

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections

G

First letter of the provider's last name.

Posted June 2025

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 05/03/2022	Time In: 9:30 AM	Time Out: 10:49 AM	Result: PASSED
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### Informal Care

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

### Provider Information

First Name: Yvonne	Last Name: Gadow	Provider ID: 452298
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(1/17/2020)	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	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	

<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored in knife holder on top of the fridge
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Top shelf of hallway closet
• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Organized in living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting.</li> <li>• Diapering.</li> <li>• Before food preparation and eating.</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	

<p><b>A child in care is not subjected to any form of neglect, including:</b></p> <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<p><b>A child in care is not subjected to mistreatment, including:</b></p> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<p><b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b></p>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

### Planning and Maintenance

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

First Name  
Yvonne

Last Name  
Gadow

Description of how the Emergency Ready-to-Go Pack will be transported 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 lock all doors and windows, gather the emergency bag and the child and [REDACTED] provider will contact the parent via call or text once they are safely in their shelter location.

### 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, [REDACTED] (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. [REDACTED] with a key and will head to the basement area with the child (2 windows 2 doors). Call or text the parent once they have safely arrived and settled in the evacuation location.

### Signatures & Date

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

#### PROVIDER

Printed Name: Yvonne L. Gadow

Signature: [REDACTED]

Date: 5-3-22 Phone: [REDACTED]

#### INSPECTOR

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 05/03/2022

Phone: 1-877-277-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>03/06/2023</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:29PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Patricia</b>	Last Name: <b>Galloway</b>	Provider ID: <b>481428</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(05/25/2021)	1yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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 and in great condition
• 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 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 stove	Y	Tested by provider and observed
• Has a working telephone	Y	Called provider's working phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	Retrieved from kitchen by provider and observed
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	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
• Guns	Y	Does not own
• Cleaning agents	Y	Provider keeps all cleaning products in her vehicle



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Shelter closet in master bedroom	
<b>Item Specification (if needed):</b>	
- 1 flashlight, 1 pk of D batteries, 1 first aid kit, 1 thermometer, 5 bottled waters, 4 canned foods, 5 diapers/pull-ups, 1 pk of wipes, 3 shirts, 2 pants, 1 pair of socks, 1 large blanket, 1 bag of small toys, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no specific medications, 1 large duffle bag, folder w/ EPP & ECMA docs	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Patricia</b>	Last Name <b>Galloway</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Carried by provider.</b>	
<b>Shelter In Place Procedure:</b>	
The provider will grab the child, however, the emergency bag will already be located in the [REDACTED] (1 door 0 windows), if needed the provider will use the sealing plastic and tape to seal the door. She will contact the parent via phone call before and after the emergency.	
<b>Evacuation Procedures:</b>	
<b>Primary:</b> The provider will take the hand of the child and carry the emergency bag to her vehicle. The provider will secure the child in his car seat and drive to the evacuation location. Upon arrival the provider and child will walk into the shelter room within the [REDACTED] (1 door 0 windows). The provider will call the parent before and when they are secured in the location.	
<b>Alternate:</b> The provider will grab the child by hand and the emergency bag, the provider will securely place the child in his car seat and then drive to the evacuation site. Upon arrival at the [REDACTED] the provider will buzz into [REDACTED] and be instructed of where to shelter by the [REDACTED]. The provider will call the parent before and once they are safe and settled at the school.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <i>Patricia Galloway</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <i>3-6-23</i>	Phone: [REDACTED]	Date: 03/06/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/02/2022</b> Follow-up Inspection Date: <b>08/08/2022</b>	Time In: <b>1:45 PM</b> Time In: <b>8:50 AM</b>	Time Out: <b>3:12 PM</b> Time Out: <b>9:12 AM</b>	Result: <b>APPROVED</b>
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**Informal Care**

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

<b>Provider Information</b>	
First Name: <b>Dulce</b> Provider ID #:	Last Name: <b>Galva</b> Provider ID: <b>451399</b> Email:

**Care Location Inspected**

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		(07/30/2013)	9yr	/	Y
				/	
				/	
				/	
				/	
				/	

**Safety of the Home**

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Last Name

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

#### Itemized List:

- 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 head to [REDACTED] provider will call or text the mom, provider will [REDACTED] shelter and stay until the emergency is over.

**Alternate** – Provider will gather the child, the to-go bag and place the child in the booster seat and head to [REDACTED] upon arrival 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 pop-up visit which will be conducted virtually or in-person.

PROVIDER		INSPECTOR	
Printed Name:	Dulce Galva	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	09/01/2022	Date:	08/08/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 8/06/2024	Time In: 1:30pm	Time Out: 3:07pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Maria	Last Name: Galvan	Provider ID: 438037
Provider ID # [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/1/2012	11 years old/ Y
[REDACTED]		6/1/2016	8 years old/ Y
[REDACTED]		4/10/2018	6 years old/ 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	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• 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	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input type="checkbox"/> Diapers N/A	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)	



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

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

Location of Emergency Ready to go Pack: On a rack near the front door

Item Specification (if needed):

To be observed for compliance on :

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name Maria

Last Name Galvan

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

#### Shelter In Place Procedures:

The Provider will gather the children and carry the emergency bag [REDACTED] 1 door(s) 7 window(s)). Once in the [REDACTED], the Provider will seal any windows, doors and/or vents with plastic, tape and scissors in the emergency bag. The Provider would call the Parent to inform them of the emergency before, during and after sheltering.

#### Evacuation Procedures:

The Provider will take the child and the emergency bag to the car. Place the eldest in a forward facing seat belt and place the two younger children in forward facing booster seats. The Provider would head to the [REDACTED] where she would gain entry by [REDACTED]. Once inside, the Provider and children will shelter in the [REDACTED] (1 door(s) 2 window(s)). The Provider would call the Parent to inform them of the emergency before, during and after evacuation.

The Provider will take the child and the emergency bag to the car. Place the eldest in a forward facing seat belt and place the two younger children in forward facing booster seats. The Provider would head to the [REDACTED] where she would gain entry by [REDACTED]. Once inside, the Provider and children will shelter in the [REDACTED] (1 door(s) 2 window(s)). The Provider would call the Parent to inform them of the emergency before, during and after evacuation.

#### CARE HOURS:

#### Signatures & Date

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

#### PROVIDER

#### INSPECTOR

Printed Name:

Maria Galvan

Printed Name: [REDACTED]

Signature:

[REDACTED]

Signature: [REDACTED]

Date:

8/7/2024

Phone:

[REDACTED]

Date: 8/06/2024

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/09/2023</b>	Time In: <b>3:00PM</b>	Time Out: <b>4:15PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Maria</b>	Last Name: <b>Galvan</b>	Provider ID: <b>438037</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(11/01/2012)	10yr. / Y
[REDACTED]		(06/01/2017)	6yr. / Y
[REDACTED]		(04/10/2018)	5yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	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
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

<input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>				
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>				
<b>Location of The Emergency Ready to go Pack:</b> Stored in front closet near exit <b>Item Specification (if needed):</b> : <u>1 duffie/1 backpack (carrying case), folder w/ EPP and ECMA per child, 1 flashlight, 1 pk of D batteries, 1 first aid kit, 1 thermometer, no specific meds, 4 bottled, 1 bag of health bars and juice, 5 canned foods, 3 blankets, 3 books, 3 toys, 6 outfits (top/bottom/underwear/socks) 2 per child, 1 pair of scissors, 1 roll of tape and 4 trash bags</u>  : <u>Items to be reviewed on xx/xx/xxxx: N/A</u>				
<b>Emergency Documents</b>				
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care				
<b>Planning and Maintenance</b>				
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name <b>Maria</b></td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name <b>Galvan</b></td> </tr> </table>			First Name <b>Maria</b>	Last Name <b>Galvan</b>
First Name <b>Maria</b>	Last Name <b>Galvan</b>			
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b> <b>Shelter In Place Procedure:</b> The provider will gather the child and ERTG and go into the basement (1 door 6 windows) and proceed to lock all doors and then seal the doors and vents if the need should arise with the sealing plastic and tape. The provider would call the parent, once she and the children are secured.				
<b>Evacuation Procedures</b> <b>Primary:</b> The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest child in the car seat belt, middle child in booster and youngest child in forward-facing car seat. Once secure she and child will drive to the [REDACTED] the provider will [REDACTED] upon arrival. The provider and children would seek shelter in [REDACTED] (1 door 2 windows) and then call the parent once secured with emergency updates.  <b>Alternate:</b> If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest child in the car seat belt, middle child in booster and youngest child in forward-facing car seat. Once secure she and child will drive to [REDACTED] the provider will [REDACTED] upon arrival. The provider and children would seek shelter in [REDACTED] (1 door 2 windows) and then call the parent once secured with emergency updates.				
<b>Care Hours:</b> [REDACTED]				
<b>Signatures &amp; Date</b>				
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.				
<b>PROVIDER</b>		<b>INSPECTOR</b>		
Printed Name: <u>Maria Galvan</u>		Printed Name: [REDACTED]		
Signature: [REDACTED]		Signature: [REDACTED]		
Date: <u>08-31-2023</u>	Phone: [REDACTED]	Date: 08/09/2023      Phone: 1-877-227-0125		



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 07/19/2022	Time In: 1:45PM	Time Out: 2:55PM	Result: PASSED If returned by 5PM on 07/20/2022.
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### Informal Care

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

### Provider Information

First Name: <b>Maria</b>	Last Name: <b>Galvan</b>	Provider ID: <b>438037</b>
ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		04/02/2018	4 / Yes
[REDACTED]		06/01/2017	5 / Yes
[REDACTED]		11/01/2012	9 / Yes

### Safety of the Home

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

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

**Location of The Emergency Ready to go Pack:** By the front door**Item Specification (if needed):**

First aid kit – Thermometer, ibuprofen, cold syrup, antiseptic, Neosporin, cortisone, Band-aids,  
3 D batteries, 6 AA batteries for second flashlight,  
3 Pop tarts, 3 fruit snacks, 3 juices, 3 apple sauce, can of chicken and can of tuna, 3 16oz bottles of water,  
3 books, 3 toys, 4 shorts, 3 pants, 6 shirts, 3 sweater, 3 sox,

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

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will gather the children, the ERTB and head to the basement of the house where they will shelter in the backroom. The backroom has a small window and one door. The provider will call the parent after they are secure in the basement.

**Evacuation Procedures:**

The provider will grab the kids, ERTB and head to her vehicle where she [REDACTED] her seat belt before driving. The primary evacuation location is provided [REDACTED] house. The provider will use spare key to gain entry and will shelter in the bedroom in the basement. The room has two windows and one door. The provider will call parent before leaving the care location and will call again after getting to the evacuation location.

If they cannot shelter at the primary location they drive to the alternate evacuation location [REDACTED]. She would call parent to let them know about evacuating then provider will grab the kids, ERTB and se [REDACTED] in their car seats and [REDACTED] before driving. Once there, the provider will use spare key to gain entry and they will shelter in one of the bedrooms on the second floor bedroom which has two windows and one door. Once secure the provider will call parents to let them know.

**Signatures & Date**

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

**PROVIDER****INSPECTOR**

Printed Name:

Maria Galvan

Printed Name [REDACTED]

Signature [REDACTED]

Signature [REDACTED]

Date: 07-19-2022

Pho [REDACTED]

Date: 07/19/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 9/23/2024	Time In: 3:30pm	Time Out: 4:03pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Shamekia	Last Name: George	Provider ID: 382169
Provider ID # [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		5/25/2012	12yrs/ Y
[REDACTED]		9/16/2020	4yrs/ Y
[REDACTED]		1/14/2018	6yrs/ N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications-N/A	<input checked="" type="checkbox"/> Blanket(s)	

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of Emergency Ready to go Pack:</b> Kept in a closet near the front door	
<b>Item Specification (if needed):</b>	
•	
<b>To be observed for compliance on :</b>	
•	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Shamekia	Last Name George
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take them to sheltering location [REDACTED] #1 of doors, #1 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by having [REDACTED]	
The provider will <u>travel to the evacuation location to</u> [REDACTED] <u>by</u> [REDACTED] <u>gaining access by using</u> [REDACTED] #1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] children secured by having [REDACTED]	
The provider will <u>travel to the evacuation location to</u> [REDACTED] <u>by gaining</u> [REDACTED] <u>access by</u> [REDACTED] <u>to shelter</u> [REDACTED] #1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering	
<b>CARE HOURS:</b>	
- Monday-Friday 8am-4:30pm	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Shamekia George		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 7-23-2024	Phone: [REDACTED]	Date: 8/23/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 09/22/2023	Time In: 9:30AM	Time Out: 10:48AM	Result: PASSED
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### Informal Care

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

First Name: Shamekia	Last Name: George	Provider ID: 382169
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(01/14/2018)	5yr. / N	
[REDACTED]		(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	Y	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	Y	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
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in locked bathroom and kitchen cabinets and products moved to higher level shelf in hallway closet



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



<input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Stored in living room by exit door	
<b>Item Specification (If needed):</b>	
: 2 blankets, no specific medications, 5 outfits (top/bottom/socks), 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 thermometer, 2 books, 1 bottle of bubbles, 2 extra bags, heavy duty trash bags, 1 roll of duct tape, 1 pair of scissors, 1 flashlight, 1 extra D battery and folder w/ EPP and ECMA docs per child	
: Items to be reviewed on xx/xx/xxxx: N/A	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Shamekia	Last Name George
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<b>Shelter In Place Procedure:</b>	
The provider will gather the children and go into the living room area (1 door 1 window). The ERTG bag is already stored in this area. The provider will use the sealing plastic and tape to seal the door and window if the need arises. The provider will call the parent once secured with emergency updates.	
<b>Evacuation Procedures</b>	
<b>Primary:</b> The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will ensure the oldest child is secured in his seat belt and the youngest child in her forward-facing car seat and drive [REDACTED]. Upon arrival the provider and the children will shelter in [REDACTED] (2 doors 2 windows) The provider will call the parent before, during and after once secured with emergency updates.	
<b>Alternate:</b> If they could not access the primary location, the provider will account for the children grab the ERTG and head to the provider's vehicle. The provider will ensure the oldest child is secured in his seat belt and the youngest child in her forward-facing car seat and drive to [REDACTED]. Upon arrival the provider will call [REDACTED] once inside she and the children will shelter in [REDACTED] (1 door 1 window). The provider will call the parent before, during and after once secured with emergency updates.	
<b>Care Hours:</b> [REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Shamekia George		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9-29-2023	Phone: [REDACTED]	Date: 09/22/2023	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/26/2024	Time In: 12:30pm	Time Out: 1:04pm	Result: Passed
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**Informal Care**

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

First Name: Cassandra	Last Name: Geppi	Provider ID: 533384
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		2/26/2019	5yrs/ N
[REDACTED]		2/26/2024	9 months/N

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

## Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications N/A	<input checked="" type="checkbox"/> Blanket(s)	



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b><u>Location of Emergency Ready to go Pack: In the dining area</u></b>	
<b><u>Item Specification (if needed):</u></b>	
•	
<b><u>To be observed for compliance on :</u></b>	
•	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Cassandra	Last Name Geppi
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, take them to sheltering location [REDACTED] (#1 of doors, #1 of window(s)). The provider will <b>contact</b> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <b>they will be traveling by</b> [REDACTED] <b>children secured by</b> [REDACTED]. The provider will <b>travel to the evacuation location</b> [REDACTED] <b>gaining access by</b> [REDACTED] <b>to shelter in</b> [REDACTED] (#1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering	
The Provider will gather the children and the ready to go bag, <b>they will be traveling by</b> [REDACTED] <b>children secured by</b> [REDACTED]. The provider will <b>travel to the evacuation location</b> [REDACTED] <b>gaining access by</b> [REDACTED] <b>to shelter in</b> [REDACTED] (#1 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering	
<b><u>CARE HOURS:</u></b>	
- Monday-Friday 7am-4pm	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Cassandra Geppi		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 12-26-2024	Phone: [REDACTED]	Date: 12/26/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 12/05/2024	Time In: 1:04pm	Time Out: 1:45pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Michelle Provider ID #: [REDACTED]	Last Name: Gibson	Provider ID: 528514 Email : [REDACTED]
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### Care Location Inspected

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

**Address Verified Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		08/11/2020	4/ Y	
[REDACTED]		03/24/2017	7/N (In School)	
			/	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
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	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	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

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

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

☒ Medications

☒ Blanket(s)

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

Emergency Ready to Go Pack is by the front door.

**Item Specification (if needed):**

- Albuterol (Inhaler) and EPI Pen, Loratadine (Allergy Medicine) (medicine for Isaiah as stated on the EPP)

**To be observed for compliance on:**

- 12/05/2024

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedures:**

The Provider will shelter in the [REDACTED] and use plastic and tape to tape the 2 doors, 1 window and 1 vent.

**Evacuation Procedures:**

The Provider will gather the children, grab the emergency the emergency ready to go pack, and [REDACTED] that is [REDACTED]. The provider has the [REDACTED] to [REDACTED] to be able to get inside. Emergency Ready to Go Pack has all of [REDACTED].

The Provider will gather the children, grab the emergency the emergency ready to go pack, and [REDACTED] which is [REDACTED]. Emergency Ready to Go Pack has all of [REDACTED].

**CARE HOURS:**

**Signatures & Date**

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

**PROVIDER**

**INSPECTOR**

Printed Name:

Michelle Gibson

Printed Name:

Signature:

[REDACTED]

Signature:

[REDACTED]

Date:

12/06/2024

Phone:

[REDACTED]

Date: 12/05/2024

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/04/2023</b>	Time In: <b>2:00PM</b>	Time Out: <b>3:10PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

First Name: <b>Michelle</b>	Last Name: <b>Gibson</b>	Provider ID: <b>528514</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified? <b>Yes.</b>				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/24/2017)	7yr. / N
[REDACTED]		(08/11/2020)	3yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – 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 by ice melting
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored on top of shelf in dining area
• 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 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



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

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



<input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>	
<b>Location of The Emergency Ready to go Pack: Stored on hallway closet near exit</b>	
<b>Item Specification (if needed):</b>	
- <u>1 tote bag (carrying case), 1 roll of duct tape, 1 first aid kit, 1 pk of AA and C batteries, 1 flashlight, 1 thermometer, no specific medications, 2 canned foods/ 2 dried meals, 2 outfits (top/bottom), 1 pair of scissors, 1 pk of sealing sheet, 2 small toys, folder w/ EPP and ECMA docs per child, 4 bottled waters, and 1 large blanket</u>	
- <u>Items to be reviewed on xx/xx/xxxx: N/A</u>	
-	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form)	
<input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Michelle</b> [Redacted]	Last Name <b>Gibson (Provider)</b> [Redacted]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b>	
<b>Shelter In Place Procedure:</b>	
The provider will gather the children and go into the closet under the stair case (1 door 0 window) where the ERTG bag is already stored. If the need should arise the provider will seal the door with the sealing plastic and tape. The provider will call or text the parent before, text during and give the parent a call afterward with emergency updates.	
<b>Evacuation Procedures</b>	
<b>Primary:</b> The provider will account for the children, grab the ERTG and [Redacted]. Upon the [Redacted] the provider will secure the youngest child in his forward-facing car seat with a 5-point harness and securing the oldest child in her car seat belt. From there [Redacted]. Once inside the provider and children would go to the [Redacted] (1 door 0 window). The provider will text the parent once secured with emergency updates.	
<b>Alternate:</b> If they could not access the primary location, the provider will account for the children, grab the ERTG and [Redacted] as they all hold hands. Upon arrival the provider would receive instructions from the store staff about where to shelter specifically. The provider will call or text the parent once secured with emergency updates.	
<b>Care Hours:</b> [Redacted]	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <b>Michelle Gibson</b>		Printed Name: [Redacted]	
Signature: [Redacted]		Signature: [Redacted]	
Date: <b>10-20-23</b>	Phone: [Redacted]	Date: <b>10/04/2023</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>04/01/2022</b> <b>04/04/2022</b>	Time In: <b>1:45PM</b> <b>11:30AM</b>	Time Out: <b>2:48PM</b> <b>11:35AM</b>	Result: <b>Follow up scheduled 04/01/2022</b> <b>PASSED</b> if returned by 5:00PM on 04/05/2022.
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### Informal Care

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

### Provider Information

First Name: <b>Yvette</b>	Last Name: <b>Gibson</b>	Provider ID: <b>435205</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		12/14/2014	7 / No, At school

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No 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	Y	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)	Y	Alarm tested and heard.
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	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	Y	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** In dining room**Item Specification (if needed):**

2 D batteries, inhaler, 3 16 oz, water bottles, cans of spaghetti meatball and ravioli

Pants, under shirt, top, underwear

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

Cabinet lock under sink, outlet covers

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

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

First Name Yvette

Last Name Gibson

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

**Shelter In Place Procedure:**

The provider will grab Anthony and the emergency bag and proceed downstairs to the basement family room which has one door and no windows. Once secure, the provider will call the parent to let her know. Depending on situation provider would call 911 if needed.

**Evacuation Procedures:**

The provider will [REDACTED] if cold outside, grab the emergency bag and proceed to her vehicle where she will secure [REDACTED]'s booster seat that is already in her vehicle. The provider will then drive to the library/recreation center of near housing complex. If the library/recreation center is closed, then they would drive to the alternate evacuation location which is the police station. The provider will communicate with the parent to let her know what is going on.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Yvette Gibson	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	4/4/22	Date:	04/04/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 7/23/2024	Time In: 3:30pm	Time Out: 4:36pm	Result: Passed
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**Informal Care**

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

First Name: Rodah	Last Name: Gichuki	Provider ID: 554066
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		11/20/2020	3 years old/ Y
[REDACTED]		3/10/2023	1 year old/ Y

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b><u>Location of Emergency Ready to go Pack: Closet near front door</u></b>	
<b><u>Item Specification (if needed):</u></b> •	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Rodah	Last Name Gichuki
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the children and the emergency bag and walk with the children [REDACTED] (1 door(s), 0 window(s)). The Provider will contact the parent before, during and after the emergency.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the emergency bag. The Provider will call an Uber and once they arrive, she will ask for assistance taking the car seats to the car. The children will be secured in their car seats and they will [REDACTED]. Upon arrival, they would ask the staff where they should shelter. The Provider would call the parent before, during and after the emergency.	
The Provider will gather the children and the emergency bag. The Provider will call an Uber and once they arrive, she will ask for assistance taking the car seats to the car. The children will be secured in their car seats and they will head to [REDACTED]. Upon arrival, , they would ask the staff where they should shelter. The Provider would call the parent before, during and after the emergency.	
<b><u>CARE HOURS:</u></b> - [REDACTED]	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Rodah Gichuki		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 7/23/2024	Phone: [REDACTED]	Date: 7/23/2024	Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

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

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

☐ Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months				
2 year olds	1	1	1	
3 year olds				
4 year olds	1	1	1	
5's (pre-school)	1	1	0	
5-12 (school age)				
13-19 year olds				
TOTAL	3	3	2	
Overnight				

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Provisional Driver License</b>	EXP. DATE: <b>09/08/2031</b>
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: <b>Breanna Giffen</b>			
PERSON(S) INTERVIEWED: <b>Breanna Giffen</b>			



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 1 – Safety of Home

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



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- 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

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



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- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

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

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## **Part 4 – Vehicular Traffic and Transportation Safety**

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

## **Part 5 – Outdoor Activity Area**

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

### **20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

d) Sensor or alarm on the access door



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

### 22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

### 23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 7 – Health & Safety Review

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



  
 Signature of Informal Child Care Provider

5/7/25  
 Date

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

Signature of Agency Representative  
 Liliana Martinez

05/07/2025  
 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



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>577582</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>21225</b>	COUNTY: <b>Baltimore County</b>
INFORMAL PROVIDER NAME: <b>Breanna Giffen</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Breanna Giffen</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>5/7/2025/1:30pm/85 minutes</b>	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET		

Liliana Martinez

05/25

☐ Complete☐ Includes overflow page

Signature of Agency Representative

Liliana Martinez

Date

ICCP Form SOC108c



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/10/2025	Time In: 1:30 pm	Time Out: 2:39 pm	Result: Passed
----------------------------	------------------	-------------------	----------------

### Informal Care

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

### Provider Information

First Name: Olga	Last Name: Giraldo Yela	Provider ID: 559950
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/4/2024	5 months/ 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	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• 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	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	



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

<b>Emergency Ready-to-Go Pack</b>		
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) <b>and</b> Emergency Documents.		
<b>Disaster Supply Kit</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes		



**Location of Emergency Ready to go Pack: Hallway Closet**

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

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:

The Provider will gather the ready to go bag and the children, [REDACTED] to [REDACTED] 4 doors, 14 window(s). The provider will text parent before, during and after sheltering.

The Provider will gather the children and the ready to go bag, securing the oldest in a forward facing car seat and the youngest in a rear facing car seat. The provider will [REDACTED] (2 doors, 2 window(s)). The provider will text parent before, during and after sheltering.

The Provider will gather the children and the ready to go bag, securing the oldest in a forward facing car seat and the youngest in a rear-facing car seat. The provider [redacted] doors, 2 window(s)). The provider will text parent before, during and after sheltering.

**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.

Page 3 of 3



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a>
---	--	--

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

<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: Olga	Last Name: Giraldo Yela	Provider ID: 559950	
Provider ID #		Email:	
<b>Care Location Inspected</b>			
Street Address:	City:	County:	State: Zip Code:
Address Verified?: Yes			
<b>Name of Children In Care (add pages if needed)</b>	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
		3/3/2022	2 years old/ N

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• 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	
<b>Harmful Items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	



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

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



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

Location of Emergency Ready to go Pack: In the living room

Item Specification (if needed):

To be observed for compliance on 8/30/2024 @2:00PM :

- Check for First Aid kit

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Last Name

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

#### Shelter In Place Procedures:

The Provider will gather the ready to go bag and the child, [REDACTED] 3 doors, 3 window(s). The provider will text/call parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the child and the ready to go bag, call a taxi and the child will be in placed in the car seat. The provider will [REDACTED] (1 doors 2 window(s)). The provider will call/text parent before, during and after sheltering

The Provider will gather the child and the ready to go bag, call a taxi and the child will be in placed in the car seat. The provider will [REDACTED] (1 doors, 2 window(s)). The provider will call/text parent before, during and after sheltering

#### CARE HOURS:

#### Signatures & Date

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

#### PROVIDER

#### INSPECTOR

Printed Name:

Olga P. Giraldo Velazquez

Printed Name:

Signature:

Signature:

Date: 08-30-24

Phone:

Date: 8/30/2024

Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>4/23/2025/3:00pm/83 minutes</b>
APPLICANT ID: <b>N/A</b>
PROVIDER ID: <b>571677</b>
APPLICATION DATE: <b>03/21/2025</b>
COUNTY: <b>Montgomery</b>

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	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: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED:	<input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: Driver License	EXP. DATE: 10/22/2030
CARE LOCATION:	<input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home		
CARE TYPE:	<input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care		
INFORMAL PROVIDER NAME: <b>Juliet Gomez</b>			
PERSON(S) INTERVIEWED: <b>Juliet Gomez</b>			



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 1 – Safety of Home

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



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 2 – General Cleanliness

4. All areas of the home are kept clean, including diapering area.
5. Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.
6. Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.
7. Diapering procedures are followed.
8. Handwashing procedures are followed.
- a) Toileting
- b) Diapering
- c) Food preparation and eating
- d) After playing outdoors
- e) Preventing the spread of disease

### 9. Rest Area and Furnishings

- a) SIDS prevention review
- b) Infant/toddler rest furnishings
- c) Crib safety
- d) Individual rest place
- e) The provider shall provide furnishings for each child approved for care in the home.
- ei) Younger than 12 months old, a crib, portable crib, or playpen
- eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag



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- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

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

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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### **Part 4 – Vehicular Traffic and Transportation Safety**

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

### **Part 5 – Outdoor Activity Area**

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

#### **20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

d) Sensor or alarm on the access door



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

### 22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

### 23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 7 – Health & Safety Review

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



Juliet Gomez

4/23/2025

Sign and upload form to

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



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>571677</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>20904</b>	COUNTY: <b>Montgomery</b>
INFORMAL PROVIDER NAME: <b>Juliet Gomez</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Juliet Gomez</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>4/23/2025/3pm/83 minutes</b>	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET		

Liliana Martinez

04/25

☐ Complete☐ Includes overflow page

Signature of Agency Representative

Liliana Martinez

Date

ICCP Form SOC108c



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ocs.informalproviders@maryland.g by
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Inspection Date: 08/26/2022	Time In: 1:51 PM	Time Out: 2:37 PM	Result: PASSED
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**Informal Care**

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

**Provider Information**

First Name: Cereña Last Name: Govan Provider ID: 492317

Provider ID #: [REDACTED] Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(09/02/2020)	1yr	/ N
			/	/
			/	/
			/	/
			/	/

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Course Completed – 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 very clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	Lots of natural and artificial lighting
• 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	Tested and observed by the provider
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Everyone has working cellphones and working housephone
• Has operational smoke detector(s)	Y	Tested and observed by the provider
• Has first aid kit/supplies	Y	First aid kit within the home
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets in the common spaces we 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	Sharp items stored in locked dishwasher
• Medications of any kind	Y	Stored in high kitchen 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 cabinet over the fridge







enough supplies

- ☒ Flashlight
- ☒ Batteries
- ☒ Portable

MSDE OCC Intf



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
---	--	--

Inspection Date: <b>07/06/2022</b>	Time In: <b>9:30AM</b>	Time Out: <b>10: 22AM</b>	Result: <b>PASSED if returned by 5PM on 07/06/2022</b>
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### Informal Care

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

### Provider Information

First Name: <b>Marialaina</b>	Last Name: <b>Grafton</b>	Provider ID: <b>489717</b>
Provider ID # <b>[REDACTED]</b>		Email: <b>[REDACTED]</b>

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
<b>[REDACTED]</b>		<b>10/11/2012</b>	<b>9 / Yes, On Summer Break</b>
<b>[REDACTED]</b>		<b>01/02/2014</b>	<b>8 / Yes, On Summer Break</b>
<b>[REDACTED]</b>		<b>10/18/2011</b>	<b>10 / Yes, On Summer Break</b>
<b>[REDACTED]</b>		<b>09/08/2008</b>	<b>13 / Yes, On Summer Break</b>

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	<b>Y</b>	<b>Non – Relative Care</b>
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	<b>Y</b>	
• Is free of insect or rodent infestation	<b>Y</b>	No sign of infestation
• Is well-lit and well-ventilated	<b>Y</b>	
• Has hot and cold running water	<b>Y</b>	Steam observed
• Has a working inside toilet	<b>Y</b>	Flush observed
• Has utilities for cooking, lighting and heating	<b>Y</b>	Gas Stove
• Has a working and safe heating system	<b>Y</b>	
• Has a working refrigerator and stove	<b>Y</b>	Light came on when door was opened
• Has a working telephone	<b>Y</b>	Provider cell phone called
• Has operational smoke detector(s)	<b>Y</b>	
• Has first aid kit/supplies	<b>Y</b>	Band aids antiseptic wipes, cold pack, gauze, tape
• Has protective coverings on any electrical outlet that is accessible to children	<b>Y</b>	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	<b>Y</b>	
• Medications of any kind	<b>Y</b>	
• Matches, lighters and flammable products	<b>Y</b>	None
• Alcoholic beverages	<b>Y</b>	None
• Guns	<b>Y</b>	None
• Cleaning agents	<b>Y</b>	Moved to High Shelf



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



<input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>		
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>		
<b>Location of The Emergency Ready to go Pack:</b> <b>In The Basement near exit door</b>		
<b>Item Specification (if needed):</b>  <b>4 AAA Batteries, 5 bottles of water, 4 large cans of Spegettos, tomato soup, 2 chicken and dumpling soup, Chicken Noodle soup, Vegetable beef soup, 3 cans of peach slices, can of Mandarin oranges, Epi pen and inhaler for Hiro, inhaler for Caleb, 3 pants, 1 shorts 4 shirts, 4 under wares, 4 socks, 4 books, 2 large blankets</b>		
<b>Items to review on xx/xx/xxxx if needed:</b> <b>N/A</b>		
<b>Emergency Documents</b>		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care		
<b>Planning and Maintenance</b>		
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name <span style="background-color: black; color: black;">[REDACTED]</span> Last Name <span style="background-color: black; color: black;">[REDACTED]</span>		
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Carried</b>		
<b><u>Shelter In Place Procedure:</u></b>  The provider will gather the children and go down to the basement which has 2 windows one door. ERTG will already be down there. Provider will call parent on her way to the basement.		
<b><u>Evacuation Procedures:</u></b>  The provider will gather children and go out the basement door with the ERGB and head to provider's vehicle where she will make sure all the children are secured in their seat belts and would then drive to prov <span style="background-color: black; color: black;">[REDACTED]</span> Provider has extra keys to gain entry if <span style="background-color: black; color: black;">[REDACTED]</span> once inside they will shelter in the <span style="background-color: black; color: black;">[REDACTED]</span> is one door and one window. Provider will call parent before they leave for the evacuation location.  The alternate evacuation <span style="background-color: black; color: black;">[REDACTED]</span> The provider will gather children and go out the basement door with the ERGB and head to provider's vehicle where she will make sure all the children are secured in their seat belts and would <span style="background-color: black; color: black;">[REDACTED]</span> <span style="background-color: black; color: black;">[REDACTED]</span> Provider will call parent before they leave for the evacuation location.		

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <b>Marialaina Grafton</b>		Printed Name: <span style="background-color: black; color: black;">[REDACTED]</span>	
Signature: <span style="background-color: black; color: black;">[REDACTED]</span>		Signature: <span style="background-color: black; color: black;">[REDACTED]</span>	
Date: <b>7/6/22</b>	Phone: <span style="background-color: black; color: black;">[REDACTED]</span>	Date: <b>07/06/2022</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 9/27/2024	Time In: 3:00 PM	Time Out: 3:48 PM	Result: Passed
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**Informal Care**

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

**Provider Information**

First Name: Bonita	Last Name: Graves	Provider ID: 329936
Provider ID #: [REDACTED]	Email: [REDACTED]	

**Care Location Inspected**

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

Address Verified? Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		7/8/2013	11 years old/	Y	
[REDACTED]		10/31/2015	8 years old/	Y	
[REDACTED]		4/3/2024	5 months/	Y	

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input type="checkbox"/> Medications- N/A	<input checked="" type="checkbox"/> Blanket(s)	



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<u>Location of Emergency Ready to go Pack: Kitchen Closet</u>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Kayla</b>	Last Name <b>Little</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<u>Shelter In Place Procedures:</u>	
The Provider will gather the ready to go bag and the children, [REDACTED] 1 doors, 0 window(s). The provider will <u>call and text</u> parent before, during and after sheltering.	
<u>Evacuation Procedures:</u>	
The Provider will gather the children and the ready to go bag <u>taking them to the car, securing the oldest child in a seatbelt, the middle child in the booster seat and the youngest in a rear facing car seat.</u> The provider will [REDACTED] [REDACTED] The provider will <u>call and text</u> parent before, during and after sheltering.	
The Provider will gather the children and the ready to go bag <u>taking them to the car, securing the oldest child in a seatbelt, the middle child in the booster seat and the youngest in a rear facing car seat.</u> The provider will [REDACTED] [REDACTED] The provider will <u>call and text</u> parent before, during and after sheltering.	
<b>CARE HOURS:</b> [REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <b>BONITA GRAVES</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>09/27/24</b>	Phone: [REDACTED]	Date: <b>9/27/2024</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 8/29/2024	Time In: 3:30pm	Time Out: 4:03pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Sandra	Last Name: Gray	Provider ID: 47253
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		9/7/2014	9yrs/	N	
[REDACTED]		10/10/2015	8yrs/	N	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight             | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries              | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit | <input checked="" type="checkbox"/> Diapers N/A         | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer            | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/<br>Packing Tape & Sealing Plastic/ Trash<br>Bags |
| <input checked="" type="checkbox"/> Medications N/A        | <input checked="" type="checkbox"/> Blanket(s)          |  |



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of Emergency Ready to go Pack: Near the front door</b>	
<b>Item Specification (if needed):</b> <ul style="list-style-type: none"> <li></li> </ul>	
<b>To be observed for compliance on :</b> <ul style="list-style-type: none"> <li></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Sandra      Last Name Gray	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Shelter In Place Procedures:</b>  The Provider will gather the ready to go bag and the children, take them to the [REDACTED] (#1 of doors, no window(s)). The provider will <b>contact</b> parent before, during and after sheltering.  <b>Evacuation Procedures:</b>  The Provider will gather the children and the ready to go bag, <b>they will be traveling to the [REDACTED] children s [REDACTED]</b> The provider will <b>travel to the evacuation location by [REDACTED], gaining access by to shelter in by [REDACTED] the [REDACTED] #1 of doors, no window(s)).</b> The provider will contact parent before, during and after sheltering  The Provider will gather the children and the ready to go bag, <b>they will be traveling by car, children secured by [REDACTED].</b> The provider will <b>travel to the evacuation location of the [REDACTED], gaining access by to shelter in [REDACTED] #1 of doors, #3 of window(s)).</b> The provider will contact parent before, during and after sheltering  <b>CARE HOURS:</b> - Monday-Friday 7pm-7am	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: Sandra Gray		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 8/29/24	Phone: [REDACTED]	Date: 8/29/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/31/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:31PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Sandra</b>	Last Name: <b>Gray</b>	Provider ID: <b>472753</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(09/07/2014)	8yr. / N
[REDACTED]		(10/10/2015)	7yr. / N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and 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
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored in knife holder on back of counter
• Medications of any kind	Y	Stored in high cabinet of bathroom
• 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 stored in high level kitchen cabinet



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Medications (N/A)

☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored by front door exit

Item Specification (if needed):

- 1 backpack (carrying case), folder w/ EPP and ECMA per child, 2 flashlights, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no specific meds, 2 dried foods, 2 canned foods, 2 outfits (top/bottom/underwear), 3 bottled waters, 2 med blankets, 2 coloring books/crayons, 1 pair of scissors, 1 roll of duct tape, and 2 heavy duty trash bags
- Items to be reviewed on xx/xx/xxxx: N/A

#### Emergency Documents

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Sandra

Last Name

Gray

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

#### Shelter In Place Procedure:

The provider will gather the children and grab the ERTG and go into the upstairs bathroom (1 door 0 window) and proceed to lock the door and then seal the door and vent if the need should arise with the sealing plastic and tape. The provider would text the parent, once she and the children are secured.

#### Evacuation Procedures

**Primary:** The provider will account for the children, grab the ERTG and [REDACTED] The provider and the children will walk, [REDACTED] The provider will [REDACTED] their arrival. Upon arrival, the provider and children would seek shelter in [REDACTED] (1 door 2 windows) and then text the parent 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 provider's vehicle. The provider will secure both children in their booster seats. Once secure she and the children will drive to [REDACTED] the provider will [REDACTED] upon arrival. The provider and children would seek shelter in [REDACTED] (0 door 1 window) and then text the parent once secured with emergency updates.

Care Hours:

[REDACTED]

#### Signatures & Date

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

##### PROVIDER

Printed Name:

Sandra Gray

Signature:

[REDACTED]

Date:

9/15/2023

Phone:

[REDACTED]

##### INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 08/31/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
---	--	--

Inspection Date: 03/24/2022	Time In: 3:30 PM	Time Out: 4:31 PM	Result: DID NOT PASS
Follow-up Inspection Date: 03/25/2022	Time In: 9:30 AM	Time Out: 9:32 AM	Follow-up Result: PASSED

### Informal Care

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

Provider Information First Name: Diana Provider ID #: [REDACTED]	Last Name: Green	Provider ID: 483524
Care Location Inspected Street Address: [REDACTED]		Email: [REDACTED]

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(01/24/2012)	10 years / N	
[REDACTED]		(02/22/2013)	9 years / N	
[REDACTED]		(01/06/2015)	7 years / N	
[REDACTED]		(05/29/2016)	5 years / N	
[REDACTED]		(02/24/2018)	4 years / Y	
			/	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Home was in good repair
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam was observed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Tested by provider
• Has a working refrigerator and stove	Y	Fridge worked properly and stove as well
• Has a working telephone	Y	Everyone in household has cellphones
• 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	All exposed outlets 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	In high cabinet over the kitchen sink
• Medications of any kind	Y	Cabinet space on top of the fridge
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	High shelf in hallway closet
• Poisonous substances	Y	Does not own
	Standard Met	Comments/Notes



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? **Yes, 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
- [REDACTED]
- 1 first aid kit
- Twister/UNO Games
- 1 scissors, 1 roll of tape, 3 trash bags

To be observed for compliance on 03/25/2022: REVIEWED AND CORRECTED ON 03/25/2022

- Locks needed on lower kitchen and bathroom cabinet

#### Emergency Documents

• Informal Provider Emergency Preparedness Plan (this completed form)

• Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Last Name

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

#### Shelter In Place Procedures:

The Provider will take a head count and then grab the emergency to-go bag and then proceed into the hallway bathroom (1 door 0 windows), will call and text both parents during and after the emergency.

#### Evacuation Procedures (Primary):

The provider will gather the children, to-go bag, and stroller for the 4yr and walk over to the fire department, will wait for instructions of what area to shelter in and she will contact the parent before they go to the fire department and once, they have arrived safely. They will remain there until the emergency is over.

#### Evacuation Procedures (Alternate):

The provider will gather all the kids, the to-go and stroller for the 4yr and then [REDACTED] Provider will receive instructions from [REDACTED] of where to shelter and will contact the parents before, during and after the emergency.

Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
PROVIDER	INSPECTOR
Printed Name: Diana Green	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 03/25/2022 Phone: [REDACTED]	Date: 03/25/2022 Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: <b>5/6/2025/1:30pm/75minutes</b>
APPLICANT ID: <b>N/A</b>
PROVIDER ID: <b>577283</b>
APPLICATION DATE: <b>03/11/2025</b>
COUNTY: <b>Baltimore City</b>

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

☐ Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months	1	1	1	
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)				
13-19 year olds				
TOTAL	1	1	1	
Overnight				

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED:	<input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: <b>Driver License</b>	EXP. DATE: <b>01/06/2032</b>
CARE LOCATION:	<input type="radio"/> Child's Home <input checked="" type="radio"/> Informal Child Care Provider's Home		
CARE TYPE:	<input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care		
INFORMAL PROVIDER NAME: <b>Rona Greene</b>			
PERSON(S) INTERVIEWED: <b>Rona Greene</b>			



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 1 – Safety of Home

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



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## Part 2 – General Cleanliness

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



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- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

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

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## **Part 4 – Vehicular Traffic and Transportation Safety**

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

## **Part 5 – Outdoor Activity Area**

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

**20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

d) Sensor or alarm on the access door



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

### 22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

### 23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## Part 7 – Health & Safety Review

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



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

*Rona Greene*

Signature of Informal Child Care Provider

05/06/2025

Date

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

Signature of Agency Representative

Liliana Martinez

05/06/2025

Date

Time Out:

05/06/2025

Date

14:45

Time

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

Total Duration:

75

Minutes



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>577283</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>21216</b>	COUNTY: <b>Baltimore City</b>
INFORMAL PROVIDER NAME: <b>Rona Greene</b>		CARE LOCATION: <input type="radio"/> Child's Home <input checked="" type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Rona Greene</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>5/6/2025/1:30pm/75minutes</b>	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS HAVE BEEN MET		

Liliana Martinez

05/25

☐

Complete

☐

Includes overflow page

Signature of Agency Representative

Date



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>
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Inspection Date: 02/22/2023	Time In: 10:30AM	Time Out: 12:03PM	Result: PASSED.
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### Informal Care

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

First Name: Howard	Last Name: Grier	Provider ID: 507422
Provider ID: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(05/17/2019)	3yr	/	Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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.	Y	Trash bin located in kitchen

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y	
<b>Location of The Emergency Ready to go Pack:</b> Emergency bag located in the dining area near the exit.	
<b>Item Specifications (If needed):</b> - 1 flashlight light, 2 add. batteries, no diaper age children in care, 1 thermometer, 1 first aid kit, no specific medications, 2 bottles waters, 3 canned foods, 1 outfit (top/bottom), pull-ups and wipes, 1 large blanket, lego toys, 1 pair of scissors, 1 roll of duct tape, 1 roll of trash bags, and folder of EPP/ECMA docs	
Items to be reviewed on xx/xx/xxxx if needed: N/A	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Howard	Last Name Grier
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried by the provider.	
<b>Shelter-in-Place Procedures:</b>	
Provider will grab the emergency bag and account for the child in care and proceed [REDACTED] 3 windows 0 doors). If the need should arise the provider will use sealing plastic and tape to secure any windows, and will call the parent as soon he and the child are secured in the location.	
<b>Evacuation Location(s) Procedures:</b>	
<b>Primary:</b> The provider will grab the child and ready-to-go bag and head to the provider's vehicle. the provider will secure the child in his rear-facing car seat. Upon arrival to the [REDACTED] the provider and child will enter [REDACTED] go to a [REDACTED] or further [REDACTED]. The provider will call the parent once he and the child are secured in the location.	
<b>Alternate:</b> If they could not access the primary location, the provider along with the child along and emergency bag would head back to the providers vehicle, he would secure the child in the rear-facing car seat and drive [REDACTED]. Upon arrival the provider and child would enter the [REDACTED]. The provider will call the parent at the beginning and end of the emergency and inform the parent of the location.	
<b>Signatures &amp; Date</b>	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.	
<b>PROVIDER</b>	<b>INSPECTOR</b>
Printed Name: Howard Grier	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 3-4-23	Date: 02/22/2023 Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/24/2023</b>	Time In: <b>4:00PM</b>	Time Out: <b>5:20PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Anthonia</b>	Last Name: <b>Griffin</b>	Provider ID: <b>521270</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		<b>(05/05/2023)</b>	<b>1yr.</b>	<b>/ Y</b>	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	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	Medical 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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to higher cabinet shelf in kitchen
• Medications of any kind	Y	Stored in locked bathroom cabinet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Locked under bathroom sink
• Poisonous substances	Y	Outside in locked shed

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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



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

**Location of The Emergency Ready to go Pack:** Stored in Foyer near exit

**Item Specification (if needed):**

= 1 duffle bag (carrying case), 2 flashlights, 1 pk of D batteries, 1 thermometer, no specific meds, 1 first aid kit, 4 bottled waters, 4 canned food items, 1 pk of diapers/wipes, 1 outfit (top/bottom), 1 large blanket, 2 toys and 1 book, 1 pair of scissors, 1 roll of duct tape, and 1 large sheet of sealing plastic, and folder w/ EPP and ECMA docs

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

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name  
Anthonia

Last Name  
Griffin

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

**Shelter In Place Procedure:**

The provider will account for the child and grab the ERTG and head to the downstairs bathroom (1 door 1 vent), and no windows. If the need should arise the provider will use sealing plastic and tape to seal the door and vent. The provider will call or text the parent before, during and after with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the child, grab the ERTG. The provider will ensure the child is secured in her rear-facing car seat and drive [redacted]. The provider will [redacted]. Upon entry, the provider and child would shelter in [redacted] (1 door 0 window). Once secured the provider will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, grab the ERTG. Then the provider will ensure the child is secured in her rear-facing car seat and drive to [redacted]. The provider will [redacted]. Upon entry, the provider and child would [redacted] (1 door 0 window 1 vent). Once secured the provider will call or text the parent with emergency updates.

**Care Hours:**

[redacted]

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Anthonia Griffin	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date:	8-28-2023	Date:	08/24/2023
Phone:	[redacted]	Phone:	1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

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

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	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)	1	1	0	
13-19 year olds				
TOTAL	3	3	2	
Overnight				

FATALITY: <b>N/A</b>	SERIOUS INJURY: <b>N/A</b>	COMPLAINT #: <b>N/A</b>	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: <b>Learner's Instructional Permit</b>	EXP. DATE: <b>08/12/2026</b>
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input checked="" type="radio"/> Relative Informal Child Care <input type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: <b>Anna Guacamaya</b>			
PERSON(S) INTERVIEWED: <b>Anna Guacamaya</b>			

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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 1 – Safety of Home

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



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## Part 2 – General Cleanliness

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

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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

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

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

### Part 4 – Vehicular Traffic and Transportation Safety

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

### Part 5 – Outdoor Activity Area

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

#### **20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

d) Sensor or alarm on the access door

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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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

## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

### 22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

### 23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

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## Part 7 – Health & Safety Review

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

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

06/04/2025

\_\_\_\_\_  
Signature of Informal Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Liliana Martinez

Time Out:

06/04/2025

Date

15:05

Time

Date	Start Time	End Time	Duration	Follow-Up
06/04/2025	12:00	12:45	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**

INSPECTION DATE/TIME/DURATION: <b>6/4/2025/3pm/3minutes</b>	INSPECTION TYPE: <b>Initial</b> Follow-Up Inspection
PROVIDER ID: <b>580985</b>	APPLICANT ID: <b>N/A</b>
INFORMAL PROVIDER NAME: <b>Anna Guacamaya</b>	PERSON(S) INTERVIEWED: <b>Anna Guacamaya</b>

AGES	Total Approved	# Scholarship	# Present	Resident Children
2yrs	2	2	2	
11yrs	1	1	0	

INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No	ID TYPE: <b>Learner's Instructional Permit</b>	EXP. DATE: <b>8/12/2026</b>
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	CARE TYPE: <input checked="" type="radio"/> Relative Care <input type="radio"/> Non-Relative Care	

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	Standard #	Inspection #	Standard Description
<div style="border: 1px solid black; padding: 2px; width: 20px; display: inline-block;">C</div>	<b>IIS.P6.21.d</b>	<b>21d</b>	Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: includes a Thermometer
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			

Sign and upload form to

**PROVIDER PORTAL**

☐ Includes overflow page

**Liliana Martinez**

**06/04/2025**

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

**Liliana Martinez**

Date

**SUMMARY OF CORRECTION**

PROVIDER ID: <b>580985</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>21225</b>	COUNTY: <b>Anne Arundel County</b>
INFORMAL PROVIDER NAME: <b>Anna Guacamaya</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Anna Guacamaya</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>6/4/2025/12:00pm/45minutes</b>	

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

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
<b>IIS.P6.21.d</b>	Emergency Preparedness Plan & Response, Emergency Ready-to-Go Pack: includes a Thermometer	Provider added a thermometer to the emergency bag.	<b>06/04/2025</b>

Liliana Martinez

**06/25**☐ Complete☐ Includes overflow page

Signature of Agency Representative

Liliana Martinez

Date