

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.

☑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.g ov

Inspection Date: 05/03/2022	Time In: 9:30 AM	Time Out: 10:49 AM	Result: PASSED
Informal Care			
Type of Care (check one):	Non-relative Informal Provider Ca	re Relative Informal Provide	r Care
Provider Information			
First Name: Yvonne Provider ID #:	Last Name: Gadow	Provider ID:452298	
		Email:	
Care Location Inspected			
Street Address: Address Verified?	City	County State	e Zip Code
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(1/17/2020)	2yr / Y
			1
			1
			1
			1
			1

Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.

Y – Yes, N – No, D – Discussed, n/a – Not Applicable

pages may be used for comments	ages may be used for comments.			
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Provider		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Y	Home was organized		
 Is free of insect or rodent infestation 	· Y	No evidence of infestation		
 Is well-lit and well- ventilated 	Y	2 big windows and all light fixtures well-lit in common spaces		
 Has hot and cold running water 	Y	Tested the shower		
 Has a working inside toilet 	Y			
 Has utilities for cooking, lighting and heating 	Y			
 Has a working and safe heating system 	Y			
 Has a working refrigerator and stove 	Y			
 Has a working telephone 	Y	No home phone, everyone has working cellphones		

•	Has operational smoke detector(s)	Y	Observed and tested by provider
•	Has first aid kit/supplies	Y	Provider has 2 first aid kits in upstairs hallway closet
-•	Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately	Standard Met	Comments/Notes
and away from children:	Y/N	Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on top of the fridge
Medications of any kind	Υ	
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own
Cleaning agents	Ý	Top shelf of hallway closet
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
All areas of the home are kept clean, notuding diapering area.	Y	Organized in living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Υ	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after.		
Toileting.		
• Diapering.	Υ	
 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 ibuse, including:		
Physical injury	γ	
Any sexual abuse		
Mental injury		

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 unettended under circumstances that indicate that the child's health or welfare is harmed or placed et substantial risk of harm. 	Y	
 Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attantion 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 	Y	
 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	Y	
<u>Unit</u> .		

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 Klt

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

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

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, in the living room corner near the exit.

Emergency Documents

⊠Informal Provider Emergency Prepar	redness Plan (this com	oleted form)					
	, ,	,					
Planning and Maintenance			· · · · · · · · · · · · · · · · · · ·				
Person responsible for updating the Disaster	Supply Kit and the Eme	emency Documents regularly:					
First Name	Last Name	rigency boodinents regularly.	1				
Yvonne	Gadow						
Description of how the Emergency Ready-to-	Go Pack will be transpo	orted to an evacuation location:					
Item Specification (if needed): 3 flashlight, 1 pk of AA batteries, 2 bottled waters, 6 canned food items, 1 first aid kit, diapers & wipes, no medications, 2 outfits, 2 small books, 2 small toys, 1 scissors, 1 roll of duct tape, 2 rolls of scotch tapes, sealing plastic, tote bag (carrying case), folder of EPP and ECMA							
Shelter-in-Place Procedures: Provider will le provider will con		ws, gather the emergency bag and or text once they are safely in their					
Evacuation Locations: Primary: Gather the child and the emergency bag, go to her car, and place the bag in the car and then child in the car seat, drive to location, (2 windows 1 door), Provider will contact parent via call once the evacuation begins and call again once they have safely reached the evacuation location. Alternate: Gather the child and emergency bag, place child in the car seat and bag in the car, call the parent via speaker phone and head to the location. with a key and will head to the basement area with the child (2 windows 2 doors).							
head to the location. Call or text the parent once they have safely a			o o (2 mileono 2 decis).				
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		INSPE	CTOR				
Printed Name: NONNE L. C	FAdow	Printed Name:					
Signature:		Signature					
Date: (75-3-2 Phone:		Date: 05/03/2022	Phone: 1-877-277-0125				

⊠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.g ov

Inspection Date: 03/06/2023	Time In: 3:3	оРМ	Time Out: 4:29PI	M Result: PASSED		
Informal Care						
Type of Care (check one): ☐ Non-re	elative Informal P	rovider C	are ⊠Relative	Informal Provider Care		
Provider Information						
First Name: Patricia Provider ID #:	Last Name:	Gallowa	у	Provider ID: 481428 Email:		
Care Location Inspected						
Street Address: Address Verified? Yes.	City:		County:	State Zip Code:		
Name of Children in Care (add pages if needed) Scholarship		olarship	Date of Birth	Age / Present (Y/N)		
			(05/25/2021)	1yr. / Y		
Safety of the Home	co with each step	dard Note	any comments or o	orrective estima peoded Additional		
Directions: Review and determine complian pages may be used for comments.	ce with each stan	dard, Note	Y – Yes, N – No,	orrective actions needed. Additional 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 Comple	ted?		Y	Relative Informal Care - Certificate Submitted		
Home is free of health and safety hazar	ds:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Is in good repair 			Y	All areas were clean and in great condition		
 Is free of insect or rodent infesta 	tion		Υ	No evidence of infestation		
Is well-lit and well-ventilated			Y	All lights were turned on and lots of natural window lightening		
Has hot and cold running water			Y	Tested by provider and steam observed on camera		
 Has a working inside toilet 			Y	Flushed by provider and observed		
 Has utilities for cooking, lighting 	and heating		Y			
 Has a working and safe heating 	system		Y	Thermostat settings tested and observed		
 Has a working refrigerator and s 	tove		Υ	Tested by provider and observed		
Has a working telephone			Υ	Called provider's working phone		
Has operational smoke detector	s)		Υ	Observed and tested by provider		
 Has first aid kit/supplies 			Υ	Retrieved from kitchen by provider and observed		
 Has protective coverings on any accessible to children 	overings on any electrical outlet that is Y All outlets were covered with c		All outlets were covered with coverings and/or occupied			
Harmful items are stored appropriately children:	and away from		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items			Υ	Does not own		
Medications of any kind			Y	Stored in upper kitchen cabinet		
Matches, lighters and flammable	products		Y	Does not own		
Alcoholic beverages		Y	1 bottle of wine store in the back of fridge			

Cleaning agents

Guns

Y

Y

Does not own

Provider keeps all cleaning products in her vehicle

Poisonous substances	Υ	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Provider keeps diapers, pull-ups and wipes in bag in changing area
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.	Υ	Diapering area has all 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	Y	
 At other times when necessary to prevent the spread of disease. 	Chandard Mak	Community (Notes
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.	Υ	

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

Disaster Supply Kit

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

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

⊠Medications	⊠Blanket(s)
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack	: Shelter closet in master bedroom
	1 thermometer, 5 bottled waters, 4 canned foods, 5 diapers/pull-ups, 1 pk of wipes, 3 shirts, 2 of small toys, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no specific P & ECMA docs
Emergency Documents	
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)
⊠Authorization for emergency medical ca	re
Planning and Maintenance	
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:
First Name Patricia	Last Name Galloway
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: Carried by provider.
Shelter In Place Procedure: The provider will grab the child, however, the em the provider will use the sealing plastic and tape emergency.	ergency bag will already be located in the 1 door 0 windows), if needed to seal the door. She will contact the parent via phone call before and after the
Evacuation Procedures:	
car seat and drive to the evacuation location. Up	child and carry the emergency bag to her vehicle. The provider will secure the child in his on arrival the provider and child will walk into the shelter room within the rent before and when they are secured in the location.
Alternate: The provider will the grab the child by and then drive to the evacuation site. Upon arrive where to shelter by the school.	y hand and the emergency bag, the provider will securely place the child in his car seat al at the the provider will buzz into and be instructed of the provider will call the parent before and once they are safe and settled at the
Signatures & Date	
Acknowledgement: By signing below the parties a	acknowledge that all standards have been reviewed, and any corrections if needed have nat, if approved, the home in which care is provided is subject to random, unannounced i-person.
PROVIDER	INSPECTOR

Signatures & Date					
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.					
PROVIDER INSPECTOR					
Printed Name: Patricia Galloway	Printed Name:				
Signature:	Signature:				
Date: 3-6-23 Phone:	Date: 03/06/2023	Phone: 1-877-227-0125			

⊠Virtual Inspection
□In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/02/2022 Follow-up Inspection Date: 08/08/2022		e In: 1:45 PM e In: 8:50 AM	Time Out: 3:12 P Time Out: 9:12 A		Result: APPROVED		
Informal Care							
Type of Care (check one): Non-re	lative In	ormal Provider C	are	nformal	Provide	r Care	
Provider Information				17.75			
First Name: Dulce	Last	Name: Galva		Pro	vider II	: 45139	9
Provider ID #:	Email:						
Care Location Inspected							
Street Address: Address Verified? Yes.	City	Cou	inty		State	MD	Zip Code
Name of Children in Care (add pages if nee	eded)	Scholarship	Date of Birth	Age	1	Prese	ent (Y/N)
			(07/30/2013)	9yr	/Y		
					1		
					1		
					1		
					1		
					1		

Safety of the Home		
Directions: Review and determine compliance with each standard, pages may be used for comments.	Note any comments of Y - Yes, N - No.	r corrective actions needed. Additional , D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Mer	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Completed - Non-Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All areas well-lit
Has hot and cold running water	Y	Tested and observed by the provider
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Provider lives in the basement apartment and does not have access to the system, The homeowners regulate the system as they reques
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Everyone has working cellphones
Has operational smoke detector(s)	Y	System beeped three times and then flashes
Has first aid kit/supplies	Y	First aid kit in the home
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Outlets were either covered or occupied
mful items are stored appropriately and away from Idren:		Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in storage box in high shelf
Medications of any kind	Y	Medicine stored on top of cabinet in the bathroom
 Matches, lighters and flammable products 	Y	Does not own
Alcoholic beverages	Y	Does not own

• Guns	Y	Does not own
Cleaning agents	Y	Stored in a locked cabinet
Poisonous substances	Y	Stored in bin on top of the fridge
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	No diaper age children.
rash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: 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:	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

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.

⊠Bottled water **⊠Flashlight** ⊠Non-perishable food ⊠Batteries for Flashlight

⊠Backpack(s) or carrying case(s)

⊠Diapers

□ Consider special toys or games

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	146-51	FIG	1 180	6-75

Change of clothes

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

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604	LVI	cu	ica	LIOI	153

⊠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, on top of the fridge near the exit.

Emergency Documents

☑Informal Provider Emergency Preparedness Plan (this completed form)

Mauthorization for emergency medical care

Planning and Maintenance

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

Last Name

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

Itemized List:

- 1 flashlight, 1 pk of AA batteries, 2 bottled waters, 6 boxes of perishable foods, folder of EPP/ECMA, backpack, 1 outfit, 1 first aid kit, 1 thermometer, no specific medications, no diapers, 1 big blanket, small bag of toys, 1 pair of scissors, 1 roll of duct tape,

Shelter-in-Place Procedures: Provider and the child along with the ERTG will go into the bathroom area (1 door 0 windows), there are no windows to seal, provider will call and text the parent and 911, if necessary, at the beginning, middle & end of the emergency until it is safe to leave.

Evacuation Location(s):

Primary - Provider will gather the child and emergency bag, she will place the child in the booster seat of the car and secure her in, then provider will call or text the mom, provider will : shelter and stay until the emergency is over.

upon arrival Alternate - Provider will gather the child, the to-go bag and place the child in the booster seat and head to the provider will be instructed of what room to go into, generally may have (1 door & 2 plus windows), provider will contact the parent by call or text before, during and after the emergency.

Items to be Reviewed on 08/08/2022: Corrected & Reviewed on 08/08/2022

- ECMA form updated to include Healthcare Provider's Name/Title
- Completed Health & Safety Cert
- 2 heavy duty trash bags for Emergency Bag

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

PROVIDER		INSPECTOR
Printed Name: Dule Galva	Printed Name:	
Signature:	Signature:	
Date: 09/01/2022 Phone:	Date: 08/08/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/06/2024 Time In: 1:30pm Time Out: 3:07pm Result: Passed Informal Care Type of Care (check one): □ Non-relative Informal Provider Care ⊠Relative Informal Provider Care Provider Information First Name: Maria Last Name: Galvan Provider ID: 438037 Provider ID # Email: Care Location Inspected Street Address
Address Verified?: Yes Zip Code County: State: Name of Children in Care (add pages if needed) Scholarship Present (Y/N) Date of Birth Age 11/1/2012 11 years old/ Y 6/1/2016 8 years old/ Y 4/10/2018 6 years old/ Y

Safety of the Home		The state of the s
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm	nents or corrective actions needed. 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	10
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.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
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	Υ	
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	Υ	
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

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
⊠ Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N)7	Yes	
Emergency Ready-to-Go Pack is available and e			//N)? Yes
Location of Emergency Ready to go Pack: On Item Specification (if needed): To be observed for compliance on ;	a rack near the front do	oor	
•			
Emergency Documents			
⊠Informal Provider Emergency Prepared	ness Plan (this complete	d form)	
⊠Authorization for emergency medical ca			
Planning and Maintenance			
Person responsible for updating the Disaster Su	pply Kit and the Emerge	ncy Documents regul	arly:
First Name Maria	Last Name Galvan		
Evacuation Procedures: The Provider will take the child and the emerger younger children in forward facing booster seats. Once inside, the Provider and Parent to inform them of the emergency before, The Provider will take the child and the emerger younger children in forward facing booster seats	ne emergency bag loors and/or vents with place of the car. Place of the Provider would heat children will shelter in the during and after evacuations and the car. Place of the Provider would heat could be an ildren will shelter in the place of the Provider would heat ildren will shelter in the place of the provider would heat ildren will shelter in the place of the provider would heat ildren will shelter in the	astic, tape and scissor after sheltering. the eldest in a forward to the e	d facing seat belt and place the two where she would gain entry by 2 window(s)). The Provider would call the
Signatures & Date			
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	t, if approved, the home in		
PROVIDER			INSPECTOR
Printed Name: Maria Garvan	Pri	nted Name:	
Signature:	Sig	nature	
Date: 8/7/2029 Phone:	Da	te: 8/06/2024	Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/09/2023	Time	Time In: 3:00PM Time Out: 4:15PM		M Result PASSED
Informal Care				
Type of Care (check one):	☐ Non-relative Inf	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Maria	Last	Name: Galvan		Provider ID: 438037
Provider ID #:				Email:
Care Location Inspected			MANAGEMENT OF THE PARTY.	
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)
			(11/01/2012)	10yr. / Y
			(06/01/2017)	6vr / Y

	1	
	(04/10/2018)	5yr. / Y
Safety of the Home		The Residence of the Control of the
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Medical supplies stored in drawer in parent's bedroom
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on back of counter
Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own

Cleaning agents	Y	All cleaning products moved to higher shelf in hallway closet
 Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapening area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	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	No diaper age children
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:	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.

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠ Diapers (N/A)	⊠Consider special toys or games

⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
NECONS DE VI. CRESCOS		bags
⊠ Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz		
Emergency Ready-to-Go Pack is available and ex- Location of The Emergency Ready to go Pack Item Specification (if needed): 1 duffle/1 backpack (carrying case), folder	: Stored in front closet near exit	nt, 1 pk of D batteries, 1 first aid kit, 1
thermometer, no specific meds, 4 bottled (top/bottom/underwear/socks) 2 per child	1 bag of health bars and juice, 5 canner	foods, 3 blankets, 3 books, 3 toys, 6 outfits
Items to be reviewed on xx/xx/xxxx; N/A		
Emergency Documents		
Planning and Maintenance		
Person responsible for updating the Disaster Su	poly Kit and the Emergency Documents	edilady.
First Name Maria	Last Name Galvan	oguan).
Description of how the Emergency Ready-to-Go		location: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the child and ERTG and the doors and vents if the need should arise with children are secured.	go into the basement (1 doors 6 window the sealing plastic and tape. The provid-	s) and proceed to lock all doors and then seal er would call the parent, once she and the
Evacuation Procedures		
Primary: The provider will account for the childnichild in the car seat belt, middle child in booster the provider will shelter in (1 door 2 windows) and the car seat belt will shelter in (1 door 2 windows) and the car seat belt will shelter in (1 door 2 windows) and the car seat belt will be car seat belt will be car seat be car seat belt will be car seat be car seat belt will be car seat belt will be car seat be car se	and youngest child in forward-facing car	seat. Once secure she and child will drive to the narrival. The provider and children would seek
Alternate: If they could not access the primary provider's vehicle. The provider will secure the of facing car seat. Once secure she and child will dupon arrival. The provider and children we secured with emergency updates.	Idest child in the car seat belt, middle chi rive to the provider v	d in booster and youngest child in forward- iill
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the popup visit which will be conducted virtually or in	nat, if approved, the home in which care is	
PROVIDER		INSPECTOR
Printed Name: Maria Galvan	Printed Name:	
Signature:	Signature:	
Date: 08-31-2023 Phone	Date: 08/09/2023	Phone: 1-877-227-0125

SVirtual 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 g ov

Inspection Date: 07/19/2022	Time	In: 1:45PM	Time Out: 2:55P	M Result 07/20/	t PASSED If returned by 5PM on /2022.
Informal Care					
Type of Care (check one):	n-relative Info	ormal Provider C	are Relative	Informal Provid	der Care
Provider Information					
First Name: Maria	Last	Name: Galvan		Provid	der ID: 438037
ID #:		Email:			
Care Location Inspected					
Street Address: Address Verified?: Yes	City	Cou	nty:	State Zip	Code:
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
			04/02/2018	4 / Yes	
			06/01/2017	5 / Yes	
0			11/01/2012	9 / Yes	

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or c	orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	No infestation observed
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Steam observed
Has a working inside toilet	Y	Flush observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	Light came on when doors opened
Has a working telephone	Y	Provider called on her cell
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Gloves, Neosporin band aids, gauze, Benadryl tape
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of counter out of reach
Medications of any kind	Y	Locked in linen closet
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	None
• Guns	Y	None
Cleaning agents	Y	Locked in cabinets

Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: 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.	Υ	

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.

Bottled water	□ Folder or binder for EPP documents
	⊠Backpack(s) or carrying case(s)
⊠Diapers	⊠Consider special toys or games
	⊠Non-perishable food

⊠Thermometer		⊠Change of clothes		
⊠Medications		⊠Blanket(s)		3.4
Items in the Disaster Supply	Kit are clean, organiz	zed, and usable (Y/N)? Y		
Emergency Ready-to-Go Pa	ack is available and ea	asily accessible in the event of an	emergency (Y/N)?	Y Y
Location of The Emergence	cy Ready to go Pack	: By the front door		
Item Specification (if need	led):			
3 D batteries, 6 AA batteries	s for second flashlight, 3 juices, 3 apple sauce	, can of chicken and can of tuna,		vater,
Items to review on xx/xx/x	xxx if needed: N/A			
Emergency Documents				
⊠Informal Provider E ⊠Authorization for en		ness Plan (this completed form) re		
Planning and Maintenance	1			
Person responsible for upda	ting the Disaster Sup	pply Kit and the Emergency Doo	uments regularly:	
First Name		Last Name		
Evacuation Procedures: The provider will grab the kid her seat belt before driving, entry and will shelter in the bleaving the care location and if they cannot shelter at the pwould call parent to let them seats an	children, the ERTB a ow and one door. The ds, ERTB and head to The primary evacuati bedroom in the basen is will call again after go primary location they know about evacuati before driving. O	the provider will call the parent after the provider the parent after the provider will grab the knoce there, the provider will use	house. The sand one door. Ton. In locationids, ERTB and seles spare key to gain	provider will use spare key to gain he provider will call parent before She
Signatures & Date	n below the parties as	cknowledge that all standards h	ave been reviewed	d, and any corrections if needed have
	also acknowledge that	at, if approved, the home in which		is subject to random, unannounced
	PROVIDER		11	NSPECTOR
Printed Name: Maria	Galvan	Printed Na	ime	
Signature		Signature		
Date: 07-19-2022	Pho	Date: 07/1	19/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program

Return to: ccs.informalproviders@maryland.gov

Inspection	INS	INFORMAL CARE INSPECTION CHECKLIST				
Inspection Date: 9/23/2024	Time	In: 3:30pm	Time Out: 4:03p	3pm Result:		ssed
Informal Care						
ype of Care (check one):	☐ Non-relative Info	ormal Provider C	Care ⊠Relative	Informal I	Provide	r Care
Provider Information						
First Name: Shamekia	Last	Name: George		Pro	vider IC): 382169
Provider ID #				Em	ail:	
Care Location Inspected						
Street Address: Address Verified?: Yes	<u>City</u> :	County			State	Zip Code:
Name of Children in Care (add	pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			5/25/2012	12yrs/	Y	
			9/16/2020	4yrs/Y		
			1/14/2018	6yrs/ N		
Safety of the Home						
Directions: Review and o	letermine complianc	e with each stand	dard. Note any comm	nents or cor	rrective a	actions needed.
Additional pages may be	used for comments.		Y - Yes, N - No,	D - Discus	ssed, 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	Correct	ents/Not ive Acti	es on /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 refrigera 	tor and stove		Y			
 Has a working telephon 	е		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:		from	Standard Met Y/N	Commer		n /Timeframe if needed
Sharp or pointed items		Υ				
Medications of any kind		Y				
Matches, lighters and flammable products		Y				
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents			Υ			
20 constances			Y			
Poisonous substances						
GENERAL CLEANLINESS STAIL All areas of the home are kept cle			Standard Met Y/N Y	Commer		es on /Timeframe if needed

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

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Folder or binder for EPP documents ⊠Flashlight ⊠Backpack(s) or carrying case(s) Non-perishable food **⊠** Batteries ⊠Diapers ⊠Consider special toys or games Packing Tape & Sealing Plastic/ Trash **⊠**Thermometer ⊠Blanket(s) ⊠Medications-N/A

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: Ke Item Specification (if needed): To be observed for compliance on : •	ept in a closet near the front door
Emergency Documents	
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)
	are
Planning and Maintenance	
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly:
First Name Shamekia	Last Name George
gaining access by using and after sheltering The Provider will gather the children and the real	ady to go bag, they will be traveling children secured by having The provider will travel to the evacuation location to by #1 of doors, #1 of window(s)). The provider will contact parent before, during
Signatures & Date	
	cknowledge that all standards have been reviewed, and any corrections if needed have it, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Drieted Name:	Original Names

pop up visit which will be conducted virtually or in-person. PROVIDER		INSPECTOR
Printed Name:	Printed Name:	
Signa	Signature	
Date: 5-3.3-303/ Phone:	Date: 9/23/2024	Phone: 1-877-227-0125

⊠Virtual Inspection ☐In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 09/22/2023	Time In: 9:30AM	Time Out: 10:48Al	M Result: PASSED		
Informal Care					
Type of Care (check one):	ive Informal Provider C	are ⊠Relative Ir	nformal Provider Care		
Provider Information					
First Name: Shamekia Provider ID #:	Last Name: George		Provider ID: 382169 Email:		
Care Location Inspected					
Street Address: City: County: State Zip Code: Address Verified? Yes.					
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)		
4		(01/14/2018)	5yr. / N		
		(09/16/2020)	2yr. / Y		

Safety of the Home				
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y - Yes, N - No, D - Discussed, n/a - Not Applicable				
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Y	All areas were clean		
Is free of insect or rodent infestation	Y	No evidence of infestation		
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting		
Has hot and cold running water	Y	Tested by provider and observed steam in the bathroom		
Has a working inside toilet	Y	Flushed by provider and observed		
Has utilities for cooking, lighting and heating	Y			
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating and utility bill submitted		
Has a working refrigerator and stove	Y	Tested by provider and observed		
Has a working telephone	Y	Outbound call made by informal team to provider's phone		
Has operational smoke detector(s)	Y	Tested by provider and observed		
Has first aid kit/supplies	Υ	2 first aid kits stored on top of the fridge		
Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied		
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Υ	Stored on top of the fridge in knife holder		
Medications of any kind	Y	Stored in high cabinet in the bathroom		
Matches, lighters and flammable products	Y	Does not own		
	Y	Does not own		
	Y	Does not own		
Guns Cleaning agents	Y	Stored in locked bathroom and kitchen cabinets and products moved to higher level shelf in hallway closet		

Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Child is using pull-ups and changed in living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash thrown away daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	
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.	Υ	
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	

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.

ough supplies for each office in each the		
⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
EFORABLE FIRST AND THE		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer		packing tape & sealing plastic/trash
LI III III III III		bags

⊠Medications (N/A) ⊠Blanket(s)			
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y			
Emergency Ready-to-Go Pack is available and easily accessible in the			
Location of The Emergency Ready to go Pack: Stored in living re Item Specification (If needed):			
2 blankets no specific medications 5 outfits (top/bottom/sc	cks), 5 pull-ups, 1 pk of wipes, 3 bottled waters, 2 canned foods, 2		
pks of noodles, 2pk of applesauce, 1 first aid kit, 1 thermom bags, 1 roll of duct tape, 1 pair of scissors, 1 flashlight, 1 ex	eter, 2 books, 1 bottle of bubbles, 2 extra bags, heavy duty trash		
tems to be reviewed on xx/xx/xxxx: N/A	tra D battery and folder W/ EFF and ECMA docs per since		
Emergency Documents			
⊠Informal Provider Emergency Preparedness Plan (this con	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			
Shamekia George Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation location: carried by the provider.		
Shelter In Place Procedure:			
The provider will gather the children and go into the living room are	a (1 door 1 window). The ERTG bag is already stored in this area. The		
provider will use the scaling plastic and tape to scal the door and w	indow if the need arises. The provider will call the parent once		
secured with emergency updates.			
Evacuation Procedures Primary: The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will ensure the oldest			
abild is secured in his seat belt and the youngest child in her forward	d-facing car seat and drive		
provider and the children will shelter in [2 doors 2 wi	ndows) The provider will call the parent before, during and after once		
secured with emergency updates.			
Alternate: If they could not access the primary location, the provider will account for the children grab the ERTG and head to the			
Alternate: If they could not access the primary location, the provide provider's vehicle. The provider will ensure the oldest child is secure.	ed in his seat belt and the youngest child in her forward-facing car		
Lipop arrival the provider will call	once inside she and the children will		
shelter in (1 door 1 window). The provider will call the	e parent before, during and after once secured with emergency		
updates.			
Care Hours:			
Signatures & Date	the state of the s		
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			
op up visit which will be conducted virtually or in-person.			
PROVIDER			
Shame: Printed Name: Printed Name:			
Signatur	Signature:		

Phone: 1-877-227-0125

Date: 09/22/2023

Date: 9-29-0023

⊠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: 12/26/2024	Time	In: 12:30pm	Time Out: 1:04pm	n Result: Passe	d
Informal Care					
Type of Care (check one):	n-relative Info	rmal Provider Ca	are ⊠Relative	Informal Provider Ca	are
Provider Information					
First Name: Cassandra	Last	Last Name: Geppi		Provider ID: 5	33384
Provider ID #:				Email:	
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)
			2/26/2019	5yrs/ N	
			2/26/2024	9 months/N	

Maille of Cilling ell ill Care (add pages il riceded)	J. J	
	2/26/2019	5yrs/ N
	2/26/2024	9 months/N
Safety of the Home		
	each standard Note any comm	ants or corrective actions needed
Directions: Review and determine compliance with 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	Υ	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Υ	
 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	Υ	
 Has protective coverings on any electrical outlet accessible to children 	that is	
Harmful items are stored appropriately and away from children:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Υ	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Υ	
Cleaning agents	Υ	
 Poisonous substances 	Υ	
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	

	, 	1
Trash, garbage and wet and soiled diapers are disposed of in a	Y	
Sanitary manner. Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	
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:	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	

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.

⊠ Eleoblight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Batteries	A20475-7503-500	⊠Consider special toys or games
	⊠Diapers	
	□ Change of clothes	☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash
⊠Thermometer	A Change of Gothes	Bags

⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable	(Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible	in the event of an emergency (Y/	N)? Y
Location of Emergency Ready to go Pack: In the dining area		
Item Specification (if needed):		
To be absented for compliance on t		
To be observed for compliance on :		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this	completed form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the	Emergency Documents regula	arly:
First Name Cassandra Last Name G	еррі	
Description of how the Emergency Ready-to-Go Pack will be tra	ansported to an evacuation loca	ation:
Shelter In Place Procedures:		
The Provider will gather the ready to go bag and the children, to The provider will contact parent before, during and after shelter		(#1 of doors, #1 of window(s)).
	· · · · · · · ·	
Evacuation Procedures:		
The Provider will gather the children and the ready to go bag, to	ney will be traveling by	hildren secured by
	doors #1 of window(s)) The	provider will contact parent before, during
and after sheltering	dooro, a ron will do to to to	provider in a constant parent a constant
The Provider will gather the children and the ready to go bag, to	hev will be traveling by	hildren secured by
The pro	ovider will travel to the evacua	ation location
gaining access by to shelter in before, during and after sheltering	#1 of doors, #0 of winde	ow(s)). The provider will contact parent
belore, during and after sheltering		
CARE HOURS:		
- Monday-Friday 7am-4pm		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	all standards have been reviewed the home in which care is provided	d, and any corrections if needed have I is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Cassandra Gepi	Printed Name:	
Signature	Signature:	
Date: 12-26-2024 Phone:	Date: 12/26/2024	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person
Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 12/05/2024	Time In:	Time Out:	Result:
A Commence of the Commence of	1:04pm	1:45pm	Passed
Informal Care		主要支票 。	Control of the second
Type of Care (check one):	ve Informal Provider C	are □Relative	Informal Provider Care
Provider Information			
First Name: Michelle Provider	Last Name: Gibson		Provider ID: 528514
ID #:	100° 230 1° 10° 10° 10° 10° 10° 10° 10° 10° 10°		Email:
Care Location Inspected			
Street Address: City: County:	State:	Zip Co	ode:
	98	-	Address Verified Yes
Name of Children in Care (add pages if need	ed) Scholarship	Date of Birth	Age / Present (Y/N)
		08/11/2020	4/ Y
SE2		03/24/2017	7/N (In School)
			1
#	120	1	1

Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met	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	Asked Provider to cover Kitchen Outlet and Provider Covered the Kitchen outlet with Covering
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Medications of any kind	Υ	
Matches, lighters and flammable products	Y	
Alcoholic beverages	· Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met	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	Total
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 	Y	
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 	Y	
 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) <u>and</u> Emergency Documents.

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, Duct Tape/

	• •	
		Packing Tape & Sealing Plastic/ Trash Bags
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz	red, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)?	Υ
Location of Emergency Ready to go Pack: Emergency Ready to Go Pack Is by the front doo Item Specification (if needed): Albuterol (Inhaler) and EPI Pen, Loratadin To be observed for compliance on: 12/05/2024	r. e (Allergy Medicine) (medicine for Isaiah as stated o	on the EPP)
Emergency Documents	Part (State State and California)	Indian Control of Control
☑Informal Provider Emergency Prepared ☑Authorization for emergency medical ca		
Planning and Maintenance	Parameter and the second secon	(A)
Person responsible for updating the Disaster Su	oply Kit and the Emergency Documents regularly	
First Name	Last Name ()	
Shelter In Place Procedures:	Pack will be transported to an evacuation location	
Evacuation Procedures:		
The Provider will gather the children, grab the er to Go Pack has all of	nergency the emergency ready to go pack, and The provider has the Taylor to be	that is called the desired the desired that is called the desired that it is called the desired that is called the desired that is called the desired that i
The Provider will gather the children, grab the er is	nergency the emergency ready to go pack, and verified. Emergency Ready to Go Pack has all of	which

Acknowledgement: By signing below the parties acknowledge that all state been discussed. The parties also acknowledge that, if approved, the hore pop up visit which will be conducted virtually or in-person.	andards have been reviewed me in which care is provided i	s subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Dinne le Caribon	Printed Name:	
Signature:	Signature:	
Date: 12 010 2024 Phon	Date: 12/05/2024	Phone: 1-877-227-0125

CARE HOURS:

Signatures & Date

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 10/04/2023 Result: PASSED Time Out: 3:10PM Time In: 2:00PM Informal Care Type of Care (check one): ☐ Relative Informal Provider Care **Provider Information** Provider ID: 528514 First Name: Michelle Last Name: Gibson Provider ID #: Email: Care Location Inspected Street Address: County: State Zip Code: City: Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		(03/24/2017)	7yr. / N
		(08/11/2020)	3yr. / Y
Safety of the Home			
Directions: Review and determine compliance with eapages may be used for comments.			orrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		Υ	Non-Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 		Υ	All areas were clean
 Is free of insect or rodent infestation 		Υ	No evidence of infestation
Is well-lit and well-ventilated		Υ	All lights were turned on and natural window lighting
Has hot and cold running water		Υ	Tested by provider and observed steam by ice melting
Has a working inside toilet		Υ	Flushed by provider and observed
Has utilities for cooking, lighting and heating		Υ	
Has a working and safe heating system		Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove		Υ	Tested by provider and observed
Has a working telephone		Y	Outbound call made by informal team to provider' phone
Has operational smoke detector(s)		Y	Tested by provider and observed
Has first aid kit/supplies		Y	First aid kit stored on top of shelf in dining area
Has protective coverings on any electrical outlet that is accessible to children		Υ	All outlets were covered or occupied
Harmful items are stored appropriately and awa children:	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Stored in locked kitchen drawer
Medications of any kind		Y	Stored in medicine cabinet
Matches, lighters and flammable products		Y	Does not own
Alcoholic beverages		Y	Does not own
• Guns		Y	Does not own
Cleaning agents		Y	Stored in locked kitchen and bathroom cabinets

 Poisonous substances 	Y	Does not own
SENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Υ	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash thrown away daily using kitchen trash
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	No diaper age children in care
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	Υ	
 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, 	Y	
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

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		
	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) ⊠Bla	nket(s)	
Items in the Disaster Supply Kit are clean, organized, and u	sable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily acces		/N)? Y
Location of The Emergency Ready to go Pack: Stored of Item Specification (if needed): 1 tote bag (carrying case), 1 roll of duct tape, 1 first medications, 2 canned foods/ 2 dried meals, 2 outfour w/ EPP and ECMA docs per child, 4 bottled waters, Items to be reviewed on xx/xx/xxxx: N/A	t aid kit, 1 pk of AA and C batteries, its (top/bottom), 1 pair of scissors,	
Emergency Documents		
	(this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit ar	nd the Emergency Documents regula	arly:
First Name Michelle Gibson	me (Provider)	
Description of how the Emergency Ready-to-Go Pack will	be transported to an evacuation loca	ation: carried by the provider.
Shelter In Place Procedure:		
The provider will gather the children and go into the closet of the need should arise the provider will seal the door with text during and give the parent a call afterward with emergence the provider will account for the children, grab the provider will secure the younges oldest child in her car seat belt. From there go to the (1 door 0 window). The provider will secure the provider will secure the younges of the (1 door 0 window). The provider will secure the younges go to the (1 door 0 window). The provider will secure the younges (1 door 0 window).	the sealing plastic and tape. The presency updates. The ERTG and the child in his forward-facing car seat will text the parent once secured with	. Upon the with a 5-point harness and securing the nce inside the provider and children would hemergency updates.
	Jpon arrival the provider would recei	ve instructions from the store staff about
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties acknowled been discussed. The parties also acknowledge that, if appropriate the propriate of the parties also acknowledge that appropriate the propriate of the parties also acknowledge that appropriate the propriate of the parties also acknowledge that appropriate the propriate of the parties acknowledge that appropriate the parties also acknowledge that appropriate the parties also acknowledge that appropriate the parties also acknowledge that appropriate the parties acknowledge that appropriate the parties are appropriated that appropriate the parties acknowledge that appropriate the parties are appropriated that appropriate the parties acknowledge that appropriate the parties are appropriated that appropriate the parties acknowledge that appropriate the parties are appropriated to the parties acknowledge the parties acknowledge the parties are appropriated to the parties acknowledge the parties acknowl		
PROVIDER		INSPECTOR
Printed Name: Michelle Giloson	Printed Name:	
Signature:	Signature:	
Date: 10-20-23 Phone:	Date: 10/04/2023	Phone: 1-877-227-0125

10.

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 04/01/2022 04/04/2022	Time 11:3	in: 1:45PM 0AM	Time Out: 2:48PM 11:35AM	Result: Follow up scheduled 04/01/2022 PASSED if returned by 5:00PM on 04/05/2022.	
Informal Care					
Type of Care (check one): □ N	on-relative Info	ormal Provider Ca	are ⊠Relative I	nformal Provider Care	
Provider Information					
First Name: Yvette	Last	Last Name: Gibson		Provider ID: 435205 Email:	
Provider ID #:					
Care Location Inspected					
Street Address: Address Verified? Yes	City	Co	ounty	State Zip Code	
Name of Children in Care (add page	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			12/14/2014	7 / No, At school	

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or o Y – Yes, N – No,	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N N/A	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	No infestation observed
Is well-lit and well-ventilated	Y	A lot of natural light
 Has hot and cold running water 	Y	Steam observed
 Has a working inside toilet 	Y	Flush observed
 Has utilities for cooking, lighting and heating 	Y	Electric burners observed.
 Has a working and safe heating system 	Υ	Turned up from 72 to 76
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	Called Provider on her cell phone.
 Has operational smoke detector(s) 	Υ	Alarm tested and heard.
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	Outlets not in use were covered.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	High cabinet
Medications of any kind	Y	High cabinet
 Matches, lighters and flammable products 	Y	None
Alcoholic beverages	Y	None
• Guns	Υ	None
Cleaning agents	Y	Locked under kitchen sink
 Poisonous substances 	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	N/A	Not in diapers	
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.	Υ		
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	Υ		
 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 must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed. **⊠**Flashlight ⊠Bottled water ⊠Folder or binder for EPP documents ⊠Batteries for Flashlight Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit □ Diapers N/A ⊠Consider special toys or games ⊠ Heavy Duty Scissors, duct tape/ **⊠**Thermometer □ Change of clothes packing tape & sealing plastic/trash bags

⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are of	lean, organized, and usable (Y/I	N)? Y
Emergency Ready-to-Go Pack is available. Location of The Emergency Ready Item Specification (if needed):		ne event of an emergency (Y/N)? Y
2 D batteries, inhaler, 3 16 oz, water Pants, under shirt, top, underwear Items to review on 04/04/2022 if ne	eeded: Observed	vall and ravioli
Cabinet lock under sink, outlet cover	s	
Emergency Documents		
☑Informal Provider Emergence ☑Authorization for emergence	cy Preparedness Plan (this con y medical care	npleted form)
Planning and Maintenance		
Person responsible for updating the First Name Yvette	Disaster Supply Kit and the En	
Shelter In Place Procedure: The provider will grab Anthony and to no windows. Once secure, the provider will secure booster seat to shelter in Place Procedures:	the emergency back and proced der will call the parent to let he if cold outside hat is already in her vehicle. The ation center is closed, then the	ported to an evacuation location: It will be carried. eed downstairs to the basement family room which has one door and ar know. Depending on situation provider would call 911 if needed. e, grab the emergency bag and proceed to her vehicle where she will he provider will then drive to the library/recreation center of near ey would drive to the alternate evacuation location which is the police low what is going on.
Signatures & Date		
	knowledge that, if approved, the	all standards have been reviewed, and any corrections if needed have e home in which care is provided is subject to random, unannounced
PROVID	ER	INSPECTOR
Printed Name: Vinto	ibson	Printed Name:

Phone:

Signatu

Date:

Signature:

Date: 04/04/2022

Phone: 1-877-227-0125

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: 7/23/2024	Time In: 3:30pm	Time Out: 4:36pr	n Result: Passed		
Informal Care					
Type of Care (check one):	n-relative Informal Provider	Care □Relative	Informal Provider Care		
Provider Information					
First Name: Rodah	Last Name: Gichuki		Provider ID: 554066		
Provider ID #:			Email:		
Care Location Inspected		A PROPERTY OF THE PARTY OF			
Street Address: Address Verified?: Yes	City:	ounty:	State:	Zip Code:	
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present	t (Y/N)	
		11/20/2020	3 years old/ Y		
		3/10/2023	1 year old/ Y		

Safety of the Home			
Directions: Review and determine compliance with each sta Additional pages may be used for comments.		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	у		
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	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:	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	

Elliergency Ready-to-Go Fack					
The Emergency Ready-to-Go Pack (including needed medications) and	must be available and easily accessible in the event Emergency Documents.	of an emergency. This contains a Disaster Supply Kit			
Disaster Supply Kit	A STATE OF THE PARTY OF THE PARTY.				
Directions: Review and determine to contains enough supplies for each of	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 , and usable. Comment and note below if needed.			
⊠Flashlight					
⊠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 N/A	⊠Blanket(s)				

Emergency Ready-to-Go Pack is availa	ble and easily accessible in the event of an emergency	(Y/N)? Yes
Location of Emergency Ready to go Item Specification (if needed): •	Pack: Closet near front door	
Emergency Documents		
⊠Informal Provider Emergency ⊠Authorization for emergency r	Preparedness Plan (this completed form) nedical care	
Planning and Maintenance		
Person responsible for updating the Di First Name Rodah	saster Supply Kit and the Emergency Documents reg Last Name Gichuki	gularly:
Description of how the Emergency Rea	ady-to-Go Pack will be transported to an evacuation	ocation:
The Provider will gather the children a	nd the emergency bag and walk with the children	(1 door(s), 0
The Provider will gather the children as window(s)), The Provider will contact to Evacuation Procedures: The Provider will gather the children as assistance taking the car seats to the carrival, they would ask the staff where the Provider will gather the children as assistance taking the car seats to the Cupon arrival, they would a the emergency. CARE HOURS:	and the emergency bag and walk with the children the parent before, during and after the emergency. Indeed, the emergency bag. The Provider will call an Uber car. The children will be secured in their car seats and they should shelter. The Provider would call the parent the emergency bag. The Provider will call an Uber car. The children will be secured in their car seats and sk the staff where they should shelter. The Provider will call an Uber car.	and once they arrive, she will ask for they will before, during and after the emergency. and once they arrive, she will ask for they will head to
The Provider will gather the children as window(s)), The Provider will contact to Evacuation Procedures: The Provider will gather the children as assistance taking the car seats to the carrival, they would ask the staff where The Provider will gather the children as assistance taking the car seats to the Carsistance taking the Carsistance taking the Carsistance t	the parent before, during and after the emergency. Independent the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats and they should shelter. The Provider would call the parent the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats an	and once they arrive, she will ask for they will upon the before, during and after the emergency. The and once they arrive, she will ask for they will head to would call the parent before, during and after the parent before the
The Provider will gather the children as window(s)), The Provider will contact to Evacuation Procedures: The Provider will gather the children as assistance taking the car seats to the carrival, they would ask the staff where the Provider will gather the children as assistance taking the car seats to the Upon arrival, they would at the emergency. CARE HOURS: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknowledgements also acknowledgements also acknowledgements also acknowledgements.	the parent before, during and after the emergency. Independent the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats and they should shelter. The Provider would call the parend the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats and sk the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter. The Provider will call an Ubercar the staff where they should shelter the parend the staff where they should shelter they should sh	and once they arrive, she will ask for they will upon the before, during and after the emergency. I and once they arrive, she will ask for they will head to a would call the parent before, during and after the emergency.
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The Provider will gather the children as window(s)), The Provider will contact to Evacuation Procedures: The Provider will gather the children as assistance taking the car seats to the carrival, they would ask the staff where The Provider will gather the children as assistance taking the car seats to the Upon arrival, they would at the emergency. CARE HOURS: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknow pop up visit which will be conducted virtue. PROVIDE	the parent before, during and after the emergency. Independent the emergency bag. The Provider will call an Uber car. The children will be secured in their car seats and they should shelter. The Provider would call the parent and the emergency bag. The Provider will call an Uber car. The children will be secured in their car seats an sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter in the staff where they s	and once they arrive, she will ask for they will and after the emergency. and once they arrive, she will ask for they will head to would call the parent before, during and after the emergency. They will head to would call the parent before, during and after the emergency. They will head to would call the parent before, during and after the emergency.
The Provider will gather the children as window(s)), The Provider will contact to Evacuation Procedures: The Provider will gather the children as assistance taking the car seats to the carrival, they would ask the staff where The Provider will gather the children as assistance taking the car seats to the Upon arrival, they would at the emergency. CARE HOURS: Signatures & Date Acknowledgement: By signing below the been discussed. The parties also acknow pop up visit which will be conducted virtue.	the parent before, during and after the emergency. Indicate the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats and they should shelter. The Provider would call the parent of the emergency bag. The Provider will call an Ubercar. The children will be secured in their car seats an sk the staff where they should shelter. The Provider will be secured in their car seats and sk the staff where they should shelter. The Provider will be parties acknowledge that all standards have been reviewledge that, if approved, the home in which care is provingly or in-person.	and once they arrive, she will ask for they will and after the emergency. and once they arrive, she will ask for they will head to would call the parent before, during and after the emergency. They will head to would call the parent before, during and after the emergency. They will head to would call the parent before, during and after the emergency.

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/7/2025/1:30pm/85minutes
APPLICANT ID:
PROVIDER ID:
577582
APPLICATION DATE:
03/17/2025
COUNTY:
Baltimore County

INSPECTION TYPE			
~	Initial Application		
	Renewal Application		
	Complaint Investigation		
	Monitoring		
	Other		

Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds	I	I	ı	
3 year olds				
4 year olds	ı	I	I	
5's (pre-school)	ı	I	0	
5-12 (school age)				
13-19 year olds				
TOTAL	3	3	2	
Overnight				

FATALITY: N/A	SERIOUS INJUF	RY:		COMPLAINT #: N/A	
INFORMAL PROVIDER PHOTO ID	O VERIFIED: Yes	No	ID TYPE: Provisiona	I Driver License	EXP. DATE: 09/08/203 I
CARE LOCATION:	CARE LOCATION: Child's Home Informal Child Care Provider's Home				
CARE TYPE:	Relative Informal Child Care	e Non-Rela	tive Informal	Child Care	
INFORMAL PROVIDER NAME: Breanna Giffen					
PERSON(S) INTERVIEWED: B	reanna Giffen				

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 1 - Safety of Home

С	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	l)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		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
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

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

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 of in a sanitary manner.	С	a)	SIDS prevention review
С	6.		С	b) c)	Infant/toddler rest furnishings Crib safety
С	7.		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	7	ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С]	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, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

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

Instructions:

10. A child is not subjected to any form of abuse

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.

12. A child in care is not subjected to mistreatment

3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

C C a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking C b) Child abuse/neglect: Sexual abuse C b) Physical discipline or any other means of discipline C Child abuse/neglect: Mental injury c) Not attending to a child's physical needs С 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision C e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect C child's mouth C g) Requiring a child to stand on one foot as punishment C c) Recognition and reporting of child abuse and neglect C h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

ICCP Form IR108c Page 4

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 4 – Vehicula	r Traffic and Transportation Safety
C 14. Vehicle safety awareness	C 15. Individual child vehicle safety C 16. Child seat safety compliance

Part 5 – Outdoor Activity Area

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

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

2	1. Dis	saster Supply Kit	С	k)	Folder or binder for EPP documents
С	a)	Flashlight	С	I)	Backpack(s) or carrying case(s)
С	b)	Batteries	С	m)	Special toys or games
С	c)	Portable First Aid Kit	С	n)	Scissors, tape & sealing plastic
С	d)	Thermometer	22	. Em	nergency Documents
С	e)	Medications	С	a)	Informal Provider Emergency Preparedness Plan
С	f)	Bottled water	С	b)	Emergency Care & Authorization Form (one for each child in care)
С	g)	Non-perishable food	С	c)	Reportable Incident Report Form (blank copy)
С	h)	Diapers	23	. Pla	anning and Maintenance
С	i)	Change of clothes	С	a)	Person responsible
С	j)	Blanket(s)	С	b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

Instructions:

consistent with standards for parental consent

- 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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

		Part 7 – Health	h & Safety	y Review
С	24. Shelter in Place		С	31. Health & Safety Review: Premises safety, hazard protection
С	25. Lockdown (partial & fu	1)	С	32. Emergency response planning
2	26. Home is free of health and	safety hazards	С	33. Food allergy emergency preparedness
С	a) Primary Evacuation I	Location	С	34. Hazardous materials management
С	b) Alternate Evacuation	Location	С	35. Prevention and control of infectious diseases (including immunization)
С	27. Infant sleep safety		С	36. Pediatric first-aid and CPR
С	28. Prevention of shaken b trauma, and child maltr	aby syndrome, abusive head eatment	С	37. Appropriate precautions in transporting children
С	29. Recognition and report	ing of child abuse and neglect	С	38. Substance-free child care environment
С	30. Health & Safety Review	: Administration of medication,		

ICCP Form IR108c Page 7

Signature of Informal Child Care Provider

Sign and upload form to
PROVIDER PORTAL

Signature of Agency Representative
Liliana Martinez

Date

Date

Date

Time Out: 05/07/2025 14:55

Date Time

Date	Start Time	End Time	Duration	Follow-Up
05/07/2025	13:30	14:55	85minutes	

Total Duration: 85

Minutes

	SUMMA	RY OF CORRECTION		
PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:	
577582	N/A	21225	Baltimore Coun	ty
INFORMAL PRO	VIDER NAME:	CARE LOCATION:	Child's Home Informal Ch	nild Care
Breanna Gi	ffen		Child's Home Informal Child's Home	
PERSON(S) INTE	ERVIEWED:	<u> </u>		
Breanna Git	fen			
VISIT TYPE:		INSPECTION TIME/DATE/I		
Initial Appli	cation	5/7/2025/1:30pm/	85 minutes	
	All Informal Child Care inspection standa	ards herein are governed by COMAR	#: 13A.14.06.11.F.12(b).	
STANDARD NUMBER	STANDARD TEXT	SUMMAR	Y OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET			

05/25 Includes overflow page Liliana Martinez Complete

Signature of Agency Representative Liliana Martinez

Date

ICCP Form SOC108c

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST Return to: ccs.informalproviders@maryland.gov

Inspection Date: 2/10/2025	Time In: 1:30 pm	Time Out: 2:39 pm	Result: Passed
Informal Care			: paneng
Type of Care (check one):	lon-relative Informal Provider C	are ⊠Relative In	nformal Provider Care
Provider Information		3.0	
First Name: Olga	Last Name: Giraldo \	'ela	Provider ID: 559950
Provider ID #:	11 10 10 10 10 10		Email:
Care Location Inspected		- Hi	and the first transfer and
Street Address: Address Verified?: Yes	City: Cour	nty: State:	Zip Code:
Name of Children in Care (add page	es if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		9/4/2024	5 months/ Y

	9/4/2024	5 months/ Y
Safety of the Home	New New York and Age	buston - Althoras - Barnes
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comr Y – Yes, N – No,	nents or corrective actions needed. 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	

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

⊠Blanket(s)

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

	the event of an emergency (T/N) F 165
Location of Emergency Ready to go Pack: Hallway Closet		
Emergency Documents		
⊠ Informal Provider Emergency Preparedness Plan (this con ⊠ Authorization for emergency medical care	mpleted form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Er First Name Last Name	mergency Documents regu	ularly:
Description of how the Emergency Ready-to-Go Pack will be trans Shelter In Place Procedures:	ported to an evacuation lo	cation:
The Provider will gather the ready to go bag and the children,	to 4	doors, 14 window(s)). The provider will
text parent before, during and after sheltering.		
Evacuation Procedures: The Provider will gather the children and the ready to go bag, secu	uring the oldest in a forw	ard facing car seat and the youngest in a
Evacuation Procedures: The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will		ard facing car seat and the youngest in a
Evacuation Procedures: The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will will will be to be the children and the ready to go bag, securear facing car seat. The provider will text parent before, during and after the children is the children will text parent before, during and after the children is the children in the children in the children in the children is the children in the childr	sheltering.	
Evacuation Procedures: The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will window(s)). The provider will text parent before, during and after some provider will gather the children and the ready to go bag, securear facing car seat. The provider	sheltering.	ard facing car seat and the youngest in a
Evacuation Procedures: The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will will be secured by window(s). The provider will text parent before, during and after some provider will gather the children and the ready to go bag, securing and securing an	sheltering.	ard facing car seat and the youngest in a
The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will window(s)). The provider will text parent before, during and after some provider will gather the children and the ready to go bag, securear facing car seat. The provider will doors, 2 window(s)). The provider will doors, 2 window(s)). The provider will	sheltering.	ard facing car seat and the youngest in a
CARE HOURS:	sheltering.	ard facing car seat and the youngest in a
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The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will window(s)). The provider will text parent before, during and after some provider will gather the children and the ready to go bag, securear facing car seat. The provider will doors, 2 window(s)). The provider will doors, 2 window(s)). The provider will	sheltering. uring the oldest in a forw. I text parent before, during	ard facing car seat and the youngest in a grand after sheltering. ed, and any corrections if needed have and is subject to random, unannounced
The Provider will gather the children and the ready to go bag, securear facing car seat. The provider will window(s)). The provider will text parent before, during and after some provider will gather the children and the ready to go bag, securear facing car seat. The provider will cors, 2 window(s)). The provider will cors, 2 window(s)). The provider will care facing car seat. The provider will cors, 2 window(s). The provider will care facing car seat. The provider will cors, 2 window(s). The provider will care facing care seat. The provider will care facing care facing care seat. The provider will care facing c	sheltering. uring the oldest in a forw. I text parent before, during	and facing car seat and the youngest in a grand after sheltering.
The Provider will gather the children and the ready to go bag, sect rear facing car seat. The provider will window(s)). The provider will text parent before, during and after stream facing car seat. The provider and the ready to go bag, sect rear facing car seat. The provider will doors, 2 window(s)). The provider will doors, 2 window(s)). The provider will care a beginning below the parties acknowledge that all stream of the parties also acknowledge that, if approved, the hopop up visit which will be conducted virtually or in-person. PROVIDER	sheltering. uring the oldest in a forw. I text parent before, during	ard facing car seat and the youngest in a grand after sheltering. ed, and any corrections if needed have and is subject to random, unannounced
The Provider will gather the children and the ready to go bag, sect rear facing car seat. The provider will window(s)). The provider will text parent before, during and after the Provider will gather the children and the ready to go bag, sect rear facing car seat. The provider doors, 2 window(s)). The provider will doors, 2 window(s)). The provider will care a window sector of the provider will doors. **CARE HOURS:** - N **Signatures & Date** **Acknowledgement: By signing below the parties acknowledge that all sheen discussed. The parties also acknowledge that, if approved, the hopop up visit which will be conducted virtually or in-person. **PROVIDER**	sheltering. uring the oldest in a forw. I I I I text parent before, during standards have been reviewed ome in which care is provide	and facing car seat and the youngest in a grand after sheltering. ed, and any corrections if needed have and 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

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 8/27/2024	Time In: 2:00PM	Time Out: 2:52	Result: Follow Up Needed
Inspection Date: 8/30/2024	Time In: 2:00PM	Time Out: 2:11	Result: Passed
Informal Care			s head +
Type of Care (check one):	Non-relative Informal Provider	Care ⊠Relative	Informal Provider Care
Provider Information		In the sons edition	North artists when necessary to prove
First Name: Olga	Last Name: Giraldo	Yela	Provider ID: 559950
Provider ID #	William 3 William	EDRAUMATO THE	Email:
Care Location inspected		sothers	A child's not subject to any form of source
Street Address: Address Verified?: Yes	City:	ounty: State	Zip Code: [September 1]
Name of Children In Care (add page	es if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		3/3/2022	2 years old/ N poitulon

	3/3/2022	2 years old/ N poitulon
Safety of the Home	usonaternasijo na	not be bracke on the adjustment of the best of the
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comm Y – Yes, N – No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	5u/A1300 to	A child in care is not subjected to mish victoria.
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	enilate up vila la susom multi vina
Is free of insect or rodent infestation	Y	Nat attending to a divide physicish seems
Is well-lit and well-ventilated	Y	TOTAL DIMENTS CHEEKS BORDING +
Has hot and cold running water	n of Young hit	tale of the trade of the same results and the same same same same same same same sam
Has a working inside toilet	Y	(Plannethira
 Has utilities for cooking, lighting and heating 	Transfer and s	Recident a reciding control of the standard of the standa
Has a working and safe heating system	Y	The total production of the property
Has a working refrigerator and stove	Y	relico el memeral de referen-
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	Emalgancy Roads-to-Go Par-
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	THE WATER
Medications of any kind	Com yearsup Y to writed	Part December 1 and 1 an
Matches, lighters and flammable products	TO THE THE PERSON OF THE PERSO	Martin Company of the
Alcoholic beverages	minu betong	Mgc/trst-120
Guns med to the suit the food of	ON-penihapi	Ti Pationes
Cleaning agents	n eYd	PROGRAM RICHARDS
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.	Personalists (V) = Citati Seta 19	min and an analysis of the area of the man

12 11

as forest that were the second

rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Departyreni of I	India ber (pold)
child is changed immediately when s/he has a soiled or wet of gin iaper, clothing or bedding.	id Dani-Baholan (NEORINAL	Distriction of
Diapering procedures are followed.	ASPECATION IS	
landwashing procedures are followed. Provider and child's hands	ALC: NOW	1 San Sandap
vashed thoroughly with soap and warm running water after:	V4005 Tab	the same of the sa
Toileting;Diapering;	Y	intermetri Cure
 Before food preparation and eating; After playing outdoors; and 	and the state of t	· val
 At other times when necessary to prevent the spread of disease. 		oy largeter sality of H
CHILD 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:		figure and sectional arc. (1)
Physical injury Any sexual abuse Mental injury	Y	Secretary of the second of the
child in care is not subjected to any form of neglect,	Sec altitude	The same of the sa
ncluding: ### ################################		apsimple carri
The failure to give proper care and attention to a child including leaving a child unattended under circumstances	v	Smary 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		Misserins of the action of the Addition
injury that is caused by the failure to give proper care and attention to a child.		igninist indeed and mich
A child in care is not subjected to mistreatment, including:	Ch 16	Basic Hughn and Sidely Training Compa
Any deliberate act that hurts a child physically or emotionally, including: Special Pitting Physical Special Pitting Physical		ricens in tree of health; and ustally case day
Spanking, Biting, Hitting, Shaking Any other means of physical discipline		according on 11 a.
 Not attending to a child's physical needs 	Y	and a winter about a foreign to said at the
Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap		 Is with any any one intowal.
Putting pepper or other spicy or distasteful items in a		mow amount the animal early
child's mouth		Talahar minang was as
 Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	10100	subtracting in coordinates and the
The provider immediately reports any suspected child abuse,		mode higher tales produced as a con-
neglect or mistreatment by calling 911 and your local		Light the design of the left of
Department of Social Services Child Protective Services	Y	the property of
<u>Jnit</u> .		Shot sametalism in so if -

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. **⊠** Bottled water □ Folder or binder for EPP documents **⊠**Flashlight ⊠Backpack(s) or carrying case(s) **⊠**Batteries ☑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 ⊠Blanket(s) tions propagate grain care make to be one or not grain a capitalla. Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

The state of the s	ivaliable and easily access	sible in the event of an emergency (Y/N)? Yes
Location of Emergency Ready to	ge Pack: In the living ro	om	
Item Specification (if needed);			
Check for First Ald kit	on 8/30/2024 @2:00PM ;		
Emergency Documents			
⊠Informal Provider Emerge	ency Preparedness Plan	(this completed form)	
Authorization for emergen	ncy medical care		
Planning and Maintenance			
Person responsible for updating th	e Disaster Supply Kit and	d the Emergency Documents regu	larty:
First Name	Last Nan	ne	
Description of how the Emergency	Ready-to-Go Pack will b	be transported to an evacuation loc	cation:
Shelter In Place Procedures:			
parent perore, during and after she	etenng.		
Evacuation Procedures:		call a taxi and the child will be in	n placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a	and the ready to go bag.		placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call	and the ready to go bag, text parent before, during	g and after sheltering	(1 doors 2
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call	and the ready to go bag, text parent before, during	g and after sheltering call a taxl and the child will be in	placed in the car seat. The provider will
window(s)). The provider will call	and the ready to go bag, text parent before, during and the ready to go bag,	g and after sheltering call a taxl and the child will be in	(1 doors 2
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call The Provider will gather the child a	and the ready to go bag, text parent before, during and the ready to go bag,	g and after sheltering call a taxl and the child will be in	placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call. The Provider will gather the child a before, during and after sheltering	and the ready to go bag, text parent before, during and the ready to go bag,	g and after sheltering call a taxl and the child will be in	placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call. The Provider will gather the child a before, during and after sheltering	and the ready to go bag, text parent before, during and the ready to go bag,	g and after sheltering call a taxl and the child will be in	placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call? The Provider will gather the child a before, during and after sheltering CARE HOURS:	and the ready to go bag, text parent before, during and the ready to go bag,	g and after sheltering call a taxl and the child will be in	placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call? The Provider will gather the child a before, during and after sheltering CARE HOURS: Signatures & Date Acknowledgement: By signing below been discussed. The parties also ach	text parent before, during and the ready to go bag, and the ready to go bag, the parties acknowledge knowledge that, if approve	g and after sheltering call a taxl and the child will be in (1 doors, 2 win that all standards have been reviewe	placed in the car seat. The provider will
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call? The Provider will gather the child a before, during and after sheltering CARE HOURS: Signatures & Date Acknowledgement: By signing below been discussed. The parties also ach	text parent before, during and the ready to go bag, and the ready to go bag, the parties acknowledge knowledge that, if approve virtually or in-person.	g and after sheltering call a taxl and the child will be in (1 doors, 2 win that all standards have been reviewe	n placed in the car seat. The provider will adow(s)). The provider will call/text parent
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call. The Provider will gather the child a before, during and after sheltering CARE HOURS: Signatures & Date Acknowledgement: By signing below been discussed. The parties also acknowledgement will be conducted propulation.	text parent before, during and the ready to go bag, and the ready to go bag, the parties acknowledge knowledge that, if approve virtually or in-person.	g and after sheltering call a taxl and the child will be in (1 doors, 2 win that all standards have been reviewe	n placed in the car seat. The provider will indow(s)). The provider will call/text parent ed, and any corrections if needed have d is subject to random, unannounced
Evacuation Procedures: The Provider will gather the child a window(s)). The provider will call? The Provider will gather the child a before, during and after sheltering CARE HOURS: Signatures & Date Acknowledgement: By signing below been discussed. The parties also ack pop up visit which will be conducted. PROVI	text parent before, during and the ready to go bag, and the ready to go bag, the parties acknowledge knowledge that, if approve virtually or in-person.	g and after sheltering call a taxl and the child will be in (1 doors, 2 win that all standards have been reviewed, the home in which care is provide	n placed in the car seat. The provider will indow(s)). The provider will call/text parent ed, and any corrections if needed have d is subject to random, unannounced

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/23/2025/3:00pm/83 minutes
APPLICANT ID: N/A
PROVIDER ID: 57 677
APPLICATION DATE: 03/21/2025
COUNTY: Montogmery

INSPECTION TYPE				
✓ Initial Application				
	Renewal Application			
Complaint Investigation				
	Monitoring			
Other				

Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds	2	2	2	
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				
TOTAL	2	2	2	
Overnight				

FATALITY: N/A	SERIOUS INJURY: N/A	COMPLAINT #:			
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver License	EXP. DATE: 10/22/2030		
CARE LOCATION: Child's Home Informal Child Care Provider's Home					
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care					
INFORMAL PROVIDER NAME: Juliet Gomez					
PERSON(S) INTERVIEWED: Juliet Gomez					

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.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 1 – Safety of Home

С	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.		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
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

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 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st 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	7	ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С	_	eii) At least 12 months old and younger than 5 years
С		c) Food preparation and eating		_	old, a bed, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

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

Instructions:

10. A child is not subjected to any form of abuse

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.

12. A child in care is not subjected to mistreatment

3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

C C a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking C b) Child abuse/neglect: Sexual abuse C b) Physical discipline or any other means of discipline C Child abuse/neglect: Mental injury c) Not attending to a child's physical needs С 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision C e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect C child's mouth C g) Requiring a child to stand on one foot as punishment C c) Recognition and reporting of child abuse and neglect C h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

ICCP Form IR108c Page 4

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 4 – Vehicular Traffic and Transportation Safety			
C 14. Vehicle safety awareness	C 15. Individual child vehicle safety C 16. Child seat safety compliance		

Part 5 – Outdoor Activity Area

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

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

2	1. Dis	saster Supply Kit	С	k)	Folder or binder for EPP documents
С	a)	Flashlight	С	I)	Backpack(s) or carrying case(s)
С	b)	Batteries	С	m)	Special toys or games
С	c)	Portable First Aid Kit	С	n)	Scissors, tape & sealing plastic
С	d)	Thermometer	22	. Em	nergency Documents
С	e)	Medications	С	a)	Informal Provider Emergency Preparedness Plan
С	f)	Bottled water	С	b)	Emergency Care & Authorization Form (one for each child in care)
С	g)	Non-perishable food	С	c)	Reportable Incident Report Form (blank copy)
С	h)	Diapers	23	. Pla	anning and Maintenance
С	i)	Change of clothes	С	a)	Person responsible
С	j)	Blanket(s)	С	b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

Instructions:

consistent with standards for parental consent

- 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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

		Part 7 – Health	h & Safety	y Review
С	24. Shelter in Place		С	31. Health & Safety Review: Premises safety, hazard protection
С	25. Lockdown (partial & fu	1)	С	32. Emergency response planning
2	26. Home is free of health and	safety hazards	С	33. Food allergy emergency preparedness
С	a) Primary Evacuation I	Location	С	34. Hazardous materials management
С	b) Alternate Evacuation	Location	С	35. Prevention and control of infectious diseases (including immunization)
С	27. Infant sleep safety		С	36. Pediatric first-aid and CPR
С	28. Prevention of shaken b trauma, and child maltr	aby syndrome, abusive head eatment	С	37. Appropriate precautions in transporting children
С	29. Recognition and report	ing of child abuse and neglect	С	38. Substance-free child care environment
С	30. Health & Safety Review	: Administration of medication,		

ICCP Form IR108c Page 7

Iuliet Gomez	4/22/2025	Sign and upload form to	Liliana Martinez	0.4/22/2025
Juliet Gomez	4/23/2025	PROVIDER PORTAL	Liliana Martinez	04/23/2025
Signature of Informal Child Care Provider	Date		Signature of Agency Representative Liliana Martinez	Date

Time Out: 04/23/2025 16:20

Date Time

Date	Start Time	End Time	Duration	Follow-Up
04/23/2025	15:00	16:20	83minutes	

Total Duration: 83

Minutes

ICCP Form IR108c Page 8

	SUMMA	RY OF CORRECTION	
PROVIDER ID: 571677	APPLICANT ID:	ZIP CODE: 20904	COUNTY: Montogmery
INFORMAL PRO Juliet Gome		CARE LOCATION:	Child's Home Informal Child Care Provider's Home
PERSON(S) INTI Juliet Gome			
visit type: Initial Appli	ication	INSPECTION TIME/DATE/ 4/23/2025/3pm/8	
	mmary of Correction has been submitted to the Child has either observed the following corrections or review All Informal Child Care inspection standard	ewed the submitted summary of corre	ction(s) and has made a determination as follows:
STANDARD NUMBER	STANDARD TEXT		RY OF CORRECTION DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET		

04/25 Includes overflow page Liliana Martinez Complete

Signature of Agency Representative Liliana Martinez

Date

ICCP Form SOC108c

SVirtual Inspection	Aaryland State Department of Ec Child Care Scholar INFORMAL INSPECTION C	CARE	Return to cos informal providers@maryland.g.
Inspection Date: 08/25/2022	Time in 1.51 PM	Time Out: 2:37 PM	Result PASSED
Informal Care			
Type of Care (check one)	Non-relative Informal Provider (Care DRelative Info	irmal Provider Care
Provider Information			Provider ID 492317
First Name, Carena Provider ID #	Lasi Name: Govan		Email
Care Location Inspected			
Street Address Address Verified? Yes	City	State State	Zip Gode
Name of Children in Care (add pa	ges if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/02/2020)	1yr /N
			1
			1
-			,
			1
Safety of the Home			
Directions: Review and determine cor pages may be used for comments	inpliance with each standard. No	te any comments or cor Y - Yes, N - No, D -	rective actions needed. Additional 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 Co	mpleted?	Y	Course Completed – Non-Relative Informal Provider
ome is free of health and safety I	nazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 		Y	Home was very clean
 Is free of insect or rodent inf 	estation	Y	No evidence of infestation
Is well-lit and well-ventilated		Y	Lots of natural and artificial lighting
Has hot and cold running was	ter	Y	
Has a working inside toilet		Y	
· Has utilities for cooking, light	ing, and heating	Y	
 Has a working and safe heat 		Y	Tested and observed by the provider
 Has a working refrigerator an 		Y	
Has a working telephone		Υ	Everyone has working celiphones and working housephone
Has operational smoke detect	or(s)	Y	Tested and observed by the provider
Has first aid kit/supplies		Y	First aid kit within the home
Has protective coverings on a accessible to children	ny electrical outlet that is	Y	All outlets in the common spaces we covered
ul items are stored appropriate	ly and away from	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Sharp items stored in locked dishwasher
		Y	Stored in high kitchen cabinet
Medications of any kind	a mandivata	Y	Does not own
Matches, lighters and flammabl	e products		
Alcoholic beverages		Y	Does not own
Guns		Y	Does not own
Cleaning agents		Y	Stored in cabinet over the fridge

Cleaning agents

CONTRACTOR AND PROPERTY.		Does not own
	v 1	Does not sended
	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Poisonous substances	Y/N	Corrective
ENERAL CLEANLINESS STANDARDS If areas of the home are kept clean, including dispering area.	*	
all areas of the norte are	Y	
ash, garbage and wet and soiled diapers are disposed of in a	4	Diapering area very organized, changing table
rash, garbage ananar, anitary manner. Shild is changed immediately when s/he has a soiled or wet laper, clothing, or bedding.	Y	Diapering area very organized, changing table has lower storage area for supplies and clothes
lapering procedures are followed.		
andwashing procedures are followed. Provider and child's hands ashed thoroughly with soap and warm running water after: Tolleting. Diapering. Before food preparation and eating. After playing outdoors; and. At other times when necessary to prevent the spread of	٧	et Comments/Notes
disease.	Standard Me	Corrective Action /Timeframe if needed
disease. IILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	1	
hild is not subject to any form of adust, means Physical injury Any sexual abuse	Y	
Mental injury hild in care is not subjected to any form of neglect, ding: 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 of 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.		
Id in care is not subjected to mistreatment, many 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	Υ	
Tying child to a cot or other equipment ovider immediately reports any suspected child abuse or mistreatment by calling 911 and your local ment of Social Services Child Protective Services Uni	it.	

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 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.

ctions: Review and determine that cash	e items are clean, organized, and usable. Some	
	⊠Bottled water	⊠Backpack(s) or carrying case(s)
⊠Flashlight	⊠Non-perishable food	
⊠Batteries for Flashlight		⊠Consider special toys or games
⊠Portable First Aid Kit	⊠Diapers	

	420		anoug
SCThermoreser	ISChange of states	Silvery Duty Scissers, dud taps/ packing tape 5 sealing plastic/frash tage	
SMedicationa	SBlankat(s)		MSD
Items in the Disaster Supply Kit are clear	en organized and usable (Y/N)? Yes.	ar closet by the exit door.	
Emergency Ready-to-Go Pack is available	ble and masily accessible in the event of an exper-	gency (Y/N)/ Yes, coat closet by the exit door.	
Emergency Documents			
Sanformal Provider Emergency P Sauthorization for emergency me	Preparedness Plan (this completed form) redical care		
Planning and Maintenance		TOTAL STATE OF THE	
Person responsible for updating the Disa First Name	aster Supply Kit and the Emergency Docume Last Name	nts regularly.	
vacuation Location(s): imary — Provider will gather the child, I drive to Provider will rent before, during and after the emer	phone and disaster kit and make sure the speak with and be in regency.	child is secured in the car seat. Once secure pro- structed of where to locate for safety. Provider will	vider I call
val an officer will direct them of which	e to shelter in the department. Once safe	neir car seat, and drive to the police department provider will call the parent and keep in commun	nication
atures & Date owledgement: By signing below the	parties acknowledge that all standards hylodge that, if approved, the home in whi	and any corrections if need	led have
the emergency is over. aurres & Date byledgement. By signing below the	parties acknowledge that all standards hylodge that, if approved, the home in whi	nave been reviewed, and any corrections if need ich care is provided is subject to random, unann	led have
the emergency is over. atures & Date by eldgement. By signing below the	parties acknowledge that all standards hylodge that, if approved, the home in whi	and any corrections if need	led have
atures & Date owledgement. By signing below the discussed. The parties also acknow up visit which will be conducted virtus. PROVIDER	parties acknowledge that all standards hylodge that, if approved, the home in whi	nave been reviewed, and any corrections if need ich care is provided is subject to random, unann	led have
the emergency is over. stures & Date owledgement: By signing below the discussed. The parties also acknow p visit which will be conducted virtus PROVIDER	parties acknowledge that all standards h wledge that, if approved, the home in whi lally or in-person.	nave been reviewed, and any corrections if need ich care is provided is subject to random, unann INSPECTOR	led have lounced

☑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.g ov

Inspection Date: 07/06/2022	Time	In: 9:30AM	Time Out: 10: 224	Result: PASSED if returned by 5PM on 07/06/2022
Informal Care				- 1)
Type of Care (check one): □ N	on-relative Inf	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Marialaina	Last	Name: Grafton		Provider ID: 489717
Provider ID #				Email:
Care Location Inspected				
Street Address: Address Verified? Yes	City:	County:	State	Zip Code:
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			10/11/2012	9 / Yes, On Summer Break
			01/02/2014	8 / Yes, On Summer Break
			10/18/2011	10 / Yes, On Summer Break
			09/08/2008	13 / Yes, On Summer Break
		1		

	10/18/2011	10 / Yes, On Summer Break
	09/08/2008	13 / Yes, On Summer Break
Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c Y - Yes, N - No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non – Relative Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	No sign of infestation
 Is well-lit and well-ventilated 	Y	
Has hot and cold running water	Y	Steam observed
Has a working inside toilet	Y	Flush observed
 Has utilities for cooking, lighting and heating 	Y	Gas Stove
 Has a working and safe heating system 	Y	
 Has a working refrigerator and stove 	Y	Light came on when door was opened
Has a working telephone	Y	Provider cell phone called
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	Band aids antiseptic wipes, cold pack, gauze, tap
 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	4
 Matches, lighters and flammable products 	Y	None
Alcoholic beverages	Y	None
Guns	Y	None
Cleaning agents	Y	Moved to High Shelf

Poisonous substances	Y	Other than medications and cleaning solutions Comments/Notes Corrective Action /Timeframe if needed	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N		
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.	γ		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	N/A	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: 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 must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	□ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠ Diapers N/A	⊠Consider special toys or games

⊠Thermometer		□ Change of clo □	thes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications		⊠Blanket(s)		
Items in the Disaster	Supply Kit are clean, organ	nized, and usable (Y/N	7 Y	
Emergency Ready-to	Go Pack is available and	easily accessible in the	event of an emergency (Y	7/N)? Y
Location of The Em	ergency Ready to go Pag	k: In The Basement	near exit door	
Item Specification (i	needed):			
Vegetable beef sour	, 3 cans of peach slices	, can of Mandarin oran		dumpling soup, Chicken Noodle soup,
the first of the second	for Hiro, inhaler for Cale hirts, 4 under wares, 4 s		blankets	
Items to review on x	x/xx/xxxx if needed: N/J	1		
Emergency Docume	nts			
	ider Emergency Prepare for emergency medical of		eleted form)	
Planning and Mainte				
		upply Kit and the Eme	rgency Documents regul	arly:
First Name		Last Name	igency became regar	,.
Description of how the	Emergency Ready-to-G	o Pack will be transpo	rted to an evacuation loc	ation: Carried
Shelter in Place Proc	edure;			
			hich has 2 windows one	door. ERTG will already be down there.
Provider will call parer	t on her way to the base	ment.		
Evacuation Procedu	es:			
	cured in their seat belts a once inside they will st	nd would then drive to	prov	ovider's vehicle where she will make sure Provider has extra keys to gain entry if ne window. Provider will call parent before
The alternate evacuat	on licie where she will make	sure all the children a	Il gather children and go are secured in their seat b at before they leave for th	
Signatures & Date				
been discussed. The p		that, if approved, the I		lewed, and any corrections if needed have vided is subject to random, unannounced
	PROVIDER			INSPECTOR
Printed Name:	MarialainaGra	afton	Printed Name:	
Signature:	-		Signature:	
Date: 7/6/22	Phone:		Date: 07/06/2022	Phone: 1-877-227-0125

ElVirtual Inspection Clin-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: 9/27/2024	Tim	e In: 3:00PM	Time Out: 3 48 PM	Result Passed	
Informal Care					
Type of Care (check one) Non	-relative Inf	ormal Provider C.	are CIRclative In	formal Provider Car	
Provider Information		4-0-1	2015	Samuel Chil	U.
First Name. Bonita Provide: ID #:	Last Name: Graves		Provider ID 329936		
Care Location Inspected				Email	
Street Address Address Verified? Yes	City:	9	County:	State.	Zip Code:
ame of Children in Care (add pages if a	needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
lame of Children in Care (add pages if r	needed)	Scholarship	Date of Birth 7/8/2013	Age / 11 years old/ Y	Present (Y/N)
arne of Children in Care (add pages if a	needed)	Scholarship			Present (Y/N)

RAL CLEANLINESS STANDARDS us of the home are kept clean, including dispering area.	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Poisonous substances	Y		
Cleaning agents	Y		
Guns	Y		
Alcoholic beverages	Y		
Metches, lighters and flammable products	Y		
Medications of any kind	Y		
Sharp or pointed items	Y	The state of the s	
I tems are stored appropriately and away from a:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Has protective coverings on any electrical outlet that is accessible to children	Y		
Has first aid kit/supplies	Y		
Has operational smoke detector(s)	Y		
Has a working telephone	Y		
Has a working refingerator and stove	Y		
Has a working and safe heating system	Y		
Has utilities for cooking, lighting and heating	Y		
Has a working inside toilet	Y		
Has hot and cold running water	Y		
Is well-lit and well-ventilated	Y		
Is free of insect or rodent infestation	Y		
Is in good repair	Y		
Home is free of health and safety hazards:		Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	Y		
Health and Safety Training:		Comments/Notes Corrective Action /Timeframe if needed	
Directions: Review and determine compliance with each sta Additional pages may be used for comments.	ndard. Note any con Y - Yes, N - No	nments or corrective actions needed. D - Discussed, n/a - Not Applicable	
of the Home			
	47572024	5 months/ Y	
of 1	the Home	the Home	

Trash garbage and wet and solled dispers are disposed of in a		
Sandary risinoes	Y	
Child is changed immediately when s/he has a soiled or well disper, clothing or hedding	Y	
Dispering procedures are followed.	٧	
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
Child is not subject to any form of abuse, including Physical injury Any sexual abuse Mental injury	Y	
child in care is not subjected to any form of neglect. duding: 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	
Any deliberate act that hurts a child physically or emotionally, 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	
reprovider immediately reports any suspected child abuse, reglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services (at.)	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 consists enough supplies for each child in care. Also that the dems are clean, organized, and usable. Comment and note below if needed.

GFleshight

Michael water

EFolder or binder for EPP documents

DEBatteries

@Non-perishable food

@Backpack(s) or carrying case(s)

SiPortubie First Aid Kit

ØDiapers

ElConsider special toys or games

SChange of clothes

El Heavy Duty Scissors, Dust Tape/ Packing Tape & Sealing Plastic/ Tresh

OMedications N/A

@Blanket(s)

Emergency Documents Sinformal Provider Emergency Preparedness Plan (this completed form) SiAuthorization for emergency medical care Planning and Maintenance Planning and Maintenance Last Name Last Name Little Lescription 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, and star parent before, during and after sheltering. Vacuation Procedures: The Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will The provider will call and text parent before, during and after the provider will parent before to a ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will The provider will call and text parent before, during and after the provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the slidide child in the booster seat and the youngest in a rear facing car seat. The provider will The provider will call and text parent befo		organized, and usable (Y/N)? Yes and easily accessible in the event of an emerge	ncy (Y/N)? Yes
Emergency Documents Sinformal Provider Emergency Preparedness Plan (this completed form) Shuthorization for emergency medical care Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: Tirst Name Last Name Last Name Little Little Little Last Name Little Little Little Provider will gather the ready to go bag and the children, and text parent before, during and after sheltering. Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after sheltering. The provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will The provider will call and text parent before, during and after sheltering. The provider will call and text parent before, during and after sheltering. The provider will call and text parent before, during and after sheltering. The provider will call and text parent before, during and after sheltering. ARE HOURS: Inspection Agraes Supply Signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have bend decomposed to the parties acknowledge that, if approved, the home in which care is provided is subject to random, unannounced up up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Signature: Signature: Signature: Signature: Signature:	Location of Emergency Bands to an Bust		rey (ma): res
Sintormal Provider Emergency Preparedness Plan (this completed form) Sauthorization for emergency medical care Planning and Maintenance Last Name In doors Devindow(s)). The provider will The provider will and text parent before, during and after selecting. The provider will call and text parent before, during and after selecting. ARE HOURS: Interpretation of the booster seat and the youngest in a rear facing car seat. The provider will The provider will call and text parent before, during and after selecting. ARE HOURS: Interpretation of the parties acknowledge that all standards have been reviewed, and any corrections if needed have sen discussed. The parenes also acknowledge that if approved, the home in which care is provided is subject to random, unannounced up up visit which will be conducted virually or in-person. PROVIDER Printed Name: Signature: Signatu	Location of Emergency Ready to go Pac	k: Kitchen Closet	
Sintornal 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: Itast Name Last Name Last Name Little Pescription of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: hether in Place Procedures: the Provider will gather the ready to go bag and the children, and text parent before, during and after sheltering. vacuation Procedures: The provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the diddle child in the booster seat and the youngest in a rear facing car seat. The provider will reprovider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the diddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after seatons. ARE HOURS: In provider will call and text parent before, during and after seatons will be provider will call and text parent before, during and after seatons will be provider will call and text parent before, during and after seatons will be provider will call and text parent before. ARE HOURS: In provider will call and text parent before will be the provider will call and text parent before. In provider will call and text parent before will be the provider will			
Planning and Maintenance Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Last Name Last Name Little Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: theter in Place Procedures: The Provider will gather the ready to go bag and the children, and text parent before, during and after sheltering. Vacuation Procedures: The Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the hiddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after sheltering. The provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the hiddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before. Provid			70 4
Last Name Little Little Last Name Little Little Little Last Name Little Li			
Last Name Little Lescription of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: thetter in Place Procedures: the Provider will gather the ready to go bag and the children, and text parent before, during and after sheltering. vacuation Procedures: the Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after sheltering. The provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the provider will call and text parent before, during and after seat seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after seat parent before, during an after seat parent before seat and the youngest in a rear facing car seat. The provider will seat parent before will seat parent before seat and the youngest in a rear facing car seat. The provider will seat parent before seat and the youngest in a rear facing car seat. The provider will seat parent before seat and the youngest in a rear facing car seat. The provider will seat parent be	lanning and Maintenance		
Last Name Little	erson responsible for updating the Disaste	er Supply Kit and the Emergency Documents	regularly:
the Provider will gather the ready to go bag and the children, and text parent before, during and after sheltering. **Recuation Procedures:** The Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the Provider will gather the children and the ready to go bag taking them to the car, securing the oldest child in a seatbelt, the liddle child in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the children in the booster seat and the youngest in a rear facing car seat. The provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before. **Received** **Received** **Received** **The provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before, during and after the provider will call and text parent before will call and	irst Name Layla	Last Name Little	
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Date: 9/27/2024 Phone: 1-877-227-0125	Ignatures & Date cknowledgement: By signing below the parties and discussed. The parties also acknowledge up up visit which will be conducted virtually or PROVIDER rinted Name BOULTA GRAVE	e that, if approved, the home in which care is pro- r in-person. Printed Name:	ovided is subject to random, unannounced

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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: 8/29/2024	Time In: 3:30pm	Time Out: 4:03pm	Result: Passed
Informal Care			
Type of Care (check one):	elative Informal Provider C	are Relative I	Informal Provider Care
Provider Information			
First Name: Sandra	Last Name: Gray		Provider ID: 47253
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified?: Y	City: Count	State:	Zip Code:
Name of Children in Care (add pages if	needed) Scholarship	Date of Birth	Age / Present (Y/N)
		9/7/2014	9yrs/ N
		10/10/2015	8yrs/N

	9/7/2014	9yrs/ N
	10/10/2015	8yrs/N
Safety of the Home		
Directions: Review and determine compliance with each star Additional pages may be used for comments.	ndard. Note any comm Y - Yes, N - No,	nents or corrective actions needed. 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?	Υ	
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 	Υ	
Is well-lit and well-ventilated	Υ	
Has hot and cold running water	Υ	
Has a working inside toilet	Υ	
 Has utilities for cooking, lighting and heating 	Υ	
Has a working and safe heating system	Υ	
 Has a working refrigerator and stove 	Y	
Has a working telephone	Υ	
Has operational smoke detector(s)	Υ	
 Has first aid kit/supplies 	Υ	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	
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	Υ	
Alcoholic beverages	(Y)	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Υ	
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.	Ŷ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

The state of the s		
⊠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 Tapel Packing Tape & Sealing Plastic/ Trash Bags
⊠Medications N/A	⊠Blanket(s)	

Items in the Disaster Supply Kit are cle	prespired and usable (VIN)? V	
Emergency Ready-to-Go Pack is avail	and easily accessible in the event of an emergency (Y/N)? Y	
Location of Emergency Ready to go Item Specification (if needed): To be observed for compliance on		
Emergency Documents		
⊠Informal Provider Emergency ⊠Authorization for emergency r	paredness Plan (this completed form) cal care	
Planning and Maintenance		
Person responsible for updating the Di	er Supply Kit and the Emergency Documents regularly:	
First Name Sandra	Last Name Gray	
Shelter In Place Procedures: The Provider will gather the ready to g		will
The provider will travel to the evacuar #1 of doors, no window(s The Provider will gather the children as provider will travel to the evacuation	the ready to go bag, they will be traveling to the children solution by the children solution by the contact parent before, during and after sheltering the ready to go bag, they will be traveling by the contact parent before. The provider will be traveling by the contact parent before. The ready to go bag, they will be traveling by the contact parent before.	ne
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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.g ov

Inspection Date: 08/31/2023	Time	ln: 1:30PM	Time Out: 2:31P	M Result PASSED
Informal Care				
Type of Care (check one):	lon-relative Info	mal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Sandra Provider ID #:	Last N	Name: Gray		Provider ID: 472753 Email:
Care Location Inspected	TOTAL			
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(09/07/2014)	8yr. / N
			(10/10/2015)	7yr. / N

Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or c	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit in upstairs bathroom cabinet
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on back of counter
at directions of any kind	Y	Stored in high cabinet of bathroom
Attaches lighters and flammable products	Y	Does not own
All a halis howerages	Y	Does not own
	Y	Does not own
Guns Cleaning agents	Y	All cleaning products stored in high level kitchen cabinet

Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	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	No diaper age children
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.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠ Diapers (N/A)	
⊠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 clear	rganized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available Location of The Emergency Ready to Item Specification (if needed): 1 backpack (carrying case), folder no specific meds, 2 dried foods, a books/crayons, 1 pair of scissors Items to be reviewed on xx/xx/xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Pack: Stored by front door exit Per and ECMA per child, 2 flashlights, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, inned foods, 2 outfits (top/bottom/underwear), 3 bottled waters, 2 med blankets, 2 coloring oll of duct tape, and 2 heavy duty trash bags N/A aredness Plan (this completed form)
Planning and Maintenance	al Cale
Person responsible for updating the Disarirst Name Sandra Description of how the Emergency Read Shelter In Place Procedure: The provider will gather the children and door and then seal the door and vent if the she and the children are secured. Evacuation Procedures Primary: The provider will account for the walk, children would seek shelter in Alternate: If they could not access the perovider's vehicle. The provider will secure the provider will	Last Name Gray O-Go Pack will be transported to an evacuation location: carried by the provider. In the ERTG and go into the upstairs bathroom (1 door 0 window) and proceed to lock the need should arise with the sealing plastic and tape. The provider would text the parent, once in the provider will heir arrival. Upon arrival, the provider and in the provider will account for the children, grab the ERTG and head to the noth children in their booster seats. Once secure she and the children will drive to upon arrival. The provider and children would seek and then text the parent once secured with emergency updates.
Signatures & Date	
Acknowledgement: By signing below the n	es acknowledge that all standards have been reviewed, and any corrections if needed have ge that, if approved, the home in which care is provided is subject to random, unannounced or in-person.
PROVIDER	INSPECTOR
Printed Name: Ra GRAY	Printed Name:
Signature	Signature:
Date 9 15 2023 Phone	Date: 08/31/2023 Phone: 1-877-227-0125

ACRUMITATION WATER

Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

			Tote DID NOT PASS
Follow-up Inspection Date: 03/25/2022	Time In: 3:30 PM Time In: 9:30 AM	Time Out: 4:31 PN Time Out: 9:32 AN	Result: DID NOT PASS Follow-up Result: PASSED
nformal Care			
Type of Care (check one):			⊠Relative Informal Provider Care
Provider Information	Non-relative Informal F	Provider Care	⊠ Relative Informative
irst Name: Diana			
Provider ID #:	Last Name: Gree	en	Provider ID: 483524
			Email
Care Location Inspected			
Street Address:			County
MD Zip Code Address Verified? Yes.	C	ity	Oddiny
Name of Children in Care (add pages if need	Scholarship	Date of Birth	Age / Present (Y/N
		(01/24/2012)	10 years / N
		(02/22/2013)	9 years / N
		(01/06/2015)	7 years / N
		(05/29/2016)	5 years / N
		(03/23/2010)	4 years / Y
		(02/24/2010)	
			1
Safety of the Home			1
	milares et		
Safety of the Home Directions: Review and determine compages may be used for comments.			corrective actions needed. Additional
Directions: Review and determine corr pages may be used for comments. Health and Safety Training:	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met	corrective actions needed. Additional t Applicable
Health and Safety Training:	Y-Yes, N-No, D	- Discussed, n/a - No	corrective actions needed. Additional t Applicable
Directions: Review and determine compages may be used for comments.	Y - Yes, N - No, D	Standard Met Y/N N/A Standard Met	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care
Directions: Review and determine compages may be used for comments. Health and Safety Training: Basic Health and Safety Training	Y - Yes, N - No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed
Directions: Review and determine corr pages may be used for comments. Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care
Directions: Review and determine corr pages may be used for comments. Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair
Directions: Review and determine compages may be used for comments. Health and Safety Training: Basic Health and Safety Training of the Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lift and well-ventilated	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation
Directions: Review and determine compages may be used for comments. Health and Safety Training: Basic Health and Safety Training: Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair
Directions: Review and determine correpages may be used for comments. Health and Safety Training: Basic Health and Safety Training: Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lift and well-ventilated Has hot and cold running water Has a working inside toilet	Y-Yes, N-No, D	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation
Directions: Review and determine corresponders may be used for comments. Health and Safety Training: Basic Health and Safety Training: Home is free of health and safety hazard 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	Y - Yes, N - No, D Completed? ds:	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed
Directions: Review and determine corresponders may be used for comments. Health and Safety Training: Basic Health and Safety Training: Home is free of health and safety hazard 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	Y - Yes, N - No, D Completed? ds:	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider
Directions: Review and determine correspages may be used for comments. Health and Safety Training: Basic Health and Safety Training of the last of t	Y - Yes, N - No, D Completed? ds:	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider Fridge worked properly and stove as well
Directions: Review and determine correspages may be used for comments. Health and Safety Training: Basic Health and Safety Training: Home is free of health and safety hazard 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 a working and safe heating sys Has a working refrigerator and stove Has a working telephone	Y - Yes, N - No, D Completed? ds:	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider
Directions: Review and determine correpages may be used for comments. Health and Safety Training: Basic Health and Safety Training of the last in good repair 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 Has a working and safe heating systems.	Y - Yes, N - No, D Completed? ds:	- Discussed, n/a - No Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	corrective actions needed. Additional t Applicable Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider Fridge worked properly and stove as well

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed In high cabinet over the kitchen sink	
Sharp or pointed items	Υ		
Medications of any kind	Υ	Cabinet space on top of the fridge	
Matches, lighters and flammable products	Υ	Does not own	
Alcoholic beverages	Υ	Does not own	
• Guns	Y	Does not own	
Cleaning agents	Υ	High shelf in hallway closet	
Poisonous substances	Υ	Does not own	
Poisonous substances	Standard Met	Comments/Notes	

Il areas of the home are kept clean, including diapering area.	Y	No diaper age children.
rash, garbage, and wet and soiled diapers are disposed of in a anitary manner.	Y	No diaper age children.
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	No diaper age children.
papering procedures are followed	Y	No diaper age children.
landwashing procedures are followed. Provider and child's ands washed thoroughly with soap and warm running water after • Toileting.		
Diapering.	1 1	
 Before food preparation and eating. 	Y	1
 After playing outdoors; and 		
At other times when necessary to prevent the spread of disease.		
disease.		
	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met	Corrective Action / Island
Physical injury	1.00	
 Any sexual abuse 	Y	1
Mental injury		
child in care is not subjected to any form of neglect,		
 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 feet. 		
attention to a child		
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	Y	A
Washing a child's mouth with soap		3
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		
he provider immediately reports any suspected child abuse,		
	Y	

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kiff (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	
⊗ Batteries	≅Non-penshable food	w Backpack(s) or carrying case(s)
s Portable First Aid Kit	⊗Diapers (N/A)	© Consider special toys or games
®Thermometer	a Change of clothes	Heavy Duty Scissors, Duct Tape/ 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, stored behind the couch close to exit.

Location of Emergency Ready to go Pack; Stored behind the couch close to exit.

Item Specification (if needed):

- 1 flashlight
- 1 pk of AA batteries
- 5 blankets
- 5 outfits/ 1 per child

• 7 cans of food	
• 1 thermometer	
1 first aid kit	
Twister/UNO Games	
• 1 scissors, 1 roll of tape, 3 trash t	
i i i i i i i i i i i i i i i i i i i	ags
To be observed for compliance on marasi	2022: REVIEWED AND CORRECTED ON 03/25/2022
Locks needed on lower kitchen ar	ad bathroom cabinet
Emergency Documents	
Sinformal Provider Emergency	Preparedoess Plan (this completed form)
Authorization for emergency	reparadness Plan (this completed form)
Planning and Maintenance	redical care
	a weath regularly:
First Name	saster Supply Kit and the Emergency Documents regularly:
	Last Name
Evacuation Procedures (Primary): The provider will gather the children, to what area to shelter in and she will conwill remain there until the emergency in the emergency in the provider will gather all the kids the provider will gather all the kids the side.	o-go bag, and stroller for the 4yr and walk over to the fire department, will wait for instructions of ntact the parent before they go to the fire department and once, they have arrived safely. They s over.
Signatures & Date Acknowledgement: By signing below the pubeen discussed. The parties also acknowle opp up visit which will be conducted with all	arties acknowledge that all standards have been reviewed, and any corrections if needed have adge that, if approved, the home in which care is provided is subject to random, unannounced

Printed Name:

Signature:

Date: 03/25/2022

PROVIDER

Printed Name: Diana Giren

Date: OB/_S/ Phone

INSPECTOR

Phone: 1-877-227-0125

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/6/2025/1:30pm/75minutes	INS	PECTION TYPE	AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	✓	Initial Application	0-23 months	I			
N/A		Renewal Application	2 year olds				
PROVIDER ID:		Complaint Investigation	3 year olds				
77283 Monitoring		4 year olds					
APPLICATION DATE:		Other	5's (pre-school)				
03/11/2025	Follow-Up		5-12 (school age)				
COUNTY:			13-19 year olds				
Baltimore City			TOTAL	I	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: 01/06/2032					
CARE LOCATION: Child's Home Informal Child Care Provider's Home								
CARE TYPE: Relative II	CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care							
INFORMAL PROVIDER NAME: Rona Greene								
PERSON(S) INTERVIEWED: Rona Greene								

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 1 - Safety of Home

С	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	l)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		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
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

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st 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	7	ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С]	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, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

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

Instructions:

10. A child is not subjected to any form of abuse

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.

12. A child in care is not subjected to mistreatment

3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

C C a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking C b) Child abuse/neglect: Sexual abuse C b) Physical discipline or any other means of discipline C Child abuse/neglect: Mental injury c) Not attending to a child's physical needs С 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision C e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect C child's mouth C g) Requiring a child to stand on one foot as punishment C c) Recognition and reporting of child abuse and neglect C h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

ICCP Form IR108c Page 4

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 4 – Vehicular Traffic	and Transportation Safety
C 14. Vehicle safety awareness	C 15. Individual child vehicle safety
	C 16. Child seat safety compliance

Part 5 – Outdoor Activity Area

С	17. Safe outdoor play area	20	0. Po	ol Safety
С	18. Enclosed safe play area	С	a)	4 ft. fence that surrounds the pool
С	19. Traffic and congested areas assessment	С	b)	Self-closing and self-latching mechanism on the entry/exit way
		С	c)	Secured Lock
		С	d)	Sensor or alarm on the access door

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

21	I. Disaster Supply Kit	C k) Folder or binder for EPP documents
С	a) Flashlight	C I) Backpack(s) or carrying case(s)
С	b) Batteries	C m) Special toys or games
С	c) Portable First Aid Kit	C n) Scissors, tape & sealing plastic
С	d) Thermometer	22. Emergency Documents
N/A	e) Medications	C a) Informal Provider Emergency Preparedness Plan
С	f) Bottled water	b) Emergency Care & Authorization Form (one for each child in care)
С	g) Non-perishable food	C c) Reportable Incident Report Form (blank copy)
С	h) Diapers	23. Planning and Maintenance
С	i) Change of clothes	C a) Person responsible
С	j) Blanket(s)	b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

Instructions:

consistent with standards for parental consent

- 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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

		Part 7 – Health	h & Safety	y Review
С	24. Shelter in Place		С	31. Health & Safety Review: Premises safety, hazard protection
С	25. Lockdown (partial & fu	1)	С	32. Emergency response planning
2	26. Home is free of health and	safety hazards	С	33. Food allergy emergency preparedness
С	a) Primary Evacuation I	Location	С	34. Hazardous materials management
С	b) Alternate Evacuation	Location	С	35. Prevention and control of infectious diseases (including immunization)
С	27. Infant sleep safety		С	36. Pediatric first-aid and CPR
С	28. Prevention of shaken b trauma, and child maltr	aby syndrome, abusive head eatment	С	37. Appropriate precautions in transporting children
С	29. Recognition and report	ing of child abuse and neglect	С	38. Substance-free child care environment
С	30. Health & Safety Review	: Administration of medication,		

ICCP Form IR108c Page 7

\mathcal{D}		Sign and upload form to	Luis Admini	
Vono greene	05/06/2025	PROVIDER PORTAL	Liliana Martinez	05/06/2025
Signature of Informal Child Care Provider	Date		Signature of Agency Representative	Date
			Liliana Martinez	

Time Out: 05/06/2025 | 14:45

Date Time

Date	Start Time	End Time	Duration	Follow-Up
05/06/2025	13:30	14:45	75minutes	

Total Duration: 75

Minutes

CHMMADY OF CODDECTION

	SUMMA	IKT OF CORRECTION		
PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:	
577283	N/A	21216	Baltimore City	
INFORMAL PRO	VIDER NAME:	CARE LOCATION:	Objects to the second s	Child Care
Rona Gree	ne		Child's Home Informal Provider'	
PERSON(S) INTE		<u> </u>		
Rona Greer	ne			
VISIT TYPE:		INSPECTION TIME/DATE		
Initial Appli	cation	5/6/2025/1:30pm	n/75minutes	
	All Informal Child Care inspection standa	ards herein are governed by COMA	.R #: 13A.14.06.11.F.12(b).	
STANDARD NUMBER	STANDARD TEXT	SUMMA	RY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET			

05/25 Includes overflow page Liliana Martinez Complete

Signature of Agency Representative

Date

ICCP Form SOC108c

⊠Virtual Inspection
 □In-person
 Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 02/22/2023	Time In: 10:30AM	Time Out: 12:03PM	Result: PASSED.
Informal Care		THE PARTY OF	Market
Type of Care (check one):	elative Informal Provider C	Care Relative Info	ormal Provider Care
Provider Information			
First Name: Howard	Last Name: Grier Provider ID: 507422		
Provider ID:	0.0000 1.1000.0000.0000.000		Email:
Care Location Inspected			
Street Address: Address Verified: Yes.	City	State	Zip Code
Name of Children in Care (add pages if ne	eeded) Scholarship	Date of Birth	Age / Present (Y/N)
		(05/17/2019)	3yr / Y

Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any com	ments or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All areas well-lit and ventilated
Has hot and cold running water	Y	Tested by provider and steam observed
Has a working inside toilet	Y	Tested by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Provider tested both settings of thermostat
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Call made to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Band-Aids, Alcohol, Ointment, Peroxide
 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	Knives in knife holder on back of kitchen counter
Medications of any kind	Y	
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Alcohol stored in upstairs level on top of fridge
Guns	Y	Does not own
Cleaning agents	Y	Stored under kitchen sink with lock
Poisonous substances	Y	Provider owns grass weed killer outside in the shed
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash bin located in kitchen

Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Ÿ	
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	Υ	
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.	Υ	
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	Υ	
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.	Υ	

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 and Usable. Comment and note below if needed.

⊠Flashlight	⊠Bottled water	
⊠Batteries for Flashlight		
	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠ Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags
⊠Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y Emergency Ready-to-Go Pack is available and easily accessible in the even Location of The Emergency Ready to go Pack: Emergency bag located Item Specifications (If needed): 1 flashlight light, 2 add. batteries, no diaper age children in care, 1 them canned foods, 1 outfit (top/bottom), pull-ups and wipes, 1 large blanket, and folder of EPP/ECMA docs Items to be reviewed on xx/xx/xxxx if needed: N/A	in the dining area near	r the exit. o specific medications, 2 bottles waters, 3
Item Specifications (if needed): 1 flashlight light, 2 add. batteries, no diaper age children in care, 1 therm canned foods, 1 outfit (top/bottom), pull-ups and wipes, 1 large blanket, and folder of EPP/ECMA docs	nometer, 1 first aid kit, n	o specific medications, 2 bottles waters, 3
 1 flashlight light, 2 add. batteries, no diaper age children in care, 1 thern canned foods, 1 outfit (top/bottom), pull-ups and wipes, 1 large blanket, and folder of EPP/ECMA docs 	nometer, 1 first aid kit, no lego toys, 1 pair of sciss	o specific medications, 2 bottles waters, 3
items to be reviewed on xx/xx/xxxx if needed: N/A		sors, I roll of duct tape, I roll of dash bogs,
Emergency Documents		
	form\	
	ioiii)	
Planning and Maintenance	Decuments requirely	
Person responsible for updating the Disaster Supply Kit and the Emergence First Name Last Name	y Documents regularly	*
Howard Last Name Grier		
Description of how the Emergency Ready-to-Go Pack will be transported to	an evacuation locatio	n: Carried by the provider.
Shelter-in-Place Procedures:		3 windows 0 doors). If the
Evacuation Location(s) Procedures: Primary: The provider will grab the child and ready-to-go bag and head to rear-facing car seat. Upon arrival to the the provider and child. The provider will call the parent once he are all the providers vehicle, he would secure the child in the rear-facing car seat child would enter the beginning and end of the emergency and inform the parent of the location.	d will entended the child are secured with the child along an and drive the child along along the child along and drive the child along and drive the child along and drive the child along the child along and drive the child along the chil	go to a for further d in the location.
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that all standard been discussed. The parties also acknowledge that, if approved, the home is pop up visit which will be conducted virtually or in-person.	rds have been reviewe n which care is provide	ed, and any corrections if needed have ed is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Howard Grier Print	ed Name:	
Signatur	ature:	
Date: 3-4-23 Phon	: 02/22/2023	Phone: 1-877-227-0125

∀Virtual Inspection	
□In-person Inspection	n

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.g

Inspection Date: 08/24/2023	Time	In: 4:00PM	Time Out: 5:20PI	/ Resul	t: PASSED	
Informal Care						
Type of Care (check one):	on-relative Info	ormal Provider C	are ⊠Relative	Informal Pro	vidor Core	
Provider Information			2110101110	monnar r	vider Care	
First Name: Anthonia Provider ID #: Last Name: Griffin				Provider ID: <u>521270</u>		
Care Location Inspected	7-1-1	-		Email:		
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:		
Name of Olive	if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
Name of Children in Care (add pages	ii licedeu)	Conolarship	Date of Bilti	AUG	/ Procent (VINI)	

	- dite of Billeri	Age	/ Present (Y/N)
	(05/05/2023)	1yr. / Y	
Safety of the Home			
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or Y – Yes, N – No,	corrective ac	tions needed. Additional sed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Commen	
Basic Health and Safety Training Completed?	Y		Informal Care – Certificate Submitte
Home is free of health and safety hazards:	Standard Met Y/N	Commen	
 Is in good repair 	Y	CONTCCU	All areas were clean
 Is free of insect or rodent infestation 	Y		No evidence of infestation
Is well-lit and well-ventilated	Y	All ligh	its were turned on and natural window
Has hot and cold running water	Υ	Tested b	by provider and observed the ice melt in the clear glass
Has a working inside toilet	Υ	F	lushed by provider and observed
 Has utilities for cooking, lighting and heating 	Υ		, province and observed
Has a working and safe heating system	Y	Therm	ostat tested by provider for cooling & heating
 Has a working refrigerator and stove 	Y	Т	ested by provider and observed
Has a working telephone	Υ		call made by informal team to provider's
 Has operational smoke detector(s) 	Υ	T	ested by provider and observed
Has first aid kit/supplies	Y		Supplies stored under locked bathroom cabinet/drawers
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All	outlets were covered or occupied
larmful items are stored appropriately and away from hildren:	Standard Met Y/N	Comments	/Notes Action /Timeframe if needed
Sharp or pointed items	Y		to higher cabinet shelf in kitchen
 Medications of any kind 	Y		red in locked bathroom cabinet
 Matches, lighters and flammable products 	Y	010	
Alcoholic beverages	Y		Does not own
• Guns	Y		Does not own
Cleaning agents	Y		Does not own
 Poisonous substances 	Y		Locked under bathroom sink
ENERAL CLEANLINESS STANDARDS	Standard Met	Comment	Outside in locked shed
SDE OCC Informal Care Inspection Checklist	Page 1 of 3	Comments/	Notes

All organ of the Leave of	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Changing area in child's playpen
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	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	Diapering station has needed supplies
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	Υ	Corrective Action / Timerrame if 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 	Υ	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local tenament of Social Services Child Projective Services Linu.	Υ	

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		in the ded.				
	⊠Bottled water					
⊠Batteries for Flashlight	⊠ Non-perishable food					
⊠Portable First Aid Kit	⊠Diapers	⊠ Backpack(s) or carrying case(s)				
	△ Diapers	⊠Consider special toys or games				
⊠Thermometer	⊠Change of clothes	⊠ Heavy Duty Scissors, duct tape/				
		packing tape & sealing plastic/trash				
⊠Medications	⊠Blanket(s)	bags				
s in the Disaster Supply Kit are clean,						

Location of The Emergency Ready to Item Specification (if needed): 1 duffle bag (carrying case) 2 flag	go Pack: Stored in Foyer near exit
needed):	
canned food items 1 pk of diagram	shlights, 1 pk of D batteries, 1 thermometer, no specific meds, 1 first aid kit, 4 bottled waters
duct tape, and 1 large sheet of se	shights, 1 pk of D batteries, 1 thermometer, no specific meds, 1 first aid kit, 4 bottled waters s/wipes, 1 outfit (top/bottom), 1 large blanket, 2 toys and 1 book, 1 pair of scissors, 1 roll of aling plastic, and folder w/ EPP and ECMA docs
The state of Section S	aring plastic, and folder w/ EPP and ECMA docs
<u>ltems to be reviewed on xx/xx/xxx</u>	x: N/A
Emergency Documents	
Marthariant	eparedness Plan (this completed form)
⊠Authorization for emergency me	dical care
Planning and Maintenance	
Person responsible for updating the Disa	ster Supply Kit and the Emergency Documents regularly:
i iist ivaille	Last Name
Anthonia	Griffin
Description of how the Emergency Ready	r-to-Go Pack will be transported to an evacuation location: carried by the provider.
helter in Place Procedure:	carried by the provider.
he provider will account for the child and	grap the EPTC and head to the
eed should arise the provider will use se	grab the ERTG and head to the downstairs bathroom (1 door 1 vent), and no windows. If the aling plastic and tape to seal the door and vent. The provider will call or text the parent before
uring and after with emergency updates.	and tape to seal the door and vent. The provider will call or text the parent before
rimary: The provider will account for the and drive.	child, grab the ERTG. The provider will ensure the child is secured in her rear-facing car sea provider will Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergence with emer
rimary: The provider will account for the ad drive . The . The ild would shelter in . (1 documents of the could not access the presure the child is secured in her rear-facility . Upon entry a provider will call or text the parent with	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will the provider willess will the provider will the provider will the provider will th
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rimary: The provider will account for the nd drive . The fill the	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will reprovider and drive to the provider and child would emergency updates. (1 door 0 window 1 vent). Once secure emergency updates.
rimary: The provider will account for the nd drive . The find drive . The (1 doc 1 d	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will the provider and child would the provider will the provider wil
rimary: The provider will account for the and drive in the find drive in the find drive in the find would shelter in the find (1 document). The find the find in t	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will the provider will the provider will the provider will to door 0 window 1 vent). Once secure emergency updates. Interest acknowledge that all standards have been reviewed, and any corrections if needed have dge that, if approved, the home in which care is provided is subject to random, unannounced y or in-person.
rimary: The provider will account for the and drive in the fill th	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will again the provider will the provider will account for the child, grab the ERTG. Then the provider will the provider will adoor 0 window 1 vent). Once secure are emergency updates. Interest acknowledge that all standards have been reviewed, and any corrections if needed have dge that, if approved, the home in which care is provided is subject to random, unannounced yor in-person. INSPECTOR
rimary: The provider will account for the and drive the fill divide the fill the second of the fill the second of the provider will call or text the parent with the parent wi	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will the provider will the provider will the provider will to door 0 window 1 vent). Once secure emergency updates. Interest acknowledge that all standards have been reviewed, and any corrections if needed have dge that, if approved, the home in which care is provided is subject to random, unannounced y or in-person.
rimary: The provider will account for the nd drive hild would shelter in (1 doc liternate: If they could not access the provider the child is secured in her rear-facily. Upon entry the provider will call or text the parent with lare Hours: gnatures & Date exhausted by signing below the parent discussed. The parties also acknowled by up visit which will be conducted virtually provider will call or text the parent with lare Hours: gnatures & Date exhausted by signing below the parent discussed. The parties also acknowled by up visit which will be conducted virtually provider with lare the parent with lare the p	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will are provider and child would emergency updates. In the provider will account for the child, grab the ERTG. Then the provider will account for the provider
Iternate: If they could not access the property of the provider will call or text the parent with are Hours: Ignatures & Date Exhowledgement: By signing below the parent discussed. The parties also acknowledge up visit which will be conducted virtually provider. In the provider will call or text the parent with are Hours: Ignatures & Date Ignatures & Date Ignature: In they could not access the property of the parent with a par	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will again the provider will the provider will account for the child, grab the ERTG. Then the provider will the provider will adoor 0 window 1 vent). Once secure are emergency updates. Interest acknowledge that all standards have been reviewed, and any corrections if needed have dge that, if approved, the home in which care is provided is subject to random, unannounced yor in-person. INSPECTOR
rimary: The provider will account for the nd drive hild would shelter in (1 doc liternate: If they could not access the prosure the child is secured in her rear-facility are provider will call or text the parent with lare Hours: gnatures & Date exhowledgement: By signing below the parent discussed. The parties also acknowledge up visit which will be conducted virtually provider will call or text the parent with lare Hours: gnatures & Date exhowledgement: By signing below the parent discussed. The parties also acknowledge up visit which will be conducted virtually provider with lare the parent with lare the pa	Upon entry, the provider and or 0 window). Once secured the provider will call or text the parent with emergency updates. Imary location, the provider will account for the child, grab the ERTG. Then the provider will are provider and child would emergency updates. In the provider will account for the child, grab the ERTG. Then the provider will account for the provider

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
6/4/2025/12:00PM/45minutes
APPLICANT ID:
N/A
PROVIDER ID:
580985
APPLICATION DATE:
04/30/2025
COUNTY:
Anne Arundel County

INSPECTION TYPE					
~	✓ Initial Application				
Renewal Application					
Complaint Investigation					
Monitoring					
Other					

	/	Follow-U
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AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds	2	2	2	
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)	I	I	0	
13-19 year olds				
TOTAL	3	3	2	
Overnight				

FATALITY: N/A	N/A	JRY:		COMPLAINT #:		
INFORMAL PROVIDER PHOTO ID VERIFIED: Yes		No	ID TYPE: Learner's Instructional Permit		EXP. DATE: 08/12/2026	
CARE LOCATION: Child's Home Informal Child Care Provider's Home						
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care						
INFORMAL PROVIDER NAME: Anna Guacamaya						
PERSON(S) INTERVIEWED: Anna Guacamaya						

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 1 - Safety of Home

С	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	l)	Has protective coverings on accessible electrical outlets
С		a) Is in good repair	3.		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
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

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 2 - General Cleanliness

С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	st Area and Furnishings
С	5.	Trash garbage and wet or soiled diapers are disposed	D	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, or playpen
С		b) Diapering	С	_]	eii) At least 12 months old and younger than 5 years
С		c) Food preparation and eating		_	old, a bed, cot, mat, or sleeping bag
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

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

Instructions:

10. A child is not subjected to any form of abuse

- 1. Review each Standard that applies to the Inspection being conducted.
- 2. Select the Standard that requires documentation and enter the compliance status.

12. A child in care is not subjected to mistreatment

3. Enter finding notes as appropriate.

 $\underline{\mathbf{C}}$ = In Compliance, $\underline{\mathbf{D}}$ = Discussed, $\underline{\mathbf{N}}$ = Not in Compliance, $\underline{\mathbf{X}}$ = Not Inspected, $\underline{\mathbf{NA}}$ = Not Applicable

Part 3 - Child Abuse, Neglect and Mistreatment Standards

C C a) Child abuse/neglect: Physical injury a) Spanking, Biting, Hitting, Shaking C b) Child abuse/neglect: Sexual abuse C b) Physical discipline or any other means of discipline C Child abuse/neglect: Mental injury c) Not attending to a child's physical needs С 11. A child in care is not subjected to any form of neglect d) Shouting, Cursing, Shaming, Ridiculing a) Child supervision C e) Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a b) Child mental harm neglect C child's mouth C g) Requiring a child to stand on one foot as punishment C c) Recognition and reporting of child abuse and neglect C h) Tying child to a cot or other equipment C 13. Immediate child abuse reporting

ICCP Form IR108c Page 4

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 4 – Vehicular Traffic and Transportation Safety			
C 14. Vehicle safety awareness	C 15. Individual child vehicle safety		
	C 16. Child seat safety compliance		

Part 5 – Outdoor Activity Area

С	17. Safe outdoor play area	20	0. Po	ol Safety
С	18. Enclosed safe play area	С	a)	4 ft. fence that surrounds the pool
С	19. Traffic and congested areas assessment	С	b)	Self-closing and self-latching mechanism on the entry/exit way
		С	c)	Secured Lock
		С	d)	Sensor or alarm on the access door

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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

Part 6 – Emergency Ready-to-Go Pack

21	. Dis	saster Supply Kit	С	k)	Folder or binder for EPP documents
С	a)	Flashlight	С	I)	Backpack(s) or carrying case(s)
С	b)	Batteries	С	m)	Special toys or games
С	c)	Portable First Aid Kit	С	n)	Scissors, tape & sealing plastic
N	d)	Thermometer	22	. En	nergency Documents
С	e)	Medications	С	a)	Informal Provider Emergency Preparedness Plan
С	f)	Bottled water	С	b)	Emergency Care & Authorization Form (one for each child in care)
С	g)	Non-perishable food	С	c)	Reportable Incident Report Form (blank copy)
С	h)	Diapers	23	. Pla	anning and Maintenance
С	i)	Change of clothes	С	a)	Person responsible
С	j)	Blanket(s)	С	b)	Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location

Instructions:

consistent with standards for parental consent

- 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.

 \underline{C} = In Compliance, \underline{D} = Discussed, \underline{N} = Not in Compliance, \underline{X} = Not Inspected, \underline{NA} = Not Applicable

	Part 7 – Health	& Safety Review
С	24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection
С	25. Lockdown (partial & full)	C 32. Emergency response planning
2	26. Home is free of health and safety hazards	C 33. Food allergy emergency preparedness
С	a) Primary Evacuation Location	C 34. Hazardous materials management
С	b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)
С	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
С	29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment
С	30. Health & Safety Review: Administration of medication,	

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program

		Sign and upload form to	Liliana Mansinan	04/04/2025
		PROVIDER PORTAL	Liliana Martinez	06/04/2025
Signature of Informal Child Care Provider	Date		Signature of Agency Representative Liliana Martinez	Date

Time Out:

06/04/2025

15:05

Date

Time

Date	Start Time	End Time	Duration	Follow-Up
06/04/2025	12:00	I 2:45 45minutes		
06/04/2025	15:00	03:03	3Minutes	✓
	15:00	03:03	3Minutes	

Total Duration: 48

Minutes

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

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

	TION DATE/TIME/ 25/3pm/3m		INSPECTION TYPE:	llow-Up Inspection	AGES	Total Approved	# Scholarship	# Present	Resident Children
PROVIDE	<u> </u>		APPLICANT ID:		2yrs	2	2	2	
580985		N/A		llyrs	I	I	0		
INFORMA	AL PROVIDER N	AME:	PERSON(S) INTERVI	EWED:					
Anna Guacamaya			Anna Guacama	aya					
			I						
INFORMA	AL PROVIDER PI	HOTO ID VER	IFIED: Yes	No	ID TYPE: Learner's Inst	ructional P	ermit	EXP. DATE 8/12/202	
CARE LC	OCATION:	Child's Home	Informal Child Car	re Provider's Home	CARE TYPE:	Relativ	ve Care	Non-Re	lative Care
	<u>c</u> =	In Compliar	nce, <u>D</u> = Discussed, <u>N</u> =	= Not in Compliance, <u>X</u>	= Not Inspecte	d, <u>NA</u> = Not	Applicable	9	
	<u> </u>	Compilar			Trot mopouto	u, <u>MA</u> 1101	Дриоцы		
	Standard #	Inspection #	Standard Description						
С	IIS.P6.21.d	21d	Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: includes a Thermometer						
		1	I	Sign and upload form to		Include	es overflow page)	
				PROVIDER PORTAL	Liliana Martir	nez		0	06/04/2025
Signa	ture of Informal C	Child Care Prov	vider Date		Signature	e of Agency F	Representativ		Date
ICCP Form II	R108c					Liliana Mart	inez		Page 9

SUMMARY OF CORRECTION

	SUMMARTOR	CORRECTION		
PROVIDER ID: 580985	APPLICANT ID:	ZIP CODE: 2 225	COUNTY: Anne Arundel County	
INFORMAL PROV Anna Guaca		CARE LOCATION:	Child's Home Informal Child Care Provider's Home	
PERSON(S) INTER Anna Gua				
VISIT TYPE:		INSPECTION TIME/D	ATE/DURATION:	
Initial Applic	cation	6/4/2025/12:00pm/45minutes		
	imary of Correction has been submitted to the Child Care Sch has either observed the following corrections or reviewed the All Informal Child Care inspection standards here	submitted summary of o	correction(s) and has made a determination as follows:	
STANDARD NUMBER	STANDARD TEXT		MMARY OF CORRECTION DATE OF CORRECTION	

STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: includes a Thermometer	Provider added a thermometer to the emergency bag.	06/04/2025
	·	CCP Form SOC108c
	Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: includes a Thermometer	Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: Includes a Thermometer Provider added a thermometer to the emergency bag. Includes overflow page Complete

Liliana Martinez