 | 9 | /N | |
| | | | 11/23/2015 | 7 | /N /N | |
| | | | 12/01/2020 | 2 | /N /N | |
| | | | 12/01/2020 | 1 2 | М | |
| Safety of the Home | | | | | | |
| Directions: Review and c Additional pages may be | | with each stand | | | rrective actions needed. ssed, n/a – Not Applicable | |
| Health and Safety Training: | | | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed | |
| Basic Health and Safety | Y Training Completed | 1? | Y | | | |
| Home is free of health and safe | ety hazards: | 1 | Standard Met Y/N | | ents/Notes live Action /Timeframe if needed | |
| Is in good repair | | | Y | | | |
| Is free of insect or roder | nt infestation | | Y | | | |
| Is well-lit and well-ventil | ated | | Y | | | |
| Has hot and cold runnir | ng water | | Y | | | |
| Has a working inside to | ilet | | Y | | | |
| Has utilities for cooking. | lighting and heating | V | Y | | | |
| Has a working and safe | heating system | | Y | | | |
| Has a working refrigera | tor and stove | | Y | | | |
| Has a working telephon | | | Y | | | |
| Has operational smoke | detector(s) | | Y | - | | |
| Has first aid kit/supplies | | | Y | | | |
| Has protective covering accessible to children | s on any electrical or | utlet that is | Y | | | |
| Harmful items are stored approchildren: | opriately and away | from | Standard Met Y/N | | nts/Notes ve Action /Timeframe if needed | |
| Sharp or pointed items | | | Y | Moved to | the top of the kitchen cabinets | |
| Medications of any kind | | | Y | | | |
| Matches, lighters and flag | ammable products | | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | | | |
| Cleaning agents | | | Y | | | |
| Poisonous substances | | | Y | | | |
| GENERAL CLEANLINESS STA | NDARDS | | Standard Met Y/N | | nts/Notes ve 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 | 1 |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit. | Y | |

| Emergency Ready-to-Go Pack | | |
|--|--|--|
| The Emergency Ready-to-Go Pack (including needed medications) and | | t of an emergency. This contains a Disaster Supply Kit |
| Disaster Supply Kit | | |
| | hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | |
| ⊠Flashlight | ⊠Bottled water | Section 2012 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 | ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |

| Medications | ⊠Blanket(s) |
|---|--|
| Items in the Disaster Supply Kit are | e clean, organized, and usable (Y/N)? Yes |
| Emergency Ready-to-Go Pack is a | available and easily accessible in the event of an emergency (Y/N)? Yes |
| Location of Emergency Ready to | o go Pack: Near the Front Door |
| Item Specification (if needed): | |
| 2 Flashlights | |
| | ze, Hand Cleansing Wipes, Neosporin and Tape |
| Canned Beans and Soup(5 17.9 oz Bottled waters | stotal) with can opener |
| Forehead Scanner thermo | ometer |
| Tops and bottoms for | also clothing for her children |
| | ards for younger and Older Children, Reading Books |
| 12 pack of AA Batteries | |
| Tylenol Alexiete | |
| 3 blankets <u>To be observed for compliance of</u> | |
| To be observed for compliance of | |
| Emergency Documents | |
| ☑Informal Provider Emerger ☑Authorization for emergener | ncy Preparedness Plan (this completed form) cy medical care |
| Planning and Maintenance | |
| Person responsible for updating the | e Disaster Supply Kit and the Emergency Documents regularly: |
| First Name Jocquella | Last Name White |
| | of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would The Provider will contact the parent immediately. |
| The Provider will do a head count o carry it if there). The Provider would drive | of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would d put the younger children in carseats while the older children will go into seatbelt. The provider would l f there is a need to contact someone to gain entry she will. They will shelter in the second second second ne provider will call the parent immediately after taking shelter. |
| The Provider will do a head count o | of all children, gather them in a line and the Provider would grab the ERTG Bag(her eldest son would d put the younger children in carseats while the older children will go into seatbelt. The provider will large door and no windows). |
| drive to her | |
| drive to her If they cannot shelter in the | call the parent immediately after taking shelter. |
| drive to her If they cannot shelter in the | |
| drive to her If they cannot shelter in the windows 1 door). The provider will o | |
| drive to her If they cannot shelter in the windows 1 door). The provider will o CARE HOURS | |
| drive to her If they cannot shelter in the windows 1 door). The provider will o <u>CARE HOURS</u> Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack | call the parent immediately after taking shelter. the parties acknowledge that all standards have been reviewed, and any corrections if needed have snowledge that, if approved, the home in which care is provided is subject to random, unannounced |
| drive to her If they cannot shelter in the windows 1 door). The provider will of CARE HOURS Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted v | call the parent immediately after taking shelter. |
| drive to her If they cannot shelter in the windows 1 door). The provider will of <u>CARE HOURS</u> Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted v PROVID | the parties acknowledge that all standards have been reviewed, and any corrections if needed have snowledge that, if approved, the home in which care is provided is subject to random, unannounced virtually or in-person. |
| drive to her If they cannot shelter in the windows 1 door). The provider will of <u>CARE HOURS</u> Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted v | call the parent immediately after taking shelter. |

| 0 | | | |
|----------------|-------|----------------|-----------------------|
| Date: 2- 17-14 | Phone | Date:2/13/2024 | Phone: 1-877-227-0125 |

| ⊠ Virtual Inspection □ In-person Inspection | ryland State Department C Child Care Scho INFORM INSPECTION | 1 | Return to: ccs.informalproviders@maryland.gov | | |
|--|---|---------------------|--|--|--|
| Inspection Date: 7/22/2024 | Time In: 1:30pn | Time Out: 2:4 | 5pm Resu | It: Passed | |
| Informal Care | Walter Street | | | the second s | |
| Type of Care (check one): | Non-relative Informal Provi | der Care ØRelati | ve Informal Pro | ovider Care | |
| Provider Information | | | | | |
| First Name: L'Tanya | | | | der ID: 510447 | |
| Provider ID #: | | | | 1: | |
| Care Location Inspected | | | | | |
| <u>Street Address:</u> <u>Address Verified?</u> : Yes | <u>City</u> : | County: | | State: Zip Code | |
| Name of Children in Care (add pag | es if needed) Scholars | ship Date of Birth | Age | / Present (Y/N) | |
| | | 4/10/2020 | 4 years of | ld/ | |
| | EANIE CONTRACTOR | | | | |
| Safety of the Home | | 10 10 Par 10 10 - | the second | and the second second second | |
| Directions: Review and dete Additional pages may be use | | | | ective actions needed. ed, n/a – Not Applicable | |
| Health and Safety Training: | | Standard Me Y/N | | ts/Notes e Action /Timeframe if needed | |
| Basic Health and Safety Tr | aining Completed? | Y | | | |
| Home is free of health and safety | hazards: | Standard Me Y/N | | ts/Notes e 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, light | hting and heating | Y | | | |
| Has a working and safe here | ating system | Y | | | |
| Has a working refrigerator a | and stove | Y | | | |
| Has a working telephone | | Y | | | |
| Has operational smoke det | ector(s) | Y | | | |
| Has first aid kit/supplies | | Y | | | |
| Has protective coverings or accessible to children | n any electrical outlet that i | s y | | | |
| Harmful items are stored appropri children: | ately and away from | Standard Met Y/N | | /Notes Action /Timeframe if needed | |
| Sharp or pointed items | | Y | | | |
| Medications of any kind | | Y | | | |
| Matches, lighters and flamn | nable products | Y | | | |
| Alcoholic beverages | | Y | | | |
| Guns | | Y | | | |
| Cleaning agents | | Y | | | |
| Poisonous substances | | Y | | | |
| GENERAL CLEANLINESS STAND | ARDS | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed | |
| All areas of the home are kept clean | , including diapering area. | Y | | | |

| Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
|---|----------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | ¥ | |
| 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 | a series | |
| The Emergency Ready-to-Go Pack must be available and easily ac (including needed medications) and Emergency Documents. | cessible in the even | t of an emergency. This contains a Disaster Supply Kit |
| Disaster Supply Kit | | |

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

| ⊠ Flashlight | Bottled water | Solder 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 |
| | | Heavy Duty Scissors, Duct Tape/ |
| ⊠Thermometer | ⊠Change of clothes | Packing Tape & Sealing Plastic/ Trash |
| | | Bags |
| Medications | ⊠Blanket(s) | |

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

| Location of Emergency Ready to go Pack: N | ear the stairs in the dining room |
|---|--|
| Item Specification (if needed): | |
| Diapers for emergencies and wipes include | uded |
| Emergency Documents | |
| ⊠Informal Provider Emergency Prepare | dness Plan (this completed form) |
| ⊠Authorization for emergency medical of | care |
| Planning and Maintenance | |
| Person responsible for updating the Disaster S | upply Kit and the Emergency Documents regularly: |
| First Name L'Tanya | Last Name Wilkerson |
| Description of how the Emergency Ready-to-G | o Pack will be transported to an evacuation location: |
| Shelter In Place Procedures: | |
| The Provider will grab the emergency bag and Provider would seal the doors and vents with ta after the emergency by either calling or texting | ape and plastic in the emergency bag. She would contact the parent before during and |
| Evacuation Procedures: | |
| walks to the The Provider | door(s) 0 window(s)). The Provider would seal the vents and door. The Provider would |
| | gency bag and either walk with the child or use a |
| Provider would seal the vents and door. The Provider | |
| CARE HOURS: | |

| Signatures & Date | | Carlo and a state of the second | | | |
|---|-----------------|---------------------------------|--|--|--|
| 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: L'Tanva Wilkerson | Printed Name: | | | | |
| Signature: | Signature: | | | | |
| Date: 7 23 2024 Phone: | Date: 7/22/2024 | Phone: 1-877-227-0125 | | | |

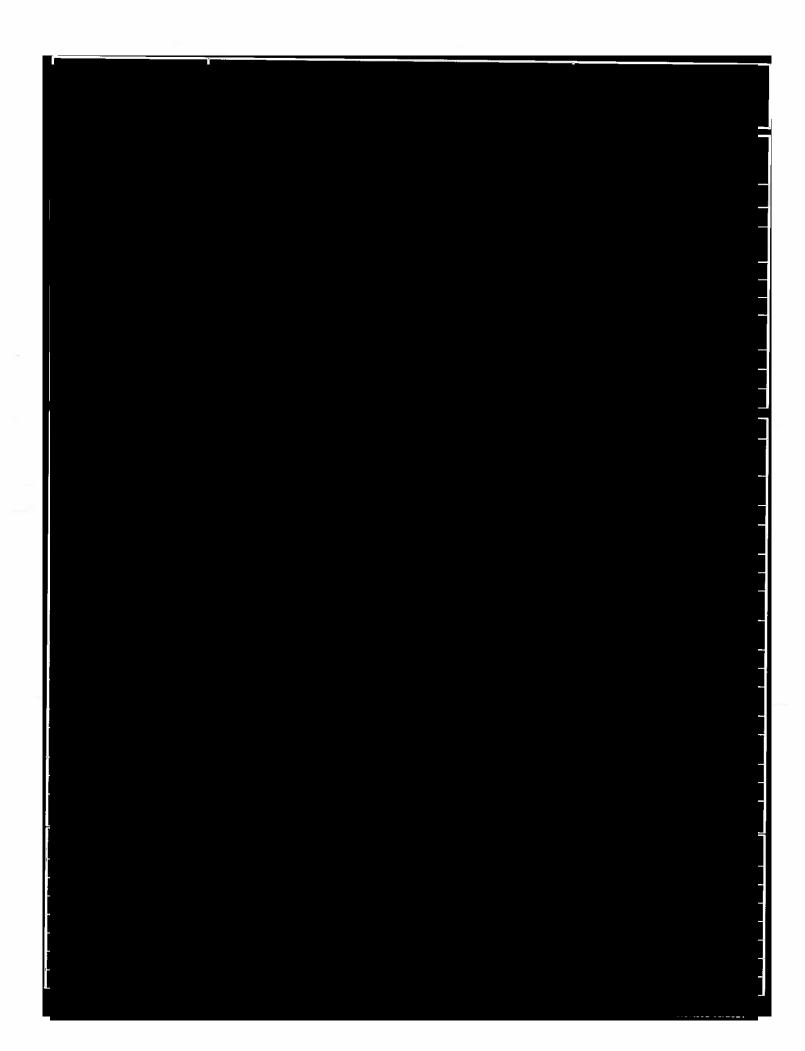
| Mar Virtual Inspection In-person Inspection | | | | Return to: ccs.informalproviders@maryland.gov | | | |
|--|------------------------------------|------------------|--|--|-------------------|---------|---------------------------|
| Inspection Date: 8/21/2024 | Time | In: 3:30 PM | Time Out: 4:09 P | PM Result: Passed | | | |
| Informal Care | | | | | | 1 | Contraction of the second |
| Type of Care (check one): | Ion-relative Info | rmal Provider Ca | are ⊠Relative | Informal I | Provider | Care | |
| Provider Information | | | | | | | |
| First Name: Debra Provider ID #: | Last | Name: Williams | | | vider ID: ail: | 493758 | } |
| Care Location Inspected | | | | 1 | | | |
| Street Address: Address Verified?: Yes | Cit | Σ: | County: | | State: | | Zip Code: |
| Name of Children in Care (add page | es if needed) | Scholarship | Date of Birth | Age | 1 | Prese | nt (Y/N) |
| | | | 9/10/2015 | 8 years | old/ Y | | |
| | | | 9/20/2022 | 1 year o | | | |
| Cafabr of the Hame | | | | | | | Cylinder Statement |
| Safety of the Home | the south of | | | | | 10.7814 | Shamilta Man San |
| Directions: Review and deter Additional pages may be used | mine compliance d for comments. | | ard. Note any comm Y – Yes, N – No, I | | | | |
| Health and Safety Training: | | 1911 | Standard Met Y/N | Comme | ents/Note | 95 | frame if needed |
| Basic Health and Safety Tra | aining Complete | d? | Y | | | | |
| Home is free of health and safety I | hazards: | | Standard Met Y/N | | ents/Note | | frame if needed |
| Is in good repair | | | Y | | | | 100 |
| Is free of insect or rodent in | festation | | Y | | | | |
| Is well-lit and well-ventilated | | | Y | | | | |
| Has hot and cold running w | ater | | Y | | | | |
| Has a working inside toilet | | | Y | | | | |
| Has utilities for cooking, light | | g | Y | | | _ | |
| Has a working and safe heat | | | Y | | | | |
| Has a working refrigerator a | ind stove | | Y | | | | |
| Has a working telephone Has operational smoke determined | actor(c) | | Y | | | | |
| Has first aid kit/supplies | 50107(5) | | Y | _ | | _ | |
| Has protective coverings or accessible to children | any electrical of | outlet that is | Y | | | | |
| Harmful items are stored appropri children: | ately and away | from | Standard Met Y/N | Commen | | • | rame if needed |
| Sharp or pointed items | | | Y | | | | |
| Medications of any kind | <u>َ</u> | | Y | | | | |
| Matches, lighters and flamn | nable products | | Y | | | - | |
| Alcoholic beverages | | | Y | | | _ | |
| Guns | | | Y | | | | |
| Cleaning agents | | | Y | | | | |
| Poisonous substances | | | Y | | | | _ |
| GENERAL CLEANLINESS STAND | ARDS | | Standard Met Y/N | Commer Correcti | | | rame if needed |
| All areas of the home are kept clean | , including diape | ering area. | Y | | | | |

| rash, garbage and wet and soiled diapers are disposed of in a anitary manner. | Y | |
|---|---------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| Including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | ¥ | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emolionally, 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 | |

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 | | | | | |
|--|--|--|--|--|--|
| | nat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized | Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed. | | | |
| ⊠Flashlight | Bottled water | Section 2012 Secti | | | |
| ⊠Batteries | ⊠Non-perishable food | Backpack(s) or carrying case(s) | | | |
| Portable First Aid Kit | ⊠Diapers . | ⊠Consider special toys or games | | | |
| ⊠Thermometer | ⊠Change of clothes | ☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags | | | |
| Medications | ⊠Blanket(s) | | | | |
| MSDE OCC Informal Care Inspection Checklist 20 | 20-03-26 Page 2 of 3 | | | | |

| Items in the Disaster Supply Kit are clean, organi | zed, and usable (Y/N | I)? Yes | |
|---|---|--|---|
| Emergency Ready-to-Go Pack is available and e | asily accessible in th | e event of an emergency (Y/N |)? Yes |
| Location of Emergency Ready to go Pack: | | | |
| Emergency Documents | | 1 | |
| ⊠Informal Provider Emergency Prepared ⊠Authorization for emergency medical can | | pleted form) | |
| Planning and Maintenance | | | |
| Person responsible for updating the Disaster Su | pply Kit and the Em | ergency Documents regulari | y: |
| First Name Debra | Last Name Williams | | |
| Description of how the Emergency Ready-to-Go Shelter In Place Procedures: The Provider will gather the ready to go bag and parent before, during and after sheltering. Evacuation Procedures: The Provider will gather the children and the ready youngest will be in a rear facing car seat. The sheltering (2 of doors, 4 of window) The Provider will gather the children and the ready youngest will be in a rear facing car seat. The sheltering (2 of doors, 4 of window) The Provider will gather the children and the ready youngest will be in a rear facing car seat. The shelter ing (1 of doors, 2 of window(s)). The CARE HOURS: | the children, take dy to go bag, take provider will <u>y(s)</u>). The provider will dy to go bag, take | (1 door them to car, the oldest chil vill call parent before, during them to car, the oldest chil | rs, 2 window(s)). The provider will <u>call</u> d will be secured in a seatbelt and the and after sheltering d will be secured in a seatbelt and the |
| Signatures & Date | | | |
| Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge tha pop up visit which will be conducted virtually or in-p | t, if approved, the ho | | |
| PROVIDER | | | INSPECTOR |
| Printed Name: Chra E. Williams | | Printed Name: | |
| | | Signature: | |
| Date: (08-21-2024 Phone: | | Date: 8/21/2024 | Phone: 1-877-227-0125 |



| GENERAL CLEANLINESS STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
|---|---------------------|--|--|--|
| All areas of the home are kept clean, including diapering area. | Y | Changing area in child's playpen or other area with portable changing pad | | |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Trash thrown away daily via trash cans | | |
| Child is changed immediately when s/he has a soiled or wet liaper, clothing or bedding. | Y | | | |
| Diapering procedures are followed. | Y | Diapering station has needed supplies | | |
| Handwashing procedures are followed. Provider and child's hands vashed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | | | |
| HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Ŷ | | | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | | | |
| child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | | | |
| he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> epartment of Social Services Child Protective Services Unit. | Y | | | |
| mergency Ready-to-Go Pack | | | | |

Disaster Supply Kit

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

| ⊠ Flashlight | Bottled water | Selder or binder for EPP documents |
|------------------------|----------------------|--|
| | ⊠Non-perishable food | ⊠Backpack(s) or carrying case(s) |
| Portable First Aid Kit | ⊠Diapers | ⊠Consider special toys or games |
| ⊠ Thermometer | ⊠Change of clothes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags |
| ⊠Medications | ⊠Blanket(s) | |

MSDE OCC Informal Care Inspection Checklist

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

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

Location of The Emergency Ready to go Pack: Stored in Dining Room Item Specification (if needed):

<u>1 carry-on suitcase (carrying case), 1 flashlight, 1 pk of AA batteries, 1 thermometer, no specific meds, 1 first aid kit, 3 bottled waters, 5 canned food items, 1 can of baby formula, 1 pk of diapers/wipes, 4 outfits (top/bottom) 2 blankets, bag pf toys and playdough and books, 1 pair of scissors, 1 roll of duct tape, and 2 heavy duty trash bags, 1 roll of sealing plastic, and 2 folders w/ EPP and ECMA docs per child</u>

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

Sheller in mace procedure:

The provider will account for the children and grab the ERTG and head to the basement area (1 door 2 windows). Once downstairs and secured the provider will use the sealing plastic and tape to seal the windows, doors and vents as the need arises and will call or text the parents with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG. The provider and children will walk to the local elementary school. Before leaving the home the provider would carry the smallest child in arms and hold the oldest child's hand to secure each child as they walk. Upon arrival the provider and children will receive instruction from the administration of where to shelter, typically which would be Once secured the provider will call or text the parents with emergency updates.

Alternate: If they could not access the primary location the provider will account for the children, grab the ERTG. The provider and children will walk to the provider's vehicle. The provider will secure voungest child in their rear-facing car seat and oldest child in their car seat belt. The provider and children will drive to and the provider has key access for entry of the home. Upon arrival the provider and children will shelter in the basement (1 door 2 windows). Once secured the provider will call or text the parents with emergency updates.

Care Hours: M-F 6:00am-6:00pm

Signatures & Date

| Teben Withans | Printed Name: |
|-------------------------|--|
| Signatu | Signature: |
| Date. 10/26/2023 Phone: | Date: 08/21/2023 Phone: 1-877-227-0125 |

| ⊠Virtual Inspection □In-person Inspection | Child | partment of Ed d Care Scholar INFORMAL SPECTION C | CARE | Child C | Care | | |
|--|--|--|---|--|--|----------------------|-----------------------|
| Inspection Date: 03/03/2023 | Time | In: 9:30AM | Time Out: 10:07AM | | Result: PAS | SED. | |
| Informal Care | | | Y. T. M.L. | | | | |
| Type of Care (check one): | elative Info | rmal Provider C | are Relative | e Inform | nal Provider | Care | |
| Provider Information | | | 100 A 100 | | | 11 B | |
| First Name: Debra Provider ID | Last | Name: Williams | i., | ⊢ | Provider ID: Email: | <u>493758</u> | |
| Care Location Inspected | | | | | | | |
| Street Address: Address Verified: Yes. | City | , | County | | State | | Zip Code |
| Name of Children in Care (add pages if n | eeded) | Scholarship | Date of Birth | Ag | je / | Present | (Y/N) |
| | | | (09/20/2022) | 5 mo | s./Y | | |
| | | | (09/10/2015) | 7yr. / | Y | | 91-10 191-10 |
| Safety of the Home | 19-20 | | | | | | |
| | | | and Materia | | | | |
| Directions: Review and determine Additional pages may be used for c | | e with each stand | Y-Yes, N-No, | | | | |
| Health and Safety Training: | | | Standard Met Y/N | | Comments/Notes Corrective Action /Timeframe if nee | | me if needed |
| Basic Health and Safety Training | Complete | d? | Y | | | al Care - | Certificate Submitted |
| Home is free of health and safety hazar | 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 infestat | tion | 12 | Y | | No e | vidence of | f infestation |
| Is well-lit and well-ventilated | | | Y | | All area | as well-lit a | and ventilated |
| Has hot and cold running water | | | Y | | Tested by p | rovider an | d steam observed |
| Has a working inside toilet | | | Y | | Tested b | y provide | r and observed |
| Has utilities for cooking, lighting a | and heatin | g | Y | | 10 - E | | |
| Has a working and safe heating s | g system | | Y | Provider tested both settings of thermos | | ttings of thermostat | |
| Has a working refrigerator and st | ove | | Y | | | and the | |
| Has a working telephone | | | Y | | Call ma | ade to pro | vider's phone |
| Has operational smoke detector(| s) | | Y | | Tested by provider and observed | | |
| Has first aid kit/supplies | | | Y | Home First Aid Kit | | t Aid Kit | |
| Has protective coverings on any accessible to children | electrical | outlet that is | Y | All outlets covered or occupied | | | d or occupied |
| Harmful items are stored appropriately children: | and away | / from | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | ame if needed | |
| Sharp or pointed items | | | Y | High shelf in pantry | | n pantry | |
| Medications of any kind | | | Y | - 58 | | 3 | |
| Matches, lighters and flammable | products | | Y | | Does not own | | t own |
| Alcoholic beverages | | | Y | | | | |
| Guns | 15 | | Y | | | Does no | town |
| Cleaning agents | | | Y | | H | ligh shelf | in closet |
| Poisonous substances | | | Y | | | Does no | t own |
| GENERAL CLEANLINESS STANDARDS | 5 | | Standard Met Y/N | | ments/Notes ective Action | | ame if needed |
| All areas of the home are kept clean, inclu | iding diapo | ering area. | Y | | Diapers and | l wipes k | ept in family room |

| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
|---|---------------------|--|
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | ¥ | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | ¥ | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit. | Y | |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight

Bottled water

Solder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

Backpack(s) or carrying case(s)

Portable First Aid Kit

| Thermometer | ⊠Change of clothes | Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags |
|---|---|---|
| ⊠Medications | ⊠Blanket(s) | |
| Items in the Disaster Supply Kit are clean, organiz | ed, and usable (Y/N)? Y | |
| Emergency Ready-to-Go Pack is available and ea | sily accessible in the event of an emergenc | y (Y/N)? Y |
| Location of The Emergency Ready to go Pack | Emergency bag located under lounge cl | hair in dining room near exit |
| | d 1 bottom, 1 top/bottom and jumper for old | aid kit, no specific medications, 3 bottled waters, ler child, 2 small blankets (1 per child), bag of roll of trash bags and sealing plastic, and folder of |
| Items to be reviewed on xx/xx/xxxx if needed: | N/A | |
| Emergency Documents | | |
| Informal Provider Emergency Preparedr | ess Plan (this completed form) | |
| Authorization for emergency medical cal | re | й. |
| Planning and Maintenance | | |
| Person responsible for updating the Disaster Sup | ply Kit and the Emergency Documents re | egularly: |
| First Name Debra | Last Name Williams | ~ |
| Description of how the Emergency Ready-to-Go | Pack will be transported to an evacuation | location: Carried by the provider. |
| Shelter-in-Place Procedures: | | |
| Provider will grab the emergency bag and account would tape the windows and door with sealing plat parents with her cellphone and inform them of the | astic and tape if needed. Once they are se | |
| Evacuation Location(s) Procedures: | | |
| Primary: The provider will grab the children and | ready-to-go bag and head to the provider | 's vehicle. The provider will secure the older |
| child in the rear seatbelt and the baby in the rear- | facing car seat. They will go the | where the provider has key access |
| to the home. The provider and children will go int parents once they are secured in the location. | o basement area (1 door 2 windows). The | e provider will use her cellphone to call the |
| Alternates If they could not people the primary la | ention the provider along with the children | and an |
| Alternate: If they could not access the primary lo with both children in hand and/or use the stroller | | The provider and children will walk |
| and go to the front office and explain t | he emergency. They will then be escorted | into the shelter location which is |
| a door 3 windows). The provider will call bo | In parents to inform them of the emergen | cy once they are secured safely in the location. |
| Signatures & Date | | The fit with the second second second second |
| Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge th pop up visit which will be conducted virtually or in- | at, if approved, the home in which care is | reviewed, and any corrections if needed have provided is subject to random, unannounced |
| PROVIDER | peraon. | INSPECTOR |
| Printed Name: | Printed Name | |
| Signatuf | Signature: | |
| Date: 03-03-2023 Phone: | Date: 03/03/2023 | Phone: 1-877-227-0125 |

| ⊠Virtual Inspection □In-person Inspection | | e Department of Ed Child Care Scholar INFORMAL INSPECTION C | Child Care | Return to: ccs.informalproviders@maryland.g ov | |
|---|---|--|---|---|---|
| Inspection Date: 09/07/2022 Follow-Up Date: 09/12/2022 | 4.0 | Time In: 1:45PM Time In: 4:30PM | | | :: Follow –Up Scheduled :: PASSED |
| Informal Care | | | | | |
| Type of Care (check one): | | e Informal Provider C | ara Malativa | Informal Pro | vider Core |
| Provider Information | | | | intomai Pio | |
| First Name: Debra Provider ID #: | | Last Name: Williams | | | er ID: 493758 |
| Care Location Inspected | | | | | |
| Street Address: Address Verified? | Cit | y: | County: | S | State Zip Code: |
| Name of Children in Care (a | add pages if needed | d) Scholarship | Date of Birth | Age | / Present (Y/N) |
| | 1.5 | | 9/10/2015 | 6 / no | |
| | | | | | |
| 1. | | | | | |
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| | | | | | |
| Safety of the Home | | | | | |
| Directions: Review and determ pages may be used for comme | | h each standard. Note | | | ns needed. Additional d, n/a – Not Applicable |
| Health and Safety Training: | | | Standard Met | Comments | |
| asic Health and Safety Training Completed? | | test. | Y/N | Corrective | Action /Timeframe if needed |
| Basic Health and Safety Train | ning Completed? | | Y | Corrective | |
| Home is free of health and | | | Y Standard Met Y/N | Certificate Comments Corrective | Received s/Notes Action /Timeframe if needed |
| Home is free of health and Is in good repair | safety hazards: | | Y Standard Met Y/N Y | Certificate Comments Corrective Well mainta | Received 5/Notes Action /Timeframe if needed ained home |
| Home is free of health and Is in good repair Is free of insect or re | safety hazards: | | Y Standard Met Y/N Y Y | Certificate Comments Corrective | Received 5/Notes Action /Timeframe if needed ained home |
| Home is free of health and Is in good repair | safety hazards: | | Y Standard Met Y/N Y Y Y | Certificate Comments Corrective Well mainta No sign of i | Received Notes Action /Timeframe if needed ained home |
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MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

| 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. | Ŷ | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Ŷ | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit. | Y | |

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.

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

| Items in the Disaster Supply | Kit are clean, organ | ized, and usable (Y | (N)? Y | |
|--|---|--|--|--|
| Emergency Ready-to-Go Pa | ck is available and e | easily accessible in t | he event of an emergency (Y/ | N)? Y |
| Location of The Emergenc | y Ready to go Pac | <u>k</u> : Under Chair in | dining room | |
| Item Specification (if neede | ed): | | | |
| 2 shirts, 2 Spandex pants, sh 4 extra AA batteries, Band aids, ointment, gauze, 1 16oz water bottle, Chicken | tape, alcohol wipes | | ves, tweezers, safety, Childre licken, sardines, | n's Motrin, 👔 |
| Items to review on 09/12/20 | 022 if needed: Obs | served 9/12/2022 | | |
| Electrical outlet cover in the Emergency Documents in El | kitchen - Observed | 9/12/2022 | | |
| Emergency Documents | | | | |
| ⊠Informal Provider Er | nergency Prepared | dness Plan (this co | mpleted form) | |
| Authorization for em | • • • | | | |
| Planning and Maintenance | | | | |
| Person responsible for updat | ing the Disaster S | upply Kit and the E | mergency Documents regula | arly: |
| First Name | | Last Name | | |
| Shelter In Place Procedure The provider will grab the ER arise the provider will use plat Evacuation Procedures: Then provider will grab before driving to the primary with spare key and head to the tape to seal the shelter. The If they couldn't shelter at the | TB, the ERTG a evacuation locatio ne basement that h provider will call th | al the shelter. The and proceed to the n which international pas 2 windows and e parent after they | provider will call the parent of provider's vehicle where she Onc one door. If the need should are secure in the evacuation ternate evacuation location | will secure booster seat e at the location, the provider will gain entry arise, the provider will use plastic and b location. which is |
| which is located call the parents after they are Signatures & Date | Dnce at a secure in the alte | will she | | mall windows and 1 door. The provider will |
| Acknowledgement: By signing | also acknowledge | that, if approved, th | all standards have been revi e home in which care is prov | ewed, and any corrections if needed have vided is subject to random, unannounced |
| STATES OF STATES OF STATES AND A STATES OF STATES AND A | ROVIDER | | | INSPECTOR |
| Debra William | 2 | | Printed Name: | |
| Signa | | | Signature: | |
| Date: 9-12-2022 | Phone: | | Date: 09/12/2022 | Phone: 1-877-227-0125 |

.

| ⊠Virtual Inspection ⊡In-person Inspection | Maryland S | tate Department of I Care Child Care Scholars INFORMAL INSPECTION CH | Return to: ccs.informalproviders@maryland.gov | | | |
|---|--------------------|--|--|--|---|--|
| Inspection Date:8/22/2024 | | Time In: 1:30pm | Time Out: 2:30p | m Re | sult: Follow up | |
| Inspection Date:8/26/2024 Informal Care | Time In: 3:30pm | | Time Out: 4:00pm Re | | esult: Passed | |
| the second s | - California | | | 24 | and the second second | |
| Type of Care (check one): Provider information | □ Non-relati | ve Informal Provider | Care ⊠Relative | e Informal | Provider Care | |
| First Name: Eunice Provider ID #: | | Last Name: Williams | 3 | Pro | ovider ID: 553983 | |
| Care Location Inspected | | | | Em | nail: | |
| Street Address: | | | | | and the second | |
| Address Verified?: Yes | Cit | Count | State | 2: | Zip Code: | |
| Name of Children in Care (a | trees # noord bbs | | | | a set of all | |
| | rad bages it need | ed) Scholarship | Date of Birth | Age | / Present (Y/N) | |
| 1000 | | | 3/24/2021 | 3yrs/ N | | |
| Safety of the Home | | 1 1 1 1 1 1 1 1 | | 1200 | | |
| Contraction of the second s | | pliance with each stan nents. | dard. Note any comm Y - Yes, N - No, | nents or co D - Discu | prrective actions needed. ssed, n/a – Not Applicable | |
| Health and Safety Training: | | | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed | | |
| Basic Health and Sa | afety Training Co | mpleted? | Y | Conce | | |
| Home is free of health and safety hazards: | | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed | | |
| Is in good repair | | | Y | | | |
| Is free of insect or ro | | | Y | | | |
| Is well-lit and well-ve | | | Y | | | |
| Has hot and cold run Has a working inside | | | Y | | | |
| the a working inside | | | Y | | | |
| The delides for COOK | ng, lighting and l | heating | Y | 1 | | |
| the a working and se | ate heating syste | m | Y | | | |
| Has a working refrige Has a working teleph | | | Y | | | |
| | | | Y | | | |
| Has operational smol Has first aid kit/suppli | ke detector(s) | | Y | | | |
| | | | Y | | | |
| Has protective covering accessible to children | 1 | | Y | | | |
| armful items are stored app hildren: | | away from | Standard Met Y/N | Comme | nts/Notes ive Action /Timeframe if needed | |
| Sharp or pointed items | | | Y | | in needed | |
| Medications of any kin | | | Y | | | |
| Matches, lighters and t | flammable produ | ucts | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | | | |
| Cleaning agents | | | Y | 1 | | |
| Poisonous substances | | | Y | | | |
| | | | Standard Met Y/N | Comme | nts/Notes ive Action /Timeframe if needed | |
| ENERAL CLEANLINESS STANDARDS areas of the home are kept clean, including diapering area. | | | | and a second and a second | | |

Lettre ve.

| rash, garbage and wet and soiled diapers are disposed of in a anitary manner. | Y | |
|---|----------------------|--|
| Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |
| Emergency Ready-to-Go Pack | | |
| The Emergency Ready-to-Go Pack must be available and easily a (including needed medications) and Emergency Documents. | ccessible in the eve | |
| (including needed medications) and Emergency Documents. Disaster Supply Kit | | standingency. This contains a Disaster Supply |

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

| ⊠ Flashlight | Bottled water | Section 2015 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 | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash |
| Medications | ⊠Blanket(s) | Bags |
| Items in the Disaster Supply Kit are clear | organized, and usable (Y/N)2 Y | |

| | THE AND A CONTRACT OF A CONTRACT |
|--|--|
| | satible in the event of an emergency (111) |
| Emergency Ready-to-Go Pack is available | able and easily accessible in the event of an emergency (Y/N)? Y |
| Location of Emergency Ready to go | |
| To be observed for compliance on 8 | 1/26/2024 3:30pm : |
| Outlets cover | |
| Knives | |
| Lighter | |
| Smoke detector | |
| • ECMA | |
| Duct tape, scissor | , plastic |
| Emergency Documents | |
| SInformal Provider Emergency | Preparedness Plan (this completed form) |
| Authorization for emergency | |
| Planning and Maintenance | |
| Person responsible for updating the D | Disaster Supply Kit and the Emergency Documents regularly: |
| First Name Eunice | Last Name Williams |
| Description of how the Emergency Pr | eady-to-Go Pack will be transported to an evacuation location: |
| Shelter In Place Procedures: | sauy-10-00 Pack will be it all sponde to all a same |
| | the state of the s |
| The Provider will gather the child and | head down the second and seal 1 window , 1 door and one vent. |
| Provider will call the parent before, du | Jring, and after lock down. |
| Evacuation Procedures: | |
| The Provider will accure the shift is | the car seat and drive to the second second and second and second and cover one door there |
| the Provider will secure the child in | by going to the |
| | |
| is no window. The provider | |
| is no window. The provider | |

| Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, pop up visit which will be conducted virtually or in-person. | at all standards have been reviewed the home in which care is provided | d, and any corrections if needed have d is subject to random, unannounced |
|---|---|--|
| PROVIDER | | INSPECTOR |
| Printed Name: Eunice Williams | Printed Name: | |
| ignature; | Signature: | |
| Date: 08/27/2024 Phone: 1 | Date: 8/26/2024 | Phone: 1-877-227-0125 |

| ⊠ ⊃Virtual Inspection In-person Inspection | | | | | | ccs.informalproviders@maryland. | | |
|--|------------------------------|-------------|---------------------------------|-----------------------------------|--|---|---|--|
| Inspection Date: 05/05/202 | 23 Time In: 10:30AM | | | Time Out: 11:39AM Res | | Result | PASSED | |
| Informal Care | | | | changer & burn | Constanting | 19.1 | two production of themes | |
| Type of Care (check one): | □ Non-relat | tive Info | rmal Provider (| Care KRela | tive Informa | al Prov | vider Care | |
| Provider Information | | | | | | | Pupeang + | |
| First Name: Jeffrey Last Name: William: Provider ID #: | | | s Provider ID: 482192 Email: | | | er ID: <u>482192</u> | | |
| Care Location Inspected | | | | | | - | diametral. | |
| Street Address: Address Verified? Yes. | City: | | County: | | State | Zi | p Code: | |
| Name of Children In Care | (add pages if page | (ha) | Scholarship | Date of Birth | Age | 0 | Present (Y/N) | |
| tanto or onitoren in care | feed helles it used | | a arrona arrip | (01/27/2021 | | | | |
| | | | | (07/17/2022 | | | aprenda Na | |
| | | | | (| , | | | |
| Safety of the Home | | | 1 | | | | and the second se | |
| Directions: Review and dete pages may be used for comm | rmine compliance v nents. | with each | n standard. Note | any comments o Y - Yes, N - No | or corrective | action | ns needed. Additional I, n/a – Not Applicable | |
| Health and Safety Training | g: | | | Standard Me Y/N | t Comm Correc | Comments/Notes Corrective Action /Timeframe if needed | | |
| Basic Health and Safety Tra | aining Completed | ? | | Y | Relat | Relative Informal Care - Certificate Submit | | |
| Home is free of health and safety hazards: | | | Standard Me Y/N | t Comm Correc | Comments/Notes Corrective Action /Timeframe if needed | | | |
| Is in good repair | | | | Y | 01. | All areas were clean | | |
| Is free of insect or rodent infestation | | | | Y | | Provider mentioned roach killer. No evidence infestation. | | |
| • Is well-lit and well-ventilated | | Υ | Y | A ALCONTRACT | All lights were turned on and natural wind lighting | | | |
| Has hot and cold n | unning water | | | Y | Tested by provider and steam observed camera | | | |
| Has a working inside | de toilet | | | Y | Flushed by provider and observed | | | |
| Has utilities for cool | king, lighting and | heating | | Y | g a full and not said a line is grint phil. | | | |
| Has a working and | safe heating syst | em | | enito Youra, | be prepare | | | |
| Has a working refri | gerator and stove | | Y | Y | | Tested by provider and observed | | |
| Has a working tele | | | | Y | Outbound call made to provider's pho | | | |
| Has operational sm | | | | Y | Tested by provider and observed | | | |
| Has first aid kit/sup | | | | Y | Y First aid kit stored under locked bath | | stored under locked bathroom cabin | |
| Has protective coverings on any electrical outlet that is accessible to children | | bet that is | Y All outlets cover an | | outlets cover and/or occupied | | | |
| armful items are stored appropriately and away from hildren: | | m | Standard Met Y/N | | Comments/Notes Corrective Action /Timeframe If needed | | | |
| Sharp or pointed items | | en e takit | Y | 0.1.2.10.2 | Stored in knife and container holder of kitchen counter | | | |
| Medications of any kind | | | Y | Stored | Stored in mom's bedroom with lock on draw | | | |
| Matches, lighters and | | ucts | P.J. | Y | | Does not own | | |
| Alcoholic beverages | | | | Y | | Does not own | | |
| Guns | A STORE OF | | | Y | | Does not own | | |
| Cleaning agents | a set | | | Y | Stored un | nder lo | cked bathroom and kitchen cabinets | |
| Polsonous substance | | | | Y | | | Does not own | |
| SENERAL CLEANLINESS STANDARDS | | | Standard Met | Comment | the Philad | | | |

| | Y/N | Corrective Action /Timeframe if needed | | |
|---|-----------------------------|---|--|--|
| All areas of the home are kept clean, including diapering area. | Y | Diapering area in children's bedroom w/ supplies | | |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | U.S. C. M.Y. 191 | Dispose of diapers daily via garage trash can | | |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | n T BOUTY D P | The second design of the second se | | |
| Diapering procedures are followed. | Y | | | |
| Handwashing procedures are followed. Provider and child's ha washed thoroughly with soap and warm running water after: • Tolleting; | | ntormat Care and Care and Care | | |
| Diapering; | Y | entropycoline entropycoline entropycol | | |
| Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | of | Comments/Notes Corrective Action /Timeframe if needed | | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDAR | DS Standard Met | | | |
| A child is not subject to any form of abuse, including: | Schulershield 1 | Internet Child on In Care to make I marked | | |
| Physical injury | | a nativity of | | |
| Any sexual abuse | | | | |
| Mental injury A child in care is not subjected to any form of neglect, | | | | |
| ncluding: | | punch and to state | | |
| The failure to give proper care and attention to a child including leaving a child unattended under circumstance that indicate that the child's health or welfare is harmed | 85 g | «Чалят Велитела зикупать от ывиза мене фененку оказы Вела такта. | | |
| placed at substantial risk of harm; no line of here | | ignician Survey Translerg | | |
| Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care a attention to a child. | Ind | add Hualt a U.Strony Francia Completed? | | |
| A child in care is not subjected to mistreatment, including: | - | toma is the of many and an adapting house oa. | | |
| Any deliberate act that hurts a child physically or | | Nation Cracity of all a | | |
| emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline | | la Central ensurementation | | |
| Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing | Y | pidaritan-kewara 'a inv is | | |
| Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a | | leithe grund Lea brail an eilt. | | |
| child's mouth Requiring a child to stand on one foot as punishment | | ing na substantia a multi- | | |
| Tying child to a cot or other equipment | | and the gridings of process and entities and | | |
| he provider immediately reports any suspected child abuse | 9, | Linge & Boyeer, Syna pris "Lingo - Find y | | |
| eglect or mistreatment by calling 911 and your local. Department of Social Services Child Protective Service | Y | 网络金额属 网络 推进 经回收通知 + | | |
| Joint. | 5 | an liquid profile means of | | |
| mergency Ready-to-Go Pack | | | | |
| he Emergency Ready-to-Go Pack must be available and easily access | ible in the event of an eme | ergency. This contains a Disaster Supply Kit (including | | |
| eeded medications) and Emergency Documents. | 12 | and loss visit, applied applied and the | | |
| isaster Supply Kit | | | | |
| irections: Review and determine that each item is adequately included nough supplies for each child in care. Also the items are clean, organiz | ed, and usable. Comment | t and note below if needed. | | |
| ⊠Flashlight ⊠Bottled w | | Solder or binder for EPP documents | | |
| Batteries for Flashlight Son-peris | nable tood | Backpack(s) or carrying case(s) | | |
| ⊠Portable First Ald Kit ⊠Diapers | | ⊠Consider special toys or games | | |
| ⊠ ⊠ Thermometer Change o | f clothes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags | | |
| ⊠Medications (N/A) ⊠Blanket(s | | presidenta autorità della | | |
| | | | | |

| Emergency Ready-to-Go Pack is available and easily access | sible in the event of an emergency (Y | 7NJ7 Y | | | |
|--|---------------------------------------|--|--|--|--|
| Location of The Emergency Ready to go Pack: In closet | of children's bedroom | | | | |
| Item Specification (if needed); | | | | | |
| - 1 first aid kit, 1 duffie bag (carrying case), 1 flashligt | ht. 1 ok of AA battaries, 1 thermom | eter, 1 roll of duct tape, no spec meds, 2 | | | |
| gallons of water, 4 canned foods, 4 packs of baby fo | ood, 1 pk of diapers and 1 pk of wit | ces, 2 outfits (top/bottom) for each child, 2 | | | |
| blankets, 2 toys, 1 pair of scissors, 1 roll of trash ba | | | | | |
| statute of a real of a part of a statute of a last of a statute of | A STATISTICS IN MALE STATISTICS | <u>ar acces</u> | | | |
| | | | | | |
| Items to be reviewed on xx/xx/xxxxxXX | | | | | |
| Emergency Documents | | | | | |
| ⊘Informal Provider Emergency Preparedness Plan (| (this completed form) | | | | |
| | In the completion form) | | | | |
| Authorization for emergency medical care | | | | | |
| Planning and Maintenance | | | | | |
| Person responsible for updating the Disaster Supply Kit and | d the Emergency Documents regula | arly: | | | |
| First Name Last Nam | Last Name | | | | |
| 1. 27 | | | | | |
| Alternative and a second s | Williams | | | | |
| Description of how the Emergency Ready-to-Go Pack will b | e transported to an evacuation loca | stion: carried by the provider. | | | |
| Sheiter in Place Procedure: | | | | | |
| The provider will gather both children, carry the smaller chil | ld and hold the hand of the younger | child. He will grab the ERTG from the | | | |
| children's bedroom and they will head to the | | e the tape and sealing plastic to secure the | | | |
| door and window if the need arose. He will call the parent to | o update them as well as 911 if nee | ded. | | | |
| Evacuation Location(s) Procedures: | | | | | |
| Primary: The provider would account for the children and E | | | | | |
| the rear-facing car seat and the older child in the forward-fa | acing car seat. Then the provider wi | Il drive to the and he will cal | | | |
| he parent on the way. Upon arrival the provider has key ac | cess, and he and the children will g | p into the basement(0 doors 0 windows). | | | |
| Once secured the provider will call or text the parent to info | rm them of the updates. | | | | |
| | | | | | |
| Alternate: The Provider would carry the ERTG and the you | inger child and hold the hand of the | older child. He would ensure both children | | | |
| are secured in their car seats. The younger in their rear-fac | ing car seat and older in their forwa | rd-facing car seat. The provider will call the | | | |
| parent when they are secured in the vehicle and drive the and the children will go into the basement (2 doors 3 win | Upon arrival the pro- | vider has key access to the where | | | |
| he and the children will go into the basement (2 doors 3 win again to inform them of emergency updates. | idows). Once ne and the children a | re secured he will call of text the parent | | | |
| gain to morn men or emergency opcases. | | | | | |
| Signatures & Date | | | | | |
| Acknowledgement: By signing below the parties acknowledge | ge that all standards have been revi | ewed, and any corrections if needed have | | | |
| been discussed. The parties also acknowledge that, if appro | oved, the home in which care is pro- | vided is subject to random, unannounced | | | |
| pop up visit which will be conducted virtually or in-person. | | | | | |
| PROVIDER | | INSPECTOR | | | |
| Printed Name: Jeffery Williams | Printed Name: | | | | |
| Signature: | Signature: | | | | |
| Date: 5/30/23 Phone: | Date: 05/05/2023 | Phone: 1-877-227-0125 | | | |

| ⊠Virtual Inspection □In-person Inspection | | epartment of Ec Care Care Scholarsh INFORMAL C PECTION CHI | Return to: ccs.informalproviders@maryland.gov | | | |
|--|--|--|--|--------------------------|---|--|
| Inspection Date: 9/30/2024 | Time In: 1:30pm | | Time Out: 2:15p | om Re | Result: Passed | |
| Informal Care | | | 1. | | | |
| Type of Care (check one): | Non-relative Info | ormal Provider C | are Relative | e Informal | Provider Care | |
| Provider Information | 12 Prenoszmice Da | | | | Constant and a | |
| First Name: Violet Last Name: Williams Provider ID #: | | | 1.1 | | ovider ID: 415029 nail: | |
| Care Location Inspected | | | | 1 | | |
| Street Address: Address Verified?: Yes | <u>City</u> : | Co | unty: | | State: Zip Code. | |
| Name of Children in Care (a | add pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) | |
| | | | 5/19/2020 | 4yrs/Y | | |
| | | | 1/11/2018 | 6yrs/ N | | |
| | | | 3/29/2013 | 11yrs/ N | | |
| | | 1 | | 1.1.1.0/ | | |
| Safety of the Home | | | | | | |
| Directions: Review an Additional pages may | nd determine compliance be used for comments. | e with each stand | ard. Note any comr Y - Yes, N - No, | nents or co D – Discu | prrective actions needed. ssed, n/a – Not Applicable | |
| Health and Safety Training: | | | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed | |
| Basic Health and Sa | afety Training Complete | ed? | Y | 1 | | |
| Home is free of health and safety hazards: | | | Standard Met Y/N | | ents/Notes tive Action /Timeframe if needed | |
| Is in good repair | | | Y | | | |
| Is free of insect or ro | odent infestation | | Ŷ | 1 | | |
| Is well-lit and well-ve | entilated | | Y | | | |
| Has hot and cold run | | | Y | 10.2 | | |
| Has a working inside | e toilet | | Y | 14 | | |
| | ing, lighting and heatin | g | Y | | | |
| Has a working and s | afe heating system | | Y | | | |
| Has a working refrig | erator and stove | | Y | | | |
| Has a working telept | hone | | Y | | | |
| Has operational smoke detector(s) | | | Y | 1 | | |
| Has first aid kit/supplies | | Y | 1 | | | |
| Has protective cover accessible to childre | rings on any electrical on | outlet that is | Y | | | |
| Harmful items are stored appropriately and away from children: | | | Standard Met Y/N | and the second second | nts/Notes ve Action /Timeframe if needed | |
| Sharp or pointed iter | TIS | | Y | | | |
| Medications of any kind | | | Y | | | |
| Matches, lighters and flammable products | | | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | | | |
| • Guns | Cleaning agents | | | | | |
| | | | Y | | | |
| | es | | Y | | | |

MSDE OCC Informal Care Inspection Checklist 2020-03-26

| Y | |
|---------------------|--|
| Y | |
| Y | |
| Y | |
| Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| Y | |
| Y | |
| Ŷ | |
| Y | |
| | Y Y Y Standard Met Y/N Y Y |

| Directions: Review and determine t | hat each item is adequately included in the Disaster | Supply Kit. Be certain that the Disaster Supply Kit |
|--------------------------------------|---|--|
| contains enough supplies for each of | child in care. Also that the items are clean, organized | l, and usable. Comment and note below if needed. |
| ⊠ Flashlight | Bottled water | ☑ Folder or binder for EPP documents |
| ⊠Batteries | ⊠Non-perishable food | ⊠Backpack(s) or carrying case(s) |
| Portable First Aid Kit | ⊠Diapers- N/A | ⊠Consider special toys or games |
| ⊠Thermometer | ⊠Change of clothes | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags |
| Medications- N/A | ⊠Blanket(s) | |

| Items in the Disaster Supply Kit are clean, organize | ed, and usable (Y/N)? Y |
|---|---|
| | ily accessible in the event of an emergency (Y/N)? Y |
| Location of Emergency Ready to go Pack: Dinin Item Specification (if needed): • To be observed for compliance on : • | ig room floor |
| Emergency Documents | |
| ⊠Informal Provider Emergency Preparedne | ess Plan (this completed form) |
| ⊠Authorization for emergency medical care | |
| Planning and Maintenance | |
| Person responsible for updating the Disaster Supp | ly Kit and the Emergency Documents regularly: |
| First Name Violet | Last Name Williams |
| The Provider will gather the ready to go bag and the window(s)). The provider will contact parent before Evacuation Procedures: The Provider will gather the children and the ready evacuation location gaining upon arrival of doors, #will know upon arrival of The Provider will gather the children and the ready evacuation location gaining access window(s)). The provider will contact parent before CARE HOURS: - Monday-Friday 8:30am-8pm | re, during and after sheltering. |
| Signatures & Date | |
| Acknowledgement: By signing below the parties ackno been discussed. The parties also acknowledge that, if pop up visit which will be conducted virtually or in-pers | owledge that all standards have been reviewed, and any corrections if needed have approved, the home in which care is provided is subject to random, unannounced son. |
| PROVIDER | INSPECTOR |
| Printed Name: Violet Willi | a m. 3 Printed Name: |
| Signature: | |

Date: 10 3 2024 Phone:

Signature:

Date: 9/30/2024

Phone: 1-877-227-0125

| ⊠Virtual Inspection □In-person Inspection | | | | f Child Care Return to: ccs.informalproviders@marylar ov | | | | |
|--|---|---------------------------------|--|--|--|--|--|--|
| nspection Date: 09/01/2023 Time In: 9:00AM | | | Time Out: 10:20/ | AM Result | : PASSED | | | |
| Informal Care | | | | | | | | |
| Type of Care (check or | ne): 🗆 Non-relati | ve Informal Provider C | are Relative | Informal Pro | wider Care | | | |
| Provider Information | | | | | | | | |
| First Name: Violet Provider ID #: | | Last Name: William | S | Provid Email: | ler ID: 415029 | | | |
| | 4-4 | terreture and the second second | | Email. | | | | |
| Care Location Inspect | City: | County: | State | Zip Co | de: | | | |
| Address Verified? Yes | s. Care (add pages if need | ed) Scholarship | Date of Birth | Age | / Present (Y/N) | | | |
| Name of Ghildren in G | care (aut pages in need | Scholarship | (03/29/2013) | 10yr. / N | | | | |
| | | | (01/11/2018) | 5yr. / N | | | | |
| | | | (05/19/2020) | 3yr./N | | | | |
| | | | (03/13/2020) | - J. / N | | | | |
| Safety of the Hon | ne | | | | | | | |
| Directions: Review and pages may be used for | determine compliance v comments. | with each standard. Not | e any comments or c Y – Yes, N – No, | orrective action D – Discusse | ons needed. Additional ed, n/a – Not Applicable | | | |
| Health and Safety Tra | aining: | | Standard Met Y/N | | e Action /Timeframe if needed | | | |
| Basic Health and Safe | ty Training Completed? | 2 | Y | Relative I | Informal Care – Certificate Submitted | | | |
| Home is free of health and safety hazards: | | Standard Met Y/N | Comment Corrective | s/Notes e Action /Timeframe if needed | | | | |
| Is in good rep | Is in good repair | | Y | All areas were clean | | | | |
| Is free of inse | Is free of insect or rodent infestation | | Y | No evidence of infestation | | | | |
| Is well-lit and well-ventilated | | Y | | s were turned on and natural window lighting | | | | |
| Has hot and cold running water | | Y | Tested by provider and observed the ice m the clear glass | | | | | |
| Has a working inside toilet | | Y | Flushed by provider and observed | | | | | |
| Has utilities for | Has utilities for cooking, lighting and heating | | Y | | | | | |
| Has a working and safe heating system | | Y | Therm | ostat tested by provider for cooling & heating | | | | |
| Has a working refrigerator and stove | | Y | | ested by provider and observed | | | | |
| Has a working telephone | | Y | Outbound | call made by informal team to provider's phone | | | | |
| Has operational smoke detector(s) | | Y | T | ested by provider and observed | | | | |
| Has first aid kit/supplies | | Y | Alcoho | I and Band-Aids under bathroom sink | | | | |
| Has protectiv accessible to | e coverings on any ele children | ctrical outlet that is | Y | All | outlets were covered or occupied | | | |
| Harmful items are sto children: | ored appropriately an | d away from | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed | | | |
| Sharp or poir | nted items | | Y | Stored | d in knife holder on back of counter | | | |
| Medications | | | Y | S | tored in high cabinet in kitchen | | | |
| | iters and flammable pro | oducts | Y | | Does not own | | | |
| Alcoholic bev | | | Y | | Does not own | | | |
| Guns | | | Y | | Does not own | | | |
| Cleaning age | ents | | | | Stored outside in the shed | | | |

Revised 10/2021

| Poisonous substances | Y | Does not own |
|---|---|--|
| SENERAL CLEANLINESS STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| All areas of the home are kept clean, including diapering are | | Youngest child where pull-ups at night |
| Trash, garbage and wet and soiled diapers are disposed of i sanitary manner. | | Trash thrown away daily via kitchen or bathroom trash can |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | Pull-ups and wipes in bedroom |
| Handwashing procedures are followed. Provider and child's washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spreadisease. | Ŷ | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STAND | ARDS Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a ch including leaving a child unattended under circumst that indicate that the child's health or welfare is harr placed at substantial risk of harm; Mental injury to a child, or a substantial risk of ment injury that is caused by the failure to give proper cal attention to a child. | ances med or Y ral | |
| A child in care is not subjected to mistreatment, including Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in child's mouth Requiring a child to stand on one foot as punishmer Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child ab neglect or mistreatment by calling 911 and your local | use, Y | |
| Department of Social Services Child Protective Services | | |
| Emergency Ready-to-Go Pack | | |
| The Emergency Ready-to-Go Pack must be available and easily acc needed medications) and Emergency Documents. | essible in the event of an em | ergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | |
| Directions: Review and determine that each item is adequately incluenough supplies for each child in care. Also the items are clean, orgation of the items are clean. | ided in the Disaster Supply K anized, and usable. Commen | it. Be certain that the Disaster Supply Kit contains t and note below if needed. |
| ⊠ Flashlight ⊠Bottle | | Section 2012 Folder or binder for EPP document |
| ⊠Batteries for Flashlight ⊠Non-p | erishable food | Backpack(s) or carrying case(s) |
| ☑Portable First Aid Kit | | Consider special toys or games |
| ⊠ Thermometer ⊠ Chang | ge of clothes | Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash |

| Medications (N/A) | ⊠Blanket(s) | | |
|---|--|--|--|
| Items in the Disaster Supply Kit are cle | an, organized, and usable (Y/N) | ? Y | |
| Emergency Ready-to-Go Pack is avail | | | N)? Y |
| Location of The Emergency Ready t | o go Pack: Stored in dining ro | om near exit | |
| Item Specification (if needed): | first aid kit 1 thormomotor n | enerific made (bottlad | waters, 4 boxes of dried foods, 1 canned |
| food, crackers and fruit cup, 4 p | oull-ups and 1 pk of wipes, 1 s | uitcase (carrying case). 3 | B outfits (top/bottom), 3 blankets, folder w/ |
| tape. <u>tems to be reviewed on xx/xx/x</u> | DOC: N/A | 6 | |
| Emergency Documents | | | |
| ☑ Informal Provider Emergency ☑ Authorization for emergency | | pleted form) | |
| | nedical care | | |
| Planning and Maintenance | | | |
| Person responsible for updating the D | | ergency Documents regula | any: |
| First Name Violet | Last Name Williams | | |
| Description of how the Emergency Re | ady-to-Go Pack will be transpo | orted to an evacuation loca | ation: carried by the provider. |
| Shelter In Place Procedure: | | | |
| youngest child secured in the rear-fac where to shelter. The provider will call Alternate: If they could not access th provider's vehicle and drive to secured in forward-facing car seat and | dest child is secured in her boo sing car seat. Upon arrival, the the parent once secured with e primary location, the provide The provider w d youngest child secured in the | oster seat, middle child se provider will receive instru- emergency updates. r will account for the child vill ensure the oldest child rear- facing car seat. Upo | cured in forward-facing car seat and about about ren, grab the ERTG and head to the is secured in her booster seat, middle child |
| Signatures & Date | | | |
| Acknowledgement: By signing below th | owledge that, if approved, the I | standards have been revie home in which care is prov | ewed, and any corrections if needed have vided is subject to random, unannounced |
| PROVIDE | | | INSPECTOR |
| Printed Name: Vidlet W | illiams | Printed Name: | |
| Signature: | | Signature: | |
| Date: G 14 2023 Phone: | | Date: 09/01/2023 | Phone: 1-877-227-0125 |

| | Chi | cation/Office of C ship Program CARE HECKLIST | ov | | | |
|--|---------------------------------------|--|---------------------------------------|--|--|--|
| Inspection Date: 08/25/20 | 22 Tim | e In: 1:45PM | Time Out: 3:00PM Resu | | t: Needs a Follow -up | |
| Follow-up 08/30/2022 | Tim | e In: 4:00PM | Time Out: 4:10P | PM Result: PASSED | | |
| Informal Care | | | | | | |
| Type of Care (check one): | Non-relative Int | formal Provider C | are Relative | Informal Pro | ovider Care | |
| Provider Information | | | | | | |
| First Name: Violet | Las | t Name: Williams | | Provid | der ID: 415029 | |
| Provider ID # | | | | Email | 1 | |
| Care Location Inspected | | | | | | |
| Street Address: Address Verified? Yes | City: | Co | ounty: | St | ate Zip Code: | |
| | | Scholarship | Date of Birth | Age | / Present (Y/N) | |
| | | | 3/29/2013 | 9 / Yes | | |
| | | | 1/11/2018 | 4 / Yes | | |
| | | | 5/19/2020 | 2 / Yes | | |
| | | | | 1 1 1 1 1 1 2 | | |
| | | | | | | |
| | | 1 | | | | |
| Safety of the Home | | | | | | |
| Directions: Review and dete pages may be used for com | | ach standard. Note | any comments or o Y - Yes, N - No, | D - Discusse | ons needed. Additional ed, n/a – Not Applicable | |
| Health and Safety Trainin | ng: | | Standard Met Y/N | Comment | s/Notes e Action /Timeframe if needed | |
| Basic Health and Safety T | raining Completed? | | Y | Certificate | Submitted | |
| Home is free of health ar | nd safety hazards: | | Standard Met Y/N | Comment Corrective | s/Notes e Action /Timeframe if needed | |
| Is in good repair | | | Y | 1 | | |
| Is free of insect of | r rodent infestation | | Y | No Sign of | Infestation | |
| Is well-lit and well-ventilated | | Y | | | | |
| | · · · · · · · · · · · · · · · · · · · | | Y Steam observed | | | |
| Has a working inside toilet | | | Y | Cleaner ur | nder sink moved to shed shelf | |
| | ooking, lighting and heat | ing | Y | - | | |
| Has a working and safe heating system | | Y | Thermostat dialed up to 73 | | | |
| | frigerator and stove | | Y | - | | |
| Has a working telephone | | Y | Provider c | ell phone called | | |
| Has operational smoke detector(s) | | Y | | | | |
| Has first aid kit/supplies | | Y | Bandaids, | ointment, gauze | | |
| Has protective coverings on any electrical outlet that is accessible to children | | Y | Covered, in use or behind furniture | | | |
| Harmful items are stored appropriately and away from children: | | ay from | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed | |
| Sharp or pointed | items | | Y | Moved to hi | | |
| Medications of ar | ny kind | | Y | Moved to hi | igh Shelf | |
| Matches, lighters | and flammable products | 5 | Y | None | | |
| Alcoholic beverage | jes | | Y | | | |
| Guns | | | Y | None | | |
| Cleaning agents | | | Y | Moved Dow | Instairs | |
| Poisonous substa | | | Y | Other than medications and cleaning solution | | |

| GENERAL CLEANLINESS STANDARDS | | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
|---|---|---------------------|---|
| All areas of the home are kept clean, including diaper | ing area. | Y | |
| Trash, garbage and wet and soiled diapers are dispos sanitary manner. | sed of in a | Y | |
| Child is changed immediately when s/he has a soiled diaper, clothing or bedding. | or wet | Ŷ | |
| Diapering procedures are followed. | | Y | |
| Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease. | r after: | ¥ | |
| 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, includi Physical injury Any sexual abuse Mental injury | ing: | Y | |
| A child in care is not subjected to any form of neglincluding: The failure to give proper care and attention including leaving a child unattended under c that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give proattention to a child. | to a child ircumstances e is harmed or of mental | Y | |
| A child in care is not subjected to mistreatment, in Any deliberate act that hurts a child physical 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 in child's mouth Requiring a child to stand on one foot as put Tying child to a cot or other equipment | lly or tems in a | ¥ | |
| The provider immediately reports any suspected of neglect or mistreatment by calling 911 and your la Department of Social Services Child Protective Set | ocal | Y | |
| Emergency Ready-to-Go Pack | | | |
| The Emergency Ready-to-Go Pack must be available and e needed medications) and Emergency Documents. | easily accessible in | the event of an en | nergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | | |
| Directions: Review and determine that each item is adequa enough supplies for each child in care. Also the items are cl | | | |
| | Bottled water | | Solder or binder for EPP documents |
| Batteries for Flashlight | ⊠Non-perishable | food | Backpack(s) or carrying case(s) |
| ⊠Portable First Aid Kit | ⊠Diapers | | ⊠Consider special toys or games ⊠Heavy Duty Scissors, duct tape/ |

| Thermometer |
|-------------|
|-------------|

⊠ Change of clothes

packing tape & sealing plastic/trash

bags

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

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

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

Item Specification (if needed):

3 shirts, 3 shorts, 1 large and 1 small blankets,
1 extra DD batteries, 6 in 1 Game house game,
Band aids, cintment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves, Benadryl,
3 16oz water bottles, a cans of Chef Boyardee, can corn, tuna, 2 box cereal, one cup of Ramen noodle

Items to review on 08/30/2022 if needed: Observed

First aid kit for the ERTB - Observed 8/30/22 Cleaning agents relocated to high shelf in the shed- Observed 8/30/22

Emergency Documents

Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

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

First Name Last Name

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

Shelter In Place Procedure:

The provider will gather the children, the ERTB and head to the basement family room which has 2 doors and 2 windows. The provider will seal the shelter plastic and tape to seal if there is a need to. The provider will call the parent once they are secure basement.

Evacuation Procedures:

Then provider will grab the children and the ERTB and proceed to the provider's vehicle where she will secure two of the children in their car seats and the older child with seat belt before driving to the primary evacuation location **Concentration** Once there, the provider you will ask for directions as to where to shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location Once there, they will shelter which has 3 doors and no windows. The provider will call the parents before leaving the care location and alter 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: Violet Williams | Printed Name: | |
| Signature: | Signature: | |
| Date: 8 30 22 Phone: 4 | Date: 08/30/2022 | Phone: 1-877-227-0125 |

| ⊠Virtual Inspection □In-person Inspection | Child | epartment of Ed Care Care Scholarsh INFORMAL C PECTION CHE | ip Program ARE | of Child | Return ccs.in | | oviders@maryland.gc |
|--|----------------------------------|--|---------------------|------------------------|-------------------|-----------|---------------------|
| Inspection Date: 6/13/2024 | Time | In: 3:30pm | Time Out: 4:36 | Spm Re | sult: Pas | ssed | |
| Inspection Date: 6/13/2024 | Time | In: 5:25pm | Time Out: 4:36 | Spm Re | sult: Pas | ssed | |
| Informal Care | | | | | - | | - |
| Type of Care (check one): | on-relative Info | rmal Provider Ca | are 🛛 Relativ | ve Informal | Provider | Care | |
| Provider Information | | | | | | | |
| First Name: Noel Provider ID #: | Last M | Name: Williams | on | | | : 54599 | 5 |
| Care Location Inspected | | | | | nail: | | |
| Street Address: Address Verified?: Yes | <u>City</u> : | County | | State: | <u>Z</u> | ip Code: | |
| Name of Children in Care (add page | s if needed) | Scholarship | Date of Birth | Age | 1 | Prese | nt (Y/N) |
| | | | 6/24/2023 | 9 mont | | riese | |
| Safety of the Home | | - | 0/2 1/2020 | 0 mon | 11371 | | |
| Directions: Review and deterr Additional pages may be used | nine compliance for comments. | with each standa | Y - Yes, N - No, | , D – Discu | ssed, n/ | a – Not A | eded. pplicable |
| lealth and Safety Training: | | | Standard Met Y/N | | ents/Note | | rame if needed |
| Basic Health and Safety Trai | ning Completed | d? | Y | | ave nette | onvine | rame in needed |
| lome is free of health and safety h | azards: | | Standard Met Y/N | | ents/Note | | rame if needed |
| Is in good repair | | | Y | | | | |
| Is free of insect or rodent infe | estation | | Y | | | | |
| Is well-lit and well-ventilated | | | Y | | | | |
| Has hot and cold running wa | ter | | Y | | | | |
| Has a working inside toilet | | | Y | | | | |
| Has utilities for cooking, light | | | Y | | | | |
| Has a working and safe heat | | - | Y | | | | |
| Has a working refrigerator an Has a working telephone | d stove | | Y | | | | |
| ride a working telephone | | | Y | 1 | | | |
| Has operational smoke detect Has first aid kit/supplies | tor(s) | | Y | | | | |
| | | | Y | | | | |
| accessible to children | | | Y | | | | |
| armful items are stored appropriat ildren: | ely and away f | rom | Standard Met Y/N | Comment | | | me if needed |
| Sharp or pointed items | | | Y | | | | |
| Medications of any kind Matches, lighters and flamma | 02.072.02 | | Y | | | | |
| indication, lighters and hamma | pie products | | Y | | | | |
| Alcoholic beverages Guns | | | Y | | | | |
| | 111 | | Y | | | | |
| Cleaning agentsPoisonous substances | | | Y | | | | |
| | | | Y | | | | |
| NERAL CLEANLINESS STANDAR | | | Standard Met Y/N | Comments Corrective | s/Notes Action | /Timefrai | me if needed |
| areas of the home are kept clean, in | cluding diaperir | ng 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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | Concerve Action/ Intername in needed |
| A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| the provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit. | Y | |
| mergency Ready-to-Go Pack | | |
| The Emergency Ready-to-Go Pack must be available and easily acce (including needed medications) and Emergency Documents. | essible in the event | of an emergency. This contains a Disaster Supply Kit |
| isaster Supply Kit | | |
| Directions: Review and determine that each item is adequately include contains enough supplies for each child in care. Also that the items are | ded in the Disaster S re clean, organized | Supply Kit. Be certain that the Disaster Supply Kit |
| ⊠Flashlight ⊠Bottled water | Contraction (| Solution Comments and hole below in needed. |
| ⊠Batteries ⊠Non-perishable | food | Backpack(s) or carrying case(s) |
| Portable First Aid Kit Diapers | | ☑ Consider special toys or games |
| ⊠Thermometer ⊠Change of clothe | es | Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash |
| | | Bags |
| ⊠Medications ⊠Blanket(s) | | |
| Medications Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? | Vos | |

| Location of Emergency Ready to go Pa | ck: Front Door | | | |
|--|--|---|--|--|
| Item Specification (if needed): | | | | |
| Phone Charger | | | | |
| Can Opener | | | | |
| Tote and Diaper Bag | man in the second | | | |
| To be observed for compliance on 56/1 Emergency Care and Medication | 3/2024 : Observed | | | |
| <u>Emergency</u> care and medication | Authorization | | | |
| Emergency Documents | | | | |
| ⊠Informal Provider Emergency Pre | | mpleted form) | | |
| ☑Authorization for emergency med | ical care | | | |
| Planning and Maintenance | | | | |
| Person responsible for updating the Disast | er Supply Kit and the Er | mergency Documents reg | ularly: | |
| First Name Noel | Last Name Willia | amson | | |
| Description of how the Emergency Ready- | to-Go Pack will be trans | ported to an evacuation lo | cation | |
| Shelter In Place Procedures: | | | outon. | |
| child in the (1 doors 1 v The Provider will grab the baby and the em seat and go to the feature in her car to inform the parent of the child in (1 doors 2) CARE HOURS: | e emergency. Upon arriv windows). ergency bag and put the On the way to this loca e emergency. Upon arriv windows). | val the provider would cal val the provider will ose items in the trunk. She ation the Provider would ca val the provider | If the parent using the execute the classifier of the parent using the par | e hands free calling and shelter with the hild in a rear facing car he hands free calling and shelter with the |
| Acknowledgement: By signing below the partie been discussed. The parties also acknowledge | es acknowledge that all st | andards have been reviewe | ed, and any correction | s if needed have |
| been discussed. The parties also acknowledge pop up visit which will be conducted virtually o | r in-person. | me in which care is provide | d is subject to random | unannounced |
| PROVIDER | | | INSPECTOR | |
| Printed Name: Hally Jalillian | | Printed Name: | | |
| | | Signature: | | |
| Phone Phone | | Date: 6/13/2024 | Phone: 1.07 | 2027 0105 |
| | | Later GrocLUL4 | Phone: 1-877 | -227-0125 |

| In-person Inspection Maryland State Department of Education/Office of Child Care Return to: In-person Inspection INFORMAL CARE ov | | | | | | |
|---|--|------------------|---------------------|--|--|--|
| Inspection Date: 05/08/2023 | spection Date: 05/08/2023 Time In: 10:30AM Time Out: 11:28 | | | AM Result | PASSED | |
| Informal Care | | | | | Strate Laboration | |
| Type of Care (check one): | Non-relative Info | rmal Provider C | are Relative | Informal Pro | vider Care | |
| Provider Information | | U.S. Carlos | | | the second s | |
| | 1 | Name: Wills | | Provid | er ID: <u>514198</u> | |
| First Name : Connie Provider ID #: | Last | vame. Wills | | Email: | | |
| Care Location Inspected | 10-10-53 | -144 | and the set | | | |
| Street Address: City: Address Verified? Yes. | Count | ty: | State Zip 0 | Code: | × | |
| Name of Children in Care (add | pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) | |
| | | | (06/23/2021) | 1yr./Y | | |
| | | | (01/12/2023) | 3mos./Y | | |
| Coloty of the Llores | | | | | | |
| Safety of the Home | P | h standard blate | anu nomento or o | orrective actio | | |
| Directions: Review and determine pages may be used for comments. | compliance with eac | n standard, Note | Y - Yes, N - No, | D - Discusse | ed, n/a - Not Applicable | |
| Health and Safety Training: | | | Standard Met Y/N | Comment | s/Notes Action /Timeframe if needed | |
| Basic Health and Safety Training | Completed? | | Y | Relative I | nformal Care – Certificate Submitted | |
| Home is free of health and safe | And the second se | | Standard Met Y/N | Comments Corrective | s/Notes e Action /Timeframe if needed | |
| Is in good repair | | | Y | | All areas were clean | |
| Is free of insect or rode | nt infestation | | Y | | No evidence of infestation | |
| Is well-lit and well-venti | lated | | Y | | s were turned on and natural window lighting | |
| Has hot and cold runnin | ng water | | Y | Tested by provider and steam observed or camera | | |
| Has a working inside to | | | Y | Flushed by provider and observed | | |
| Has utilities for cooking | , lighting and heatin | g | Y | There | - to the start by any idea for appling 9 | |
| Has a working and safe | heating system | | Y | | ostat tested by provider for cooling & heating | |
| Has a working refrigera | | | Y | | ested by provider and observed | |
| Has a working telephon | | | Y | | ound call made to provider's phone | |
| Has operational smoke | | | Y | - | ested by provider and observed rst Aid Kit stored on top of fridge | |
| Has first aid kit/supplies | | | Y | | | |
| Has protective covering accessible to children | | | Y | | outlets were occupied or covered | |
| Harmful items are stored appr children: | opriately and away | from | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed | |
| Sharp or pointed items | | | Y | | ed on top of fridge in knife holder | |
| Medications of any kind | 1 | | Y | | ed on high shelf in hallway closet | |
| Matches, lighters and fl | | | Y | | Does not own | |
| Alcoholic beverages | Presente Pre | | Y | | Does not own | |
| Guns | | | Y | | Does not own | |
| Cleaning agents | | | Y | All cleaning | agents in locked bathroom and kitchen cabinets | |
| Poisonous substances | | Y | Wh | en purchased stored in the shed | | |

| GENERAL CLEANLINESS STANDARDS | Standard Y/N | | Comments/Notes Corrective Action /Timeframe if needed |
|---|--|------------------------|--|
| All areas of the home are kept clean, including diaperi | ng area. Y | | Diapering area in play room with all necessary supplies for both children |
| Trash, garbage and wet and soiled diapers are dispos sanitary manner. | ed of in a Y | | Diapers are thrown away daily in the diaper genie |
| Child is changed immediately when s/he has a soiled diaper, clothing or bedding. | or wet Y | | |
| Diapering procedures are followed. | Y | | |
| Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running water Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease. | after: | | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT S | TANDARDS Standard | | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, includir Physical injury Any sexual abuse Mental injury | ng: Y | | |
| A child in care is not subjected to any form of neglincluding: The failure to give proper care and attention t including leaving a child unattended under circulate that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk or injury that is caused by the failure to give proattention to a child. | to a child roumstances is harmed or Y f mental | | |
| A child in care is not subjected to mistreatment, in: Any deliberate act that hurts a child physically 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 ite child's mouth Requiring a child to stand on one foot as pun Tying child to a cot or other equipment | yor Yemsina | | |
| The provider immediately reports any suspected cl neglect or mistreatment by calling 911 and your <u>los</u> Department of Social Services Child Protective Ser | cal Y | | |
| Emergency Ready-to-Go Pack | | | |
| The Emergency Ready-to-Go Pack must be available and ea needed medications) and Emergency Documents. | sily accessible in the event o | f an emer | rgency, This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | | |
| Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are cle | ely included in the Disaster S an, organized, and usable. C | upply Kit. omment a | Be certain that the Disaster Supply Kit contains and note below if needed. |
| ⊠Flashlight D | Bottled water | | Solder or binder for EPP documents |
| | Non-perishable food | | ⊠Backpack(s) or carrying case(s) |
| | Diapers | | ⊠Consider special toys or games |
| ⊠Thermometer ⊠Change of clo | | | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash |
| | | | bags |

⊠Medications

Blanket(s)

Revised 10/2021

| | 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 g | o Pack: Stored on the hanging wall of the basement entry way |
| Item Specification (if needed): | |
| - 1 backpack (carrying case), 1 first | aid, 1 large blanket, 2 outfits (top/bottom), 5 diapers w/ 1 pk of wipes, no spec meds, 1 |
| | flashlight, 1 pk of AAA batteries, 3 bottled waters, 1 pair of scissors, 1 pk of sealing plastic, 3 |
| canned foods, 1 coloring book w/ Items to be reviewed on xx/xx/xxxx: N/ | crayons, and folder w/ EPP and ECMA for ea. Child, |
| Items to be reviewed on AAAAAAAAA. NA | |
| Emergency Documents | |
| ⊠Informal Provider Emergency Pro | eparedness Plan (this completed form) |
| ⊠Authorization for emergency mee | dical care |
| Planning and Maintenance | |
| Person responsible for updating the Disar | ster Supply Kit and the Emergency Documents regularly: |
| First Name John | Last Name Poffenberger |
| 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 g sealing plastic and tape to secure the doc updates. | grab the ERTG and go into an an a |
| Evacuation Procedures: | |
| and a second | e children and grab the ERTG backpack, the provider will secure the smallest child in their safe |
| stroller, the older child will hold provider's walk to the Upon arrival the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the stroller of specific instructions of where to shelter. The |
| stroller, the older child will hold provider's walk to the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the they are safe to leave or parent arrives. | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the stroller of specific instructions of where to shelter. The and after they are secured. rimary location, the provider will secure the smallest child in the safety stroller and the oldest will nderneath the stroller carrier and they will walk to the stroller and the oldest will be the stroller and the stroller and the oldest will nderneath the stroller carrier and they will walk to the stroller and the stroller a |
| stroller, the older child will hold provider's walk to the Upon arrival the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the they are safe to leave or parent arrives. Signatures & Date | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the specific instructions of where to shelter. The and after they are secured. rimary location, the provider will secure the smallest child in the safety stroller and the oldest we indemeath the stroller carrier and they will walk to the secure the specific instruction of where to shelter. The for instruction of where to shelter. The provider will call the parent and stay there until |
| stroller, the older child will hold provider's walk to the Upon arrival the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the they are safe to leave or parent arrives. Signatures & Date Acknowledgement: By signing below the p been discussed. The parties also acknowl | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the specific instructions of where to shelter. The and after they are secured. The provider will secure the smallest child in the safety stroller and the oldest will ndemeath the stroller carrier and they will walk to the secure will call the parent and stay there until for instruction of where to shelter. The provider will call the parent and stay there until arties acknowledge that all standards have been reviewed, and any corrections if needed have edge that, if approved, the home in which care is provided is subject to random, unannounced |
| stroller, the older child will hold provider's walk to the Upon arrival the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the they are safe to leave or parent arrives. Signatures & Date Acknowledgement: By signing below the p | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the specific instructions of where to shelter. The and after they are secured. The provider will secure the smallest child in the safety stroller and the oldest will ndemeath the stroller carrier and they will walk to the secure will call the parent and stay there until for instruction of where to shelter. The provider will call the parent and stay there until arties acknowledge that all standards have been reviewed, and any corrections if needed have edge that, if approved, the home in which care is provided is subject to random, unannounced |
| stroller, the older child will hold provider's walk to the provider will call or text the parent before Alternate: If they could not access the p hold her hand. She will place the ERTG u she will be asking the they are safe to leave or parent arrives. Signatures & Date Acknowledgement: By signing below the p been discussed. The parties also acknowl pop up visit which will be conducted virtua | hand and the provider will secure the ERTG under the bottom of the stroller, and then they will provider will speak with someone at the secure of the specific instructions of where to shelter. The and after they are secured. The stroller carrier and they will walk to the secure the smallest child in the safety stroller and the oldest will for instruction of where to shelter. The provider will call the parent and stay there until arties acknowledge that all standards have been reviewed, and any corrections if needed have edge that, if approved, the home in which care is provided is subject to random, unannounced lly or in-person. INSPECTOR |

Date: 5/11/2023

Phone:

Date: 05/08/2023

Phone: 1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION: 3/28/2025/3:30pm/46 | INS | PECTION TYPE | AGES | Total Approved | # Scholarship | # Present | Resident Children |
|--|-----|-------------------------|-------------------|-------------------|------------------|--------------|----------------------|
| | | Initial Application | 0-23 months | | | | |
| | ~ | Renewal Application | 2 year olds | I | I | | |
| PROVIDER ID: | | Complaint Investigation | 3 year olds | | | | |
| 535905 | | Monitoring | 4 year olds | | | | |
| APPLICATION DATE: | | Other | 5's (pre-school) | | | | |
| 02/26/2025 | | · | 5-12 (school age) | | | | |
| | | Follow-Up | 13-19 year olds | | | | |
| Harford | | | TOTAL I I | | | | |
| | | | Overnight | | | | |

| FATALITY: | SERIOUS INJURY: | COMPLAINT #: | | | |
|--|--|--------------|--------------------------|--|--|
| N/A | N/A | N/A | | | |
| INFORMAL PROVIDER PHOTO ID VERIFIED: | Yes No ID TYPE: Driver License | | EXP. DATE: 04/20/2032 | | |
| CARE LOCATION: O Child's Home Informal Child Care Provider's Home | | | | | |
| CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care | | | | | |
| INFORMAL PROVIDER NAME: Kimberly Winter | | | | | |
| PERSON(S) INTERVIEWED: Kimberly Winter | | | | | |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

| | Part 1 – Safety of Home | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| С | 1. Health & Safety Training (Basic 3 hrs. & the Annual Update) | C k) Has first aid kit/supplies | | | | | | | |
| | 2. Home is free of health and safety hazards | C I) Has protective coverings on accessible electrical outlets | | | | | | | |
| С | a) Is in good repair | 3. Harmful items are stored appropriately and away from children | | | | | | | |
| С | b) Is free of insect or rodent infestation | C a) Sharp or pointed items | | | | | | | |
| С | c) Is well-lit and well-ventilated | C b) Medications of any kind should be stored | | | | | | | |
| С | d) Has hot and cold running water | C c) Matches lighters and flammable products | | | | | | | |
| С | e) Has a working inside toilet | C d) Alcoholic beverages | | | | | | | |
| С | f) Has utilities for cooking, lighting and heating | C e) Weapons and firearms | | | | | | | |
| С | g) Has a working and safe heating system | C f) Cannabis edibles, smoking and vaping paraphernalia and by products | | | | | | | |
| С | h) Has a working refrigerator and stove | C g) Cleaning agents | | | | | | | |
| С | i) Has a working telephone | C h) Poisonous substances | | | | | | | |
| С | j) Has operational smoke and carbon-monoxide detector(s) | C i) Interior environmental hazards | | | | | | | |

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| | Part 2 – General Cleanliness | | | | | | | |
|---|------------------------------|--|----|----|---|--|--|--|
| С | 4. | All areas of the home are kept clean, including diapering area. | 9. | Re | est Area and Furnishings | | | |
| С | 5. | Trash garbage and wet or soiled diapers are disposed | С | a) | SIDS prevention review | | | |
| | | of in a sanitary manner. | С | b) | Infant/toddler rest furnishings | | | |
| С | 6. | Children are changed immediately when they have a soiled or wet diaper, clothing or bedding. | С | c) | Crib safety | | | |
| С | 7. | Diapering procedures are followed. | С | d) | Individual rest place | | | |
| | 8. | Handwashing procedures are followed. | | e) | The provider shall provide furnishings for each child approved for care in the home. | | | |
| С | | a) Toileting | С | | ei) Younger than 12 months old, a crib, portable crib, | | | |
| С | | b) Diapering | C | | or playpen eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag | | | |
| С | | c) Food preparation and eating | L | | old, a bod, ool, mat, or slooping bag | | | |
| С | | d) After playing outdoors | | | | | | |
| С | | e) Preventing the spread of disease | | | | | | |

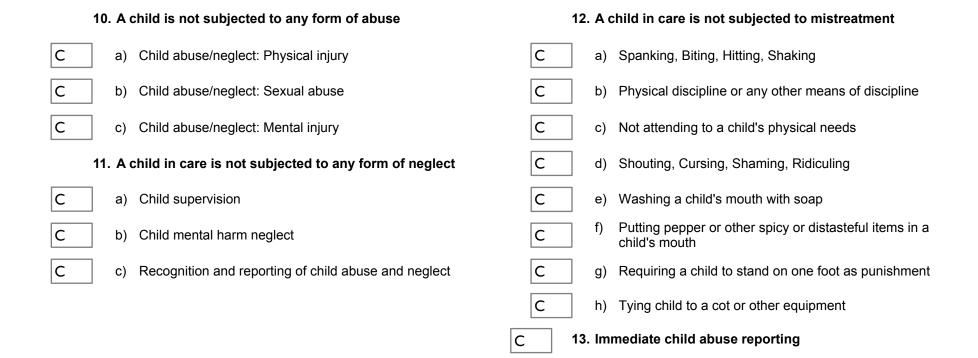
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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Part 3 – Child Abuse, Neglect and Mistreatment Standards



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

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Part 4 – Vehicular Traffic and Transportation Safety



Part 5 – Outdoor Activity Area

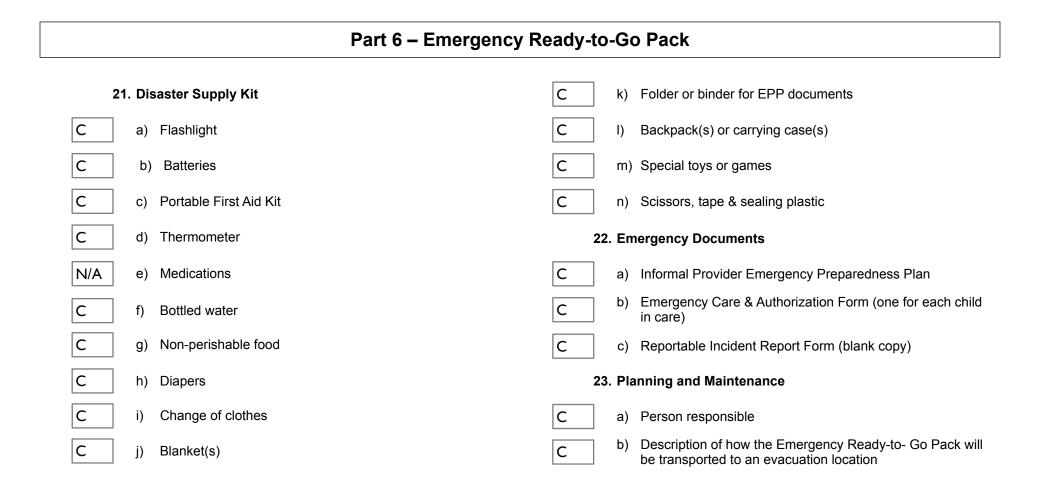
17. Safe outdoor play area С 20. Pool Safety С a) 4 ft. fence that surrounds the pool Ν 18. Enclosed safe play area b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment N entry/exit way С c) Secured Lock С d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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| Part 7 – Health & Safety Review | | | | | | |
|---|--|--|--|--|--|--|
| C 24. Shelter in Place | C 31. Health & Safety Review: Premises safety, hazard protection | | | | | |
| C 25. Lockdown (partial & full) | C 32. Emergency response planning | | | | | |
| 26. Home is free of health and safety hazards | C 33. Food allergy emergency preparedness | | | | | |
| C a) Primary Evacuation Location | C 34. Hazardous materials management | | | | | |
| C b) Alternate Evacuation Location | C 35. Prevention and control of infectious diseases (including immunization) | | | | | |
| C 27. Infant sleep safety | C 36. Pediatric first-aid and CPR | | | | | |
| D 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment | C 37. Appropriate precautions in transporting children | | | | | |
| C 29. Recognition and reporting of child abuse and neglect | C 38. Substance-free child care environment | | | | | |
| C 30. Health & Safety Review: Administration of medication. | | | | | | |

consistent with standards for parental consent



| Time Out: | 03/28/2025 | 16:16 |
|-----------|------------|-------|
| | Date | Time |

| | Т | ïm |
|--|---|----|
| | | |

| Date | Start Time | End Time | Duration | Follow-Up |
|------------|------------|----------|----------|--------------|
| 03/28/2025 | 15:30 | 16:16 | 46 | |
| 04/09/2025 | 13:30 | 13:35 | 5 | \checkmark |
| | | | | |
| | 13:30 | 13:35 | 5 | |
| | | | | |

| Total Duration: | 46 |
|-----------------|---------|
| | Minutes |

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

Review and sign at time of a follow-up inspection to address any noncompliances

| INSPECTION DATE/TIME/DURATION: 4/9/20251:30PM/5 | INSPECTION TYPE: Follow-Up Inspection | AGES | Total Approved | # Scholarship | # Present | Resident Children |
|---|---|------|-------------------|------------------|--------------|----------------------|
| PROVIDER ID: 535905 | APPLICANT ID: | 2yrs | l | I | | |
| INFORMAL PROVIDER NAME: Kimberly Winter | PERSON(S) INTERVIEWED: Kimberly Winter | | | | | |

| CARE LOCATION: O Child's Home Informal Child Care Provider's Home CARE TYPE: Relative Care Non-Relative Ca | INFORMAL PROVIDER PHOTO ID VERIFIED: | • Yes | No | ID TYPE: Driver Licen | se | EXP. DATE: 4/20/2032 |
|--|--------------------------------------|-----------------------|-----------------|--------------------------|---------------|--------------------------------|
| | CARE LOCATION: O Child's Home | Informal Child Care F | Provider's Home | CARE TYPE: | Relative Care | Non-Relative Care |

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

| | Standard # | Inspection # | Standard Description | | | |
|----------|-------------------|-----------------|----------------------|---|------------------------------------|------------|
| С | IIS.P5.18 | 18 | | rea Safety: The outdoor activity area shall be e from accessible hazards such as a heavily | | |
| С | IIS.P5.20.b | 20b | | Safety: Any pool on the premises shall be made have security features including a self-closing ar | | |
| | | | | | | |
| | | | | Sign and upload form to | Includes overflow page | |
| Kimberly | y Winter | | 04/09/2025 | PROVIDER PORTAL | Liliana Martinez | 04/09/2025 |
| Signat | ure of Informal C | child Care Prov | vider Date | | Signature of Agency Representative | Date |

Signature of Informal Child Care Provider ICCP Form IR108c

SUMMARY OF CORRECTION

| PROVIDER ID: | APPLICANT ID: | ZIP CODE: | COUNTY: |
|-------------------------|---------------|--------------------------------|---|
| 535905 | - | 21047 | Harford |
| INFORMAL PROVIDER NAME: | | CARE LOCATION: | |
| Kimberly Winter | | Child's H | ome (Informal Child Care Provider's Home |
| PERSON(S) INTERVIEWED: | | | |
| Kimberly Winter | | | |
| VISIT TYPE: | | INSPECTION TIME/DATE/DURATION: | |
| Renewal Application | | 3/28/2025/3:30pm/46 | |

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

| STANDARD NUMBER | STANDARD TEXT | SUMMARY OF CORRECTION | DATE OF CORRECTION |
|--------------------|--|---|-----------------------|
| IIS.P5.18 | Outdoor Activity Area, Outdoor Area Safety: The outdoor activity area shall be enclosed to protect children in care from accessible hazards such as a heavily trafficked area, a body of water, or environmental hazards | Confirmed that the play area is safe for the child to play outside. | 04/09/2025 |
| IIS.P5.20.b | Outdoor Activity Area, Pool Area Safety: Any pool on the premises shall be made inaccessible to children in care and have security features including a self-closing and self-latching mechanism on the entry/exit way | We confirmed that a fence is not required | 04/09/2025 |
| | | | |

| ∟iliana Martinez | 04/25 | Complete | Includes overflow page | |
|------------------------------------|-------|----------|------------------------|-----|
| Signature of Agency Representative | Date | Complete | | ICC |

ICCP Form SOC108c

| Maryland State Department of Education/Office of Child Care Care Child Care Scholarship Program Inspection INFORMAL CARE INSPECTION CHECKLIST | | | | | Return to: ccs informalproviders@maryland.gov |
|---|------------------------|--------------------|---------------------|------------|--|
| Inspection Date: 6/27/2024 | Tim | e In: 1:30pm | Time Out 2:60p | m Re | sult: Passed |
| Informal Care | | | | | |
| Type of Care (check one): | D Non-relative In | formal Provider Cr | are Relativ | a Informal | Provider Care |
| Provider Information | | | | | |
| First Name Aniyah Provider ID # | Las | Nama: Wiseman | 1 | | ovider ID: 554666 |
| | | | | En | nail: |
| Care Location Inspected | Citra | Court | | _ | State: Zip Code: |
| Street Address Address Verified?: Yes | City | Count | 8 | | State: Zip Code: |
| Name of Children in Care (a | dd pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) |
| | | | 2/25/2015 | 0 years | |
| | | | 2/25/2015 | 9 years | ; old/Y |
| Safety of the Home | | | | | |
| | | | | | rrective actions needed. |
| Additional pages may | be used for comments | | | 1 | ssed, n/a - Not Applicable |
| lealth and Safety Training: | | | Standard Met Y/N | | ents/Notes live Action /Timetrame if needed |
| Basic Health and Sa | fety Training Complet | ed? | Y | | |
| Home is free of health and e | afety hazards: | | Standard Met Y/N | | ents/Notes live Action /Timeframe if needed |
| Is in good repair | | | Y | | |
| Is free of insect or ro | dent infestation | | Y | | |
| is well-lit and well-ve | ntilated | | Y | | |
| Has hot and cold run | ning water | | Y | | |
| Has a working inside | toilet | | Y | | |
| Has utilities for cooki | ng, lighting and heati | ng | ۲ | - | |
| Has a working and s | | | Y | | |
| Has a working refrige | | | Y | | |
| Has a working teleph | ione | | Y | - | |
| Has operational smo | | | Y | - | |
| Has first aid kit/suppl | | | Y | | |
| Has protective cover accessible to children | | oullet that is | Y | | |
| larmful items are stored ap children: | propriately and awa | y from | Standard Met Y/N | | nts/Notes ve Action /Timeframe if needed |
| Sharp or pointed item | 15 | | Y | | |
| Medications of any kit | | | Y | | |
| · Matches, lighters and | flammable products | | Y | | |
| Alcoholic beverages | | | Y | | |
| • Guns | | | Y | NOT KEP | T IN THE HOME |
| Cleaning agents | | | Y | | |
| Poisonous substance | 6 | | Y | | |
| ENERAL CLEANLINESS ST | TANDARDS | | Standard Met Y/N | | nts/Notes ve Action /Timeframe if needed |
| Il areas of the home are kept | clean, including diap | oring area. | Y | | |

| | 1 | | 5 |
|--|--|---------------------|--|
| Trash, garbage and wet and soiled diapers are d sanitary manner. | lisposed of in a | Y | |
| Child is changed immediately when s/he has a si diaper, clothing or bedding. | oiled or wet | Y | |
| Diapering procedures are followed. | | Y | |
| Handwashing procedures are followed. Provider washed thoroughly with soap and warm running Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevend isease. | water after: ent the spread of | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATME | NT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, in • Physical injury • Any sexual abuse • Mental injury | cluding: | Y | |
| A child in care is not subjected to any form of including: The failure to give proper care and atter including leaving a child unattended und that indicate that the child's health or we placed at substantial risk of harm; Mental injury to a child, or a substantial injury that is caused by the failure to give attention to a child. | ntion to a child der circumstances elfare is harmed or risk of mental | Y | |
| A child in care is not subjected to mistreatme Any deliberate act that hurts a child phy 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 distaste child's mouth Requiring a child to stand on one foot as Tying child to a cot or other equipment | sically or s sful items in a | Y | |
| The provider immediately reports any suspect neglect or mistreatment by calling 911 and you Department of Social Services Chold Protective | ur local | Y | |
| Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be a (including needed medications) and Emerger | available and easily acces | sible in the even | l of an emergency. This contains a Disaster Supply Kit |
| Disaster Supply Kit | icy Doluments. | | |
| Directions: Review and determine that each i | item is adequately include re. Also that the items are | d in the Disaster | Supply KiL Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed. |
| ⊠ Flashlight ⊠Batteries | ⊠Bottled water ⊠Non-perishable fo | 1.5 | SFolder or binder for EPP documents Backpack(s) or carrying case(s) |
| Portable First Aid Kit | Diapers | | Consider special toys or games |

Thermometer

Medications N/A

N.

1

Schange of clothes

Blanket(s)

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

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

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Yes

| | and easily accessible in the event of an emergency (YIN)? Yes |
|--|---|
| Location of Emergency Ready to go P | k: Kept in the kitchen |
| Item Specification (if needed): | |
| To be observed for compliance on : | |
| Emergency Documents | |
| Sublemat Provider Emergency P Authorization for emergency ma | paredness Plan (this completed form) ical care |
| Planning and Maintenance | |
| Person responsible for updating the Disa | er Supply Kit and the Emergency Documents regularly |
| First Name Aniyah | Last Name Wiseman |
| attendance sheet to ensure that the child bag and they would go down to the Parents to inform them of the emergency | he microphone to have them come down to the kitchen. The Provider would use the en are accounted for. How would grab the pink bag while the provider would grab the o (1 door 2 windows). Once all children are secured the Provider would contact the |
| The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing lock down situ lock | ions, otherwise she would be provider would contact the Parents to inform them of the all children are secured the Provider would contact the Parents to inform them of the the microphone to have them come down to the kitchen. The Provider would use the en are accounted for the would grab the pink bag while the provider would grab the or d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would The Provider would drive to the would be in a booster seat and the younger 3 would the Provider would drive to the second be an another secured the provider would grain entry by shelter in the important (2 doors 1 window). Once all children are secured the Provider would grain entry by shelter in the important (2 doors 1 window). Once all children are secured the provider would the provider |
| attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing lock down shu the stairs at the shift of the shift of the emergency. The Provider would call the children ove attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing contact the Parents to inform them of the CARE HOURS: | en are accounted for. The 9 year olds would grab the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the statement of the where she would gain entry by walking ions, otherwise she would be in a booster seat and the younger 3 would shells a all children are secured the Provider would contact the Parents to inform them of the mare accounted for would grab the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the statement of the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the statement of the statement where she would gain entry by shelter in the statement (2 doors 1 window). Once all children are secured the Provider would amergency. |
| The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bock down situ the stairs at 1 door 0 windows). Or emergency. The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing book down the stairs at car seats (1 rear facing 2 forward facing book down the stairs at car seats (1 rear facing 2 forward facing book down the stairs at car seats (1 rear facing 2 forward facing book down the stairs at car seats (1 rear facing 2 forward facing book down the stairs at contact the Parents to inform them of the CARE HOURS: Signatures & Date Acknowledgement: By signing balow the p been discussed. The parties also acknowled | en are accounted for. The 9 year olds would grab the pink bag while the provider would grab the of di out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the statement of the where she would gain entry by walking ions, otherwise she would the Provider would contact the Parents to inform them of the e all children are secured the Provider would contact the Parents to inform them of the mare accounted for the would grab the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would i The Provider would drive to the statement of the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would i The Provider would drive to the statement of the provider would gain entry by shelter in the interact (2 doors 1 window). Once all children are secured the Provider would amergency. |
| The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing lock down shu the stairs at 1 door 0 windows). Or emergency. The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing bag and they would go down the stairs a car seats (1 rear facing 2 forward facing contact the bag and they would go down the stairs a car seats (1 rear facing 2 forward facing 1 forward facing 1 forward facing 1 forward 1 | en are accounted for. The 9 year olds would grab the pink bag while the provider would grab the of di out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the statement of the where she would gain entry by walking ions, otherwise she would the Provider would contact the Parents to inform them of the e all children are secured the Provider would contact the Parents to inform them of the mare accounted for the would grab the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would i The Provider would drive to the statement of the pink bag while the provider would grab the of d out to the minivan. The 9 year olds would be in a booster seat and the younger 3 would i The Provider would drive to the statement of the provider would gain entry by shelter in the interact (2 doors 1 window). Once all children are secured the Provider would amergency. |
| The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing) bock down situ the stairs at 1 door 0 windows). Or emergency. The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing to contact the Parents to inform them of the CARE HOURS: | en are accounted for. The 9 year olds would grab the prik bag while the provider would grab the of dout to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the the second |
| The Provider would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing) bock down situ the stairs and the stairs and the children over attendance sheet to ensure that the child bag and they would call the children over attendance sheet to ensure that the child bag and they would go down the stairs a car seats (1 rear facing 2 forward facing) . Once inside she would contact the Parents to inform them of the CARE HOURS: Signatures & Date Acknowledgement: By signing below the p been discussed. The parties also acknowle pop up visit which will be conducted virtual | en are accounted for. The 9 year olds would grab the prik bag while the provider would grab the of dout to the minivan. The 9 year olds would be in a booster seat and the younger 3 would in The Provider would drive to the the second |

| ⊠Virtual Inspection □In-person Inspection | IN | artment of Ec Care are Scholarsh IFORMAL C ECTION CHI | nip Program ARE | Child | Return to: ccs.informalp | providers@maryland.gov |
|--|-----------------------|---|----------------------------------|------------|-------------------------------|------------------------|
| Inspection Date: 02/04/2025 | Time In | : 1:45 pm | Time Out: 2:25 pm Result: Passed | | | |
| Informal Care | - | - | | | | |
| Type of Care (check one): | Non-relative Inform | al Provider C | are ⊠Relative | Informal | Provider Care | |
| Provider Information | | | | monnari | | - |
| First Name: Gloria | Last Na | me: Witherspo | 200 | Pro | vider ID: 4863 | 75 |
| Provider ID #: | Lastina | me. witherspi | 5011 | | ail: | |
| Care Location Inspected | 1 | | | 1 | | |
| Street Address: | <u>City</u> : | Cou | nty: | 1 | State: | Zip Code: |
| Address Verified?: Yes | | | | | | |
| Name of Children in Care (add pag | ges if needed) | Scholarship | Date of Birth | Age | | sent (Y/N) |
| | | | 9/11/2013 | | s old/ N | |
| | | | 02/09/2012 | 12 year | s old/ N | |
| Safety of the Home | | | | | | |
| Directions: Review and dete | ermine compliance w | ith each stand | ard Note any comm | ents or co | rective actions | needed |
| Additional pages may be use | | nin each stand | Y-Yes, N-No, I | | | |
| Health and Safety Training: | | | Standard Met Y/N | | ents/Notes ive Action /Tim | neframe if needed |
| Basic Health and Safety Tr | raining Completed? | , | Y | 1. | | |
| Home is free of health and safety | hazards: | - | Standard Met Y/N | | ents/Notes ive Action /Tim | neframe if needed |
| Is in good repair | | | Y | | | |
| Is free of insect or rodent in | nfestation | | Y | | | |
| Is well-lit and well-ventilate | ed | | Y | | | |
| Has hot and cold running v | water | | Y | | | |
| Has a working inside toilet | | | Y | | | |
| Has utilities for cooking, lig | phting and heating | | Y | | | |
| Has a working and safe he | eating system | _ | Y | | | |
| Has a working refrigerator | and stove | | Y | | | |
| Has a working telephone | | | Y | | | |
| Has operational smoke de | tector(s) | _ | Ŷ | | | |
| Has first aid kit/supplies | | 1. Cost of Data | Y | | | |
| Has protective coverings or accessible to children | on any electrical out | let that is | Y | | | |
| Harmful items are stored appropr children: | riately and away fr | om | Standard Met Y/N | | ents/Notes ive Action /Tim | neframe if needed |
| Sharp or pointed items | | | Y | | | |
| Medications of any kind | | | Y | | | |
| Matches, lighters and flam | mable products | | Y | | | |
| Alcoholic beverages | | | Y | | | |
| Guns | | | Y | 1 | | |
| Cleaning agents | | | Y | | | |
| Poisonous substances | | | Y | | | |
| GENERAL CLEANLINESS STAND | DARDS | | Standard Met Y/N | | ents/Notes ive Action /Tim | neframe if needed |
| All areas of the home are kept clean, including diapering area. | | | Y | | | |

| An and the second se | | |
|---|---------------------|--|
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |

| nust be available and easily accessible in the event Emergency Documents. | t of an emergency. This contains a Disaster Supply Kit |
|--|--|
| | |
| | Supply Kit. Be certain that the Disaster Supply Kit I, and usable. Comment and note below if needed. |
| Bottled water | Section Folder or binder for EPP documents |
| ⊠Non-perishable food | ⊠Backpack(s) or carrying case(s) |
| □Diapers-N/A | ⊠Consider special toys or games |
| | Heavy Duty Scissors, Duct Tape/ |
| ⊠ Change of clothes | Packing Tape & Sealing Plastic/ Trash Bags |
| | Emergency Documents. at each item is adequately included in the Disaster nild in care. Also that the items are clean, organized Bottled water Non-perishable food Diapers-N/A |

□ Medications-N/A ⊠Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

| Items in the Disaster Supply Kit are clean, organized | 2 generation of the provide | 20100 12 |
|---|--|--|
| Emergency Ready-to-Go Pack is available and easi | ily accessible in the event of an emergency () | Y/N)? Yes |
| Location of Emergency Ready to go Pack: Living | g Room | |
| Emergency Documents | | |
| ⊠ Informal Provider Emergency Preparedne: | | |
| Authorization for emergency medical care Planning and Maintenance | | |
| | | |
| | iy Kit and the Emergency Documents regul Last Name Witherspoon | lariy: |
| Description of how the Emergency Ready-to-Go Pa | | cation: |
| Shelter In Place Procedures: | | |
| parent before, during and after sheltering. | | doors, 0 window(s)). The provider will <u>cal</u> |
| parent before, during and after sheltering. Evacuation Procedures: The Provider will cather the children and the ready during and after sheltering. The Provider will cather the children and the ready wheltering. | to go bag, holding both children's hands # of doors, # of wind | <u>s</u> . The provider will series ow(s)). The provider will <u>call</u> parent before <u>s</u> . The provider will |
| The Provider will gather the ready to go bag and the barent before, during and after sheltering. Evacuation Procedures: The Provider will cather the children and the ready during and after sheltering. The Provider will gather the children and the ready sheltering. CARE HOURS: - Bignatures & Date | to go bag, holding both children's hands # of doors, # of wind to go bag, holding both children's hands | <u>s</u> . The provider will set of the provider will call parent before ow(s)) . The provider will call parent before <u>s</u> . The provider will |
| Darent before, during and after sheltering. Evacuation Procedures: The Provider will gather the children and the ready during and after sheltering. The Provider will gather the children and the ready sheltering. CARE HOURS: - | to go bag, holding both children's hands # of doors, # of wind to go bag, holding both children's hands # of doors, # of window(s)). The provider of doors, # of window(s)). The provider of bowledge that all standards have been reviewe approved, the home in which care is provided | s The provider will ow(s)). The provider will call parent before s The provider will will call parent before, during and after |
| barent before, during and after sheltering. Evacuation Procedures: The Provider will cather the children and the ready during and after sheltering. The Provider will cather the children and the ready the heltering. CARE HOURS: - Signatures & Date Acknowledgement: By signing below the parties acknowledge that, if | to go bag, holding both children's hands # of doors, # of wind to go bag, holding both children's hands # of doors, # of window(s)). The provider of doors, # of window(s)). The provider of bowledge that all standards have been reviewe approved, the home in which care is provided | s The provider will ow(s)). The provider will call parent before s The provider will will call parent before, during and after |
| arent before, during and after sheltering. A second procedures: The Provider will cather the children and the ready luring and after sheltering. The Provider will cather the children and the ready theltering. CARE HOURS: CARE HOURS: CARE H | to go bag, holding both children's hands # of doors, # of wind to go bag, holding both children's hands # of doors, # of window(s)). The provider of doors, # of window(s)). The provider of bowledge that all standards have been reviewe approved, the home in which care is provided | s The provider will <u>call</u> parent before <u>ow(s))</u> . The provider will <u>call</u> parent before <u>s</u> . The provider will will <u>call</u> parent before, during and after will <u>call</u> parent before, during and after |
| barent before, during and after sheltering. Evacuation Procedures: The Provider will cather the children and the ready during and after sheltering. The Provider will gather the children and the ready the Provider will gather the children and the ready the bettering. CARE HOURS: CARE HOURS: Care a state and the parties also acknowledge that, if the provider will be conducted virtually or in-pers PROVIDER Printed Name: Care a state and the parties acknowledge that is the parties acknowledge that is the parties also ack | to go bag, holding both children's hands # of doors, # of wind to go bag, holding both children's hands # of doors, # of window(s)). The provider of doors, # of window(s)). The provider of bowledge that all standards have been reviewed approved, the home in which care is provided son. | s The provider will <u>call</u> parent before <u>ow(s))</u> . The provider will <u>call</u> parent before <u>s</u> . The provider will will <u>call</u> parent before, during and after will <u>call</u> parent before, during and after |

| ⊠Virtual Inspection ⊡In-person Inspection | | partment of Ed d Care Scholar INFORMAL ISPECTION C | ship Program CARE | Child Care | Return to: ccs.informalproviders@maryland.g ov |
|---|------------------------------|---|--|--|--|
| Inspection Date: 11/03/2022 | Time | e In: 9:00AM | Time Out: 10:22 | AM Resu | ult: PASSED |
| Informal Care | | | l An an | | |
| Type of Care (check one): | Non-relative Inf | | | Informal Pro | |
| Provider Information | | | | a na an | |
| | | | | Prov | ider ID: 486375 |
| First Name: Gloria Provider ID | | Name: Withersp | boon | Ema | il: |
| Care Location Inspected | | | an a | | adashi interneti a Afrika ya Afrika. |
| Street Address: Address Verified? Yes | City: | County: | | State | Zip Code: |
| Name of Children in Care (a | dd pages if needed) | Scholarship | Date of Birth | Age | / Present (Y/N) |
| ······································ | | | 9/11/2013 | 9 / Yes | |
| idean - Shine | | | 2/9/2012 | 10 / Yes | |
| | | l | | | |
| 747 . | | | | | |
| , | | | | | |
| | | | | | |
| Safety of the Home | | | | e e e e e e e e e e e e e e e e e e e | e - Angeler Kernet - De |
| Directions: Review and determ pages may be used for comme | ine compliance with ea | | any comments or c | corrective action | ons needed. Additional ed, n/a – Not Applicable |
| Health and Safety Training: | | | Standard Met Y/N | Comment | |
| Basic Health and Safety Train | ning Completed? | | Y | | Certificate Submitted |
| Home is free of health and | safety hazards: | | Standard Met Y/N | Comment Corrective | s/Notes Action /Timeframe if needed |
| Is in good repair | | | Y | | |
| Is free of insect or ro | dent infestation | | Y | No sign of | infestation |
| Is well-lit and well-version | entilated | | Y | | |
| Has hot and cold run | nning water | | Y | Steam obs | erved |
| Has a working inside | e toilet Look under si | nk | Y | Observed | Flush |
| Has utilities for cook | ing, lighting and heating | ng | Y | | |
| Has a working and s | afe heating system | | Y | | |
| Has a working refrig | erator and stove | | Y | Light came | on |
| Has a working telept | hone | | Y | | |
| Has operational smoothing | oke detector(s) | | Y | | |
| Has first aid kit/supp | lies | | Y | Bandaid, g | auze, tape, peroxide |
| Has protective cover accessible to children | rings on any electrical n | outlet that is | Y | Covered, b | pehind furniture or in use |
| Harmful items are stored an children: | opropriately and awa | y from | Standard Met Y/N | Comments Corrective | /Notes Action /Timeframe if needed |
| Sharp or pointed iter | ms | | Y | On top of fri | dge |
| Medications of any | kind | | Y | On top of fri | dge |
| Matches, lighters an | d flammable products | | Y | | |
| Alcoholic beverages | | | Y | | |
| Guns | | | Y | | |
| Cleaning agents | | | Y | High shelf ir | n linen Closet |
| Poisonous substance | es | | Y | Other than r | 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 diaper | ring area. | Y | |
| Trash, garbage and wet and soiled diapers are dispo- sanitary manner. | sed of in a | Y | |
| Child is changed immediately when s/he has a soiled diaper, clothing or bedding. | or wet | Ÿ | |
| Diapering procedures are followed. | | Y | N/A |
| Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent th disease. | er after: | 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, includi Physical injury Any sexual abuse Mental injury | ing: | Y | |
| A child in care is not subjected to any form of neglincluding: The failure to give proper care and attention including leaving a child unattended under c that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give proattention to a child. | to a child ircumstances a is harmed or of mental | Y | |
| A child in care is not subjected to mistreatment, ir Any deliberate act that hurts a child physical 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 it child's mouth Requiring a child to stand on one foot as pur Tying child to a cot or other equipment | ly or æms in a | Y | |
| The provider immediately reports any suspected of neglect or mistreatment by calling 911 and your lo Department of Social Services Child Protective | ocal | Y | |
| Emergency Ready-to-Go Pack | | | |
| The Emergency Ready-to-Go Pack must be available and eneeded medications) and Emergency Documents. | asily accessible in | the event of an em | ergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | | |
| Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are clo | | | |
| | Bottled water | A CONTRACT CONTRACT | Solder or binder for EPP documents |
| | ⊠Non-perishable | food | Backpack(s) or carrying case(s) |
| | Diapers N/A | | ⊠Consider special toys or games |
| | ⊠Change of cloth | nes | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags |
| ⊠Medications | ⊠Blanket(s) | | 100 W |

| Items in the Disaster Supply Kit are clean, organized, and usable (Y/N | i)? Y | |
|--|---|---|
| Emergency Ready-to-Go Pack is available and easily accessible in th | | Y |
| | | |
| Location of The Emergency Ready to go Pack: Under TV stand in | n living room | |
| | | |
| Item Specification (if needed): 2 shirts, 3 hoodies, 2 pants, 4 under wares, 4 pairs socks, 7 Diapers | and hox wines. Sniderman motor | cycles limbo books contract 4 upo |
| 8 extra AA, 13 AAA, & batteries, 4 blankets, albuterol, allergy media | | cycles, limbo, books, connect 4, uno |
| Band aids, antiseptic , gauze, tape, alcohol wipes, ointment, gloves, a | ain relief, tweezers, Scissors, col | |
| 8 16oz water bottles, 3 roast beef cans, 4 cans of Tuna, 3 cans of sa | dines, apple sauce, peanut butte | r, pastries, |
| Items to review on xx/xx/xxxx if needed: | | |
| | | |
| Emergency Documents | | |
| ⊠Informal Provider Emergency Preparedness Plan (this com | pleted form) | |
| ⊠Authorization for emergency medical care | | |
| Planning and Maintenance | | |
| Person responsible for updating the Disaster Supply Kit and the Em | ergency Documents regularly: | |
| First Name Last Name | | |
| | anted to an experiention location. | One Corried & one Dellad |
| Description of how the Emergency Ready-to-Go Pack will be transp | oned to an evacuation location: | One Carried & one Rolled |
| Shelter In Place Procedure: | | |
| The provider will grab the children, the ERTB and head to the baser | nent family room which has no v | windows and one door. If the need |
| should arise the provider will use plastic and tape to seal the shelter | | |
| everything has been cleared. | | |
| | | |
| Evacuation Procedures: | d to the provider's vehicle who | re she will essure the shildren in their |
| The provider will grab the children, the emergency bag, and proceed seatbelts before driving to the primary evacuation location | | nce at the location, they will shelter in |
| the gymnasium that has no windows and one door. If they were not | able to drive to location, they ca | |
| parents before leaving the care location and after they are secure in | | |
| If they couldn't shelter at the primary location, they will go to the alte emergency bag and the children then proceed to the provider's vehi | rnate evacuation location | The provider will grab the |
| the location. If they were not able to drive to location, they can walk. | Once at the location, the provi | ider will ask to be directed to shelter |
| room The provider will call the parents before leaving the care local | ion and after they are secure in | the alternate evacuation location. |
| | | |
| Signatures & Date | a de la companya de l | |
| Acknowledgement: By signing below the parties acknowledge that al | 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 | | ISPECTOR |
| Printed Name: | Printed Name: | |
| Sig | Signature: | |
| | | |
| Date: 11 16 22 Phone: | Date: 11/16/2022 | Phone: |

| □In-person Inspection | Child | Department of E Care I Care Scholars INFORMAL (SPECTION CH | CARE | of Child | Retur ccs.ir | rn to: nformalproviders@maryl; | and.gov |
|--|--|---|--|--|--|--|----------|
| Inspection Date: 03/23/2022 03/24/22 | Time 11:0 | e In: 1:45 pm 0 am | Time Out: 03/0 11:14 am | | Result: Fo Final Resu | llow Up- 11:00 am on 03 ilt: Passed | /24/2022 |
| Informal Care | | | | | | | |
| Type of Care (check one): | | | 6 | | | | |
| Provider Information | □ Non-relative Info | ormal Provider C | are Relativ | ve Informa | al Provide | r Care | |
| | | 1 LALE | | | | | |
| First Name: Gloria Provider ID #: | Last | Name: Withersp | oon | | Provider IC mail: | 0: 482902 | |
| Care Location Inspected | | La Della | | | | | - |
| Street Address: Address Verified?: Yes | | City | Cou | inty | State | Zip Code | |
| Name of Children in Care (ac | dd pages if needed) | Scholarship | Date of Birth | Ag | e / | Present (Y/N) | - |
| | | | 09/11/2013 | 8 | and and the second second | School | |
| | | | 02/09/2012 | 10 | | School | |
| | | | | 10 | / | 301001 | - |
| | | 1 | | - | | | |
| | | | | - | | | |
| | | | | - | 1 | | |
| | | | | | 1 | | |
| Directions: Review and | d determine compliance le used for comments. | with each standa | ard. Note any com | ments or c | orrective a | actions needed. | |
| Health and Safety Training: | | The state | ard. Note any comm Y – Yes, N – No, Standard Met Y/N | D - Disci | ussed, n/a | a – Not Applicable | |
| Directions: Review and Additional pages may b Health and Safety Training: Basic Health and Safe | ety Training Completed | The state | Standard Met | D - Disci | ussed, n/a | a – Not Applicable | |
| Directions: Review and Additional pages may b Health and Safety Training: Basic Health and Safe Home is free of health and sa | ety Training Completed | The state | Standard Met Y/N | Comm Correct Comm | ussed, n/i ents/Note ctive Actio | a – Not Applicable es on /Timeframe if needed | |
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| Cleaning agents | Y | Moved to a high shelf in a closet |
|---|---------------------|--|
| Poisonous substances | Y | Moved to a high shelf in a closet |
| GENERAL CLEANLINESS STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| All areas of the home are kept clean, including diapering area. | Y | Not in diapers |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | |
| Diapering procedures are followed. | Y | |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury | Y | sonoonve Action / Americane in needed |
| A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment | Ŷ | |
| | | |

| The Emergency Ready-to-Go Pack (including needed medications) and | r must be available and easily accessible in the even <u>d</u> Emergency Documents. | t of an emergency. This contains a Disaster Supply Kit |
|---|---|---|
| aster Supply Kit | | TIPE PUPE I TOTAL |
| Directions: Povious and datamine | | |
| energi euppiles foi cacit | that each item is adequately included in the Disaster child in care. Also that the items are clean, organized | Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed. |
| Silections. Review and determine contains enough supplies for each | that each item is adequately included in the Disaster child in care. Also that the items are clean, organized Bottled water | Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed. Selder or binder for EPP documents |
| energi euppiles foi cacit | child in care. Also that the items are clean, organized | d, and usable. Comment and note below if needed. |

| ⊠Thermometer | r |
|--------------|---|
|--------------|---|

Change of clothes

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

Medications(Reordering medication)

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: Kept in the living Room

Item Specification (if needed):

- Suitcase and Tote
- D,9V, AA, & AAA Batteries
- First Aid Kit: Bandages, Alcohol wipes, Ice Pack, Large Scissors
- Case of water and the 2 gallons of water
- Canned sardines, Peanut butter, canned fruit
- Tops for each child Bottoms For each Child
- 3 Blankets Zebra print, yellow and orange blankets
- Roll of Sealing Plastic and Duct Tape
- Remote control spider man toy, inflatable limbo toy and a bag of crayons and coloring books. Reading books as well.
- To be observed for compliance on 03/24/22 :
 - Cleaning products moved out of reach of children- Observed
 - Thermometer- Observed
 - Emergency Preparedness Plan & Emergency Care Medication Authorization for each child- Observed
 - Special Toys/ Books for Children- Observed

Emergency Documents

SInformal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter in Place Procedures:

The Provider will first contact the Parent. She will then call the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the front part basement(0 doors and windows).

Evacuation Procedures:

The Provider will first contact the Parent. She will then call the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the vehicle where they will be secured via seatbelts. The Provider will take the the children. If the Provider cannot shelter to the vehicle where they will be secured via seatbelts. The Provider will take have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children's name and have them come to the living room door as practiced. The provider will carry the ERTG Bag and lead the children to the vehicle where they will be secured via seatbelts. The Provider will take the Children to direction for shelter from the Manager/ Supervisor.

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: Gloria Witherspoon | Printed Name: | |
| Signature: | Signature: | |

| e:03-25-2022 | Phone: | Date:03/24/2022 | Phone: 1-877-227-0125 |
|--------------|--------|-----------------|-----------------------|
|--------------|--------|-----------------|-----------------------|

| ⊠Virtual Inspection □In-person Inspection | Maryland S | Child | artment of Edu I Care Scholars INFORMAL SPECTION CH | CARE | hild Care | Return to: ccs.informalprovider ov | s@maryland.g |
|--|----------------------------|-------------|--|--------------------------------------|--------------------|---|--------------------|
| Inspection Date: 04/24/202 Inspection Follow-up Date: | | | ln: 1:30PM ln: 10:30AM | Time Out: 2:15PM Time Out: 10:41A | M Requi | :: Did not pass. Follov ired. :: PASSED | v-up |
| Informal Care | | | | | | | |
| Type of Care (check one): | Non-rel | lative Info | rmal Provider C | are Relative | Informal Pro | vider Care | |
| Provider Information | | | | | | | |
| First Name : Natalie Provider ID #: | and a second | Last | Name: Womack | | Provid Email: | ter ID: <u>506405</u> | |
| Care Location Inspected | | | | | | | |
| Street Address: Address Verified? Yes. | City: | | County: | State | Zip Code | | all and the second |
| Name of Children in Care | (add pages if ne | eded) | Scholarship | Date of Birth | Age | / Present (Y/N) | |
| | | | | (03/14/2020) | 3yr. / Y | | |
| Safety of the Home | | | | | | | |
| Directions: Review and dete pages may be used for com | ermine complianc ments. | e with eac | ch standard. Note | | | ons needed. Additional ed, n/a – Not Applicab | le |
| Health and Safety Trainin | ıg: | | | Standard Met Y/N | Comment | ts/Notes e Action /Timeframe if | needed |
| Basic Health and Safety Tr | aining Complete | ed? | | Y | Relative | Informal Care – Certifi | cate Submitted |
| Home is free of health an | d safety hazard | ds: | | Standard Met Y/N | Comment | ts/Notes e Action /Timeframe if | needed |
| Is in good repair | A standard and | Sec. 1 | A | Y | | All areas were clea | an |
| Is free of insect or | r rodent infestati | ion | | Y | | No evidence of infest | ation |
| Is well-lit and well | -ventilated | | | Y | | ts were turned on and r lighting | |
| Has hot and cold | running water | | | Y | Tester | d by provider and steam camera | observed on |
| Has a working ins | ide toilet | | | Y | F | lushed by provider and | observed |
| Has utilities for co | oking, lighting a | nd heatin | g | Y | | | |
| Has a working an | d safe heating s | ystem | | Y | Them | nostat tested by provide heating | r for cooling & |
| Has a working ref | rigerator and sto | ove | | Y | 1 | Tested by provider and | observed |
| Has a working tel | ephone | | and the second sec | Y | Out | bound call made to prov | vider's phone |
| Has operational s | moke detector(s | 5) | | Y | | Tested by provider and | observed |
| Has first aid kit/su | | - | 12 Martin | Y | First aid | d kit stored on high leve closet | shelf in hallway |
| Has protective con accessible to child | | electrical | outlet that is | Y | A | Il outlets were occupied | or covered |
| larmful items are stored hildren: | appropriately | and away | y from | Standard Met Y/N | Comment | ts/Notes re Action /Timeframe it | fneeded |
| Sharp or pointed i | tems | and the | | Y | Stored in | high kitchen cabinet ab sink | ove the stove a |
| Medications of an | | | | Y | Stored i | in provider's top draw w | ith medicine ba |
| Matches, lighters | and flammable | products | | Y | | Does not own | |
| Alcoholic beverag | es | | | Y | | Does not own | |
| Guns | | | and a | Y | | Does not own | 1 Sec. m. A |
| Cleaning agents | | | | Y | Correct kitchen an | ctive Action Completed: nd bathroom cabinets w | Locks added to |
| Poisonous substa | nces | | | Y | | Does not own | |

Revised 10/2021

| GENERAL CLEANLINESS STANDARDS | | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
|--|---|-----------------------|--|
| All areas of the home are kept clean, includi | ng diapering area. | Y | No diaper age children in care |
| Trash, garbage and wet and soiled diapers a sanitary manner. | are disposed of in a | Y | |
| Child is changed immediately when s/he has diaper, clothing or bedding. | s a soiled or wet | Y | |
| Diapering procedures are followed. | | Y | No diaper age in children in care |
| Handwashing procedures are followed. Prowashed thoroughly with soap and warm run Toileting; Diapering; Before food preparation and eating After playing outdoors; and At other times when necessary to p disease. | ning water after. | Y | |
| CHILD ABUSE, NEGLECT AND MISTREA | TMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| A child is not subject to any form of abus Physical injury Any sexual abuse Mental injury | se, including: | Y | |
| A child in care is not subjected to any for including: The failure to give proper care and including leaving a child unattende that indicate that the child's health placed at substantial risk of harm; Mental injury to a child, or a substanijury that is caused by the failure attention to a child. | attention to a child d under circumstances or welfare is harmed or antial risk of mental | Y | |
| A child in care is not subjected to mistre Any deliberate act that hurts a child emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discip Not attending to a child's physical Shouting, Cursing, Shaming, Ridic Washing a child's mouth with soap Putting pepper or other spicy or dischild's mouth Requiring a child to stand on one f Tying child to a cot or other equipm | d physically or bline needs uling stasteful items in a oot as punishment | Y | |
| The provider immediately reports any sur neglect or mistreatment by calling 911 ar Department of Social Services Child Prot | nd your local | Y | |
| Emergency Ready-to-Go Pack | | | |
| The Emergency Ready-to-Go Pack must be avai needed medications) and Emergency Document | | in the event of an er | mergency. This contains a Disaster Supply Kit (including |
| Disaster Supply Kit | | | Contraction of the second second |
| Directions: Review and determine that each item enough supplies for each child in care. Also the it | | | Kit. Be certain that the Disaster Supply Kit contains ant and note below if needed. |
| ⊠ Flashlight | Bottled water | | Solder or binder for EPP documents |
| Batteries for Flashlight | | | Backpack(s) or carrying case(s) |
| Portable First Aid Kit | | | Consider special toys or games |
| ☑ Portable First Aid Kit ☑ Diapers (N/A) ☑ Thermometer ☑ Change of closed | | | ⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags |
| | | | baga |

Page 2 of 3

Revised 10/2021

| Items in the Disaster Supply Kit are clean, organized, | | |
|--|---|------------|
| Emergency Ready-to-Go Pack is available and easily | ly accessible in the event of an emergency (Y/N)? Y | |
| Location of The Emergency Ready to go Pack: In | n the living room peer wit | |
| Item Specification (if needed): | the name round exit | |
| | pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, gen med (Ty | lenol), 6 |
| bottled waters, 4 canned foods, 1 outfit (top/ | bottom/ underwear), folder w/ EPP and ECMA, coloring and activity books. | pair of |
| scissors, 4 heavy duty trash bags, duct tape | and 1 blanket | |
| | | |
| Items to be reviewed on 04/26/2022. | | |
| Items to be reviewed on 04/26/2023: Corrected & | Reviewed on 04/26/2023 | |
| - Locks added cabinets with cleaning product | ts | |
| ERTG: Blanket missing | | |
| Emergency Documents | | |
| SInformal Provider Emergency Preparednes | ess Plan (this completed form) | |
| Authorization for emergency medical care | | |
| Planning and Maintenance | | |
| Person responsible for updating the Disaster Supply | by Kit and the Emergency Documents regularly: | |
| | Last Name | |
| | | |
| Description of how the Emergency Ready-to-Go Pa | ack will be transported to an evacuation location: carried by the provider. | |
| Shelter In Place Procedure: | and the second to an evacuation location. Carried by the provider. | |
| | | |
| provider will use the section clostic and the ERIG and | nd head into the storage closet (1 door 0 windows). If the need should arise the | 3 |
| then call the parent and inform them of the emerge | al the door if needed. Provider will account for the child and calm the child if ne | eded |
| | ancy. | |
| Evacuation Location(s) Procedures: | | |
| Primary: The provider will account for the child and | nd ERTG and head to the provider's vehicle. The provider will secure the child | in his |
| forward-facing car seat. The provider will | hen call parent and inform her of the emergency, and head to | the |
| location. Upon arrival she will speak with the contact | act person and be instructed of where to shelter. Once they are secured she w | ill ensure |
| the child is in her care and call the parent with update | lated information. | |
| | | |
| Alternate: If they could not access the primary loc | cation, the provider will gather the child and ERTG and the provider will secure | the |
| child in her vehicle in his forward-facing car seat. S | She will and then call or text the pr | arent to |
| inform her of the emergency. Upon arrival the provi | Vider | to the |
| storage closet (1 door 0 windows). When they are | settled she will call the parent again to inform them of the emergency update. | |
| Signatures & Date | | |
| | | |
| Acknowledgement: By signing below the parties ack | knowledge that all standards have been reviewed, and any corrections if neede | ed have |
| pop up visit which will be conducted virtually a in | at, if approved, the home in which care is provided is subject to random, unanno | unced |
| pop up visit which will be conducted virtually or in-p PROVIDER | | |
| PRUVIUER | INSPECTOR | |
| | Drinted Names | |
| Printed Name: | Printed Name: | |
| Printed Name: Natalie Womack | | |
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