

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted January 2024

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

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

Return to: ccs.informalproviders@maryland.g ov

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

Safety of the Home

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

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

pages may be used for comments.		, 100/10 100/10 010000000, 1100 11000000
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	Υ	Provider has 2 first aid kits in upstairs hallway closet
	Has protective coverings on any electrical outlet that is accessible to children	Y	

Harmful items are stored appropriately	Standard Met	Comments/Notes
and away from children:	Y/N	Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Stored in knife holder on top of the fridge
Medications of any kind	Υ	
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Υ	Does not own
Cleaning agents	Y	Top shelf of hallway closet
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Ail areas of the home are kept clean, including diapering area.	Y	Organized in living room area
Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after.		
Toileting.		
 Diapering. Before food preparation and eating. 	Y	
After playing outdoors; and		
At other times when necessary to prevent the spread of disease.		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:		
Physical injury	Y	
Any sexual abuse		
Mental injury		

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

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, 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

Last Name

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

<u>Item Specification (if needed):</u> 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

<u>Shelter-in-Place Procedures:</u> Provider will lock all doors and windows, gather the emergency bag and the child and head into the basement (1 window 1 door), provider will contact the parent via call or text once they are safely in their shelter location.

Evacuation Locations:

<u>Primary:</u> 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, will go into the living (2 windows 2 doors) or basement area (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. Provider has access to the home 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** INSPECTOR Printed Name: IONNE L. GAdon **Printed Name:** Signa Signature Date: 3-A 2 Phone: Date: 05/03/2022 Phone: 1-877-277-0125

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 03/06/2023	Time Ir	n: 3:30PM	Time Out: 4:29PI	M Result: PASSED
Informal Care				
Type of Care (check one):	elative Inforr	mal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Patricia Provider ID #:	Last Na	ame: Gallow a	ч	Provider ID: 481428 Email:
Care Location Inspected				
Street Address: Address Verified? Yes.	Cit	y:	County:	State Zip Code:
Name of Children in Care (add pages if n	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(05/25/2021)	1yr. / Y
Safety of the Home	oo with oooh	atandard Note	any comments or o	orrective estima peoded Additional
Directions: Review and determine complian pages may be used for comments.	ice with each	i standard, Note	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 Comple	ted?		Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety haza	rds:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 			Y	All areas were clean and in great condition
 Is free of insect or rodent infesta 	tion		Υ	No evidence of infestation
Is well-lit and well-ventilated			Y	All lights were turned on and lots of natural window lightening
Has hot and cold running water			Y	Tested by provider and steam observed on camera
 Has a working inside toilet 			Y	Flushed by provider and observed
 Has utilities for cooking, lighting 	and heating		Y	
 Has a working and safe heating 	system		Y	Thermostat settings tested and observed
 Has a working refrigerator and s 	tove		Y	Tested by provider and observed
Has a working telephone			Υ	Called provider's working phone
Has operational smoke detector	(s)		Υ	Observed and tested by provider
 Has first aid kit/supplies 			Υ	Retrieved from kitchen by provider and observed
 Has protective coverings on any accessible to children 	Has protective coverings on any electrical outlet that is		Υ	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately children:	and away	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		No.	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

Cleaning agents

Guns

Y

Y

Does not own

Provider keeps all cleaning products in her vehicle

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

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

Disaster Supply Kit

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

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

⊠Medications	⊠Blanket(s)
Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Pack	: Shelter closet in master bedroom
	1 thermometer, 5 bottled waters, 4 canned foods, 5 diapers/pull-ups, 1 pk of wipes, 3 shirts, 2 of small toys, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no specific P & ECMA docs
Emergency Documents	
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)
⊠Authorization for emergency medical cal	re
Planning and Maintenance	
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documents regularly:
First Name Patricia	Last Name Galloway
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation location: Carried by provider.
Shelter In Place Procedure: The provider will grab the child, however, the em the provider will use the sealing plastic and tape emergency.	ergency bag will already be located in the1 door 0 windows), if needed to seal the door. She will contact the parent via phone call before and after the
Evacuation Procedures:	
car seat and drive to the evacuation location. Up	child and carry the emergency bag to her vehicle. The provider will secure the child in his on arrival the provider and child will walk into the shelter room within the rent before and when they are secured in the location.
Alternate: The provider will the grab the child by and then drive to the evacuation site. Upon arrive where to shelter by the school.	y hand and the emergency bag, the provider will securely place the child in his car seat al at the the provider will buzz into and be instructed of the provider will call the parent before and once they are safe and settled at the
Signatures & Date	
Acknowledgement: By signing below the parties a	acknowledge that all standards have been reviewed, and any corrections if needed have nat, if approved, the home in which care is provided is subject to random, unannounced i-person.
PROVIDER	INSPECTOR

Signatures & Date				
Acknowledgement: By signing below the parties acknowledge that been discussed. The parties also acknowledge that, if approved, pop up visit which will be conducted virtually or in-person.				
PROVIDER INSPECTOR				
Printed Name: Patricia Galloway	Printed Name:			
Signature:	Signature:			
Date: 3-6-23 Phone:	Date: 03/06/2023	Phone: 1-877-227-0125		

⊠Virtual Inspection □In-person Inspection

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

Inspection Date: 02/03/2022 & 02/04/2022	Time In 1:45 PM	: M & 9:30 AM	Time Out: 3:15 PM & 9:45 AM	Result: Approved if returned by 5 pm on 02/04/2022	
Informal Care	14.215				683
Type of Care (check one): Non-relati	ive Inform	nal Provider Ca	are Relative inf	ormal Provider Care	311
Provider Information		Mariett, 1140			55
First Name: Patricia	Last Na	me:Galloway		Provider ID: Not In CCATS	-
				Email:	Г
Care Location Inspected	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4:
Street Address: Address Verified?: Yes		City	County	State Zip Code	ı
Name of Children in Care (add pages if need	led)	Scholarship	Date of Birth	Age / Present (Y/N)	
	1000		05/25/2021	8 mons. / Y	5.0
				1	
				1	_
				1	_
	T			1	_
				1	_

Directions: Review and determine compliance with each stand Additional pages may be used for comments.	dard. Note any comm Y – Yes, N – No,	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Health and Safety Training	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Care
Home is free of health and safety hazards:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	
Is free of Insect or rodent Infestation	Y	No rodent droppings were observed in the home.
Is well-lit and well-ventilated	Y	Plenty of Natural light and artificial lighting.
Has hot and cold running water	Y	Observed steam in the bathroom from the shower
 Has a working inside toilet 	Y	Observed the toilet flush
 Has utilities for cooking, lighting and heating 	Y	4 Burners Observed.
 Has a working and safe heating system 	Y	Turned from 60 degree to 80 degrees
Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed.
Has a working telephone	Y	-to be observed 02/04/22, Observed an Outbound call
Has operational smoke detector(s)	Y	Test button pressed on the smoke detector.
Has first ald kit/supplies	Y	Bandages, Alcohol Pads, Antiseptic
 Has protective coverings on any electrical outlet that is accessible to children 	Y	2 Outlet covers observed in the main area.
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	Kept in a drawer in the kitchen
Medications of any kind	Y	Kept in a bin in a high windowsill
Matches, lighters and flammable products	Y	Not kept in the residence
Alcoholic beverages	Y	Not kept in the residence
Guns	Y	Not kept in the residence

Cleaning agents	Y	-to be observed 02/04/22. Cleared from the sink area in the kitchen and placed it in a secure bag within a tote. The provider moved the tote to her car in the front seat.
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	On the bed in the Provider's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash bin in the kitchen. Trash taken out daily.
Child is changed immediately when s/he has a soiled or wet diaper, dothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	11 22 Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

⊠Bottled water -to be observed 02/04/22

⊠Folder or binder for EPP documents

⊠ Batteries

☑Non-perishable food

⊠Backpack(s) or carrying case(s)

SPortable First Aid Kit

Diapers

⊠Consider special toys or games-to be

observed 02/04/22

⊠Thermometer<u>-to be observed</u>

02/04/22

⊠Change of clothes- to be observed

02/04/22

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

Bags

Medications ≥

⊠Bianket(s) -to be observed 02/04/22

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 bedroom closet

Item Specification (if needed):

- 5 Diapers
- 7 Jars of Baby Food
- 1 12.4 oz Can of Baby Formula
- Wipes
- Large Yellow Flashlight
- 4 D Batteries
- 15 Trash Bags, 2 Rolls of Duct Tape, and Large black Scissors
- First Aid Kit: Bandages, Tape, Pain Relief, Antibiotic Ointment
- Folder: EPP Forms

To be observed for compliance on 02/04/2022:

- Has a working telephone- Observed
- Cleaning Agents Moved to a secure location- Observed
- Thermometers Observed
- Bottled Water- 3 Bottles Observed
- Change of Clothes- 5 Outfits for the child Observed
- Blanket- 1 large double sided blanket Observed
- Emergency Care and Medication Authorization document.- Form Observed
- Special Toys and/or games for the child- Teething banana & teething mitt along with other toys Observed

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 pick the baby up and secure him in the baby carrier. The provider and child will shelter in the closet (1 Door 0 Windows). The Provider will contact the Parent immediately after they are secured.

Evacuation Procedures:

The Provider will pick the baby up and secure him in the carrying chair, grab the ERTG Bag, strap the child in the car seat and drive to the fire station. The Provider will gain assistance for where to shelter once she has arrived to the Fire Department by contacting the parent and local authorities. If the Provider cannot shelter at the Fire Department the Provider will pick the baby up and secure carrying chair, grab the ERTG Bag, strap the child in the car seat and drive to The Provider will contact as well as the Parent in order to gain entry and assistance on where to shelter in the school. The Provider will inform the Parent when they are safe.

Acknowledgement: By signing below the parties acknowledge that all st been discussed. The parties also acknowledge that, if approved, the hopop up visit which will be conducted virtually or in-person.	andards have been reviewed	and any corrections if needed have
PROVIDER		INSPECTOR
Printed Name: Patricia Galloway	Printed Name:	
Signature:	Signature:	
Date: 2/4/22 Phone:	Date: 02/04/2022	Phone: 1-877-227-0125

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/02/2022 Follow-up Inspection Date: 08/08/2022		e In: 1:45 PM e In: 8:50 AM	Time Out: 3:12 Pl Time Out: 9:12 Al		esult: A	PPROV	ED
Informal Care							
Type of Care (check one): Non-re	lative Inf	ormal Provider C	are	nformal	Provide	r Care	
Provider Information				17.3			
First Name: Dulce	Last	Name: Galva		Provider ID: 451399 Email:			9
Provider ID #:							
Care Location Inspected							
Street Address: Address Verified? Yes.	City	Cou	inty		State	MD	Zip Code
Name of Children in Care (add pages if nee	eded)	Scholarship	Date of Birth	Age	1	Prese	ent (Y/N)
			(07/30/2013)	9yr	/Y		
					1		
					1		
					1		
					1		
					1		

Safety of the Home		
Directions: Review and determine compliance with each standard, pages may be used for comments.	Note any comments of Y - Yes, N - No	r corrective actions needed. Additional , D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Me Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Completed - Non-Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All areas well-lit
Has hot and cold running water	Y	Tested and observed by the provider
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Provider lives in the basement apartment and does not have access to the system, The homeowners regulate the system as they reques
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Everyone has working cellphones
Has operational smoke detector(s)	Y	System beeped three times and then flashes
Has first aid kit/supplies	Y	First aid kit in the home
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Outlets were either covered or occupied
mful items are stored appropriately and away from Idren:	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
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	No diaper age children.
rash, garbage, and wet and soiled diapers are disposed of in a anitary manner.	Y	No diaper age children.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting. Diapering. Before food preparation and eating. After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

⊠Backpack(s) or carrying case(s)

⊠Diapers

□ Consider special toys or games

_				
XIT	-			-
	16:0	FIGI	180	6-21

Change of clothes

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

101	B. A	ad	ma	tion	e
101	IVI	cu	ICa	LIOI	152

⊠Blanket(s)

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, on top of the fridge near the exit.

Emergency Documents

☑Informal Provider Emergency Preparedness Plan (this completed form)

Mauthorization for emergency medical care

Planning and Maintenance

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

Last Name

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

Itemized List:

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

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

Evacuation Location(s):

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

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

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

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

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced

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

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 08/09/2023	Time	e in: 3:00PM	Time Out: 4:15PM	M Result: PASSED
Informal Care				
Type of Care (check one):	☐ Non-relative Inf	ormal Provider C	are ⊠Relative	Informal Provider Care
Provider Information				
First Name: Maria	Last	Name: Galvan		Provider ID: 438037
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:
Name of Children in Care (add	pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(11/01/2012)	10yr. / Y
			(06/01/2017)	6vr / Y

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

Cleaning agents	Y	All cleaning products moved to higher shelf in hallway closet
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen or bathroom trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
A child in care is not subjected to mistreatment, including:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
NECONS DE VI. CRESCOS		bags
⊠ Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, organiz		
Emergency Ready-to-Go Pack is available and ex- Location of The Emergency Ready to go Pack Item Specification (if needed): 1 duffle/1 backpack (carrying case), folde	: Stored in front closet near exit	
	1 bag of health bars and juice, 5 canned	foods, 3 blankets, 3 books, 3 toys, 6 outfits
Emergency Documents		
⊠Informal Provider Emergency Prepared	ness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents of	equiarly:
First Name Maria	Last Name Galvan	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evacuation	location: carried by the provider.
Shelter In Place Procedure:		normania de la caracteria de la constanción de l
The provider will gather the child and ERTG and	go into the basement (1 doors 6 windows	s) and proceed to lock all doors and then seal
the doors and vents if the need should arise with children are secured.	the sealing plastic and tape. The provide	r would call the parent, once she and the
Evacuation Procedures		
Primary: The provider will account for the children child in the car seat belt, middle child in booster the provider will shelter in (1 door 2 windows) and the car seat belt account for the children children in (1 door 2 windows) and the car seat belt account for the children child	and youngest child in forward-facing car s	eat. Once secure she and child will drive to the arrival. The provider and children would seek
Alternate: If they could not access the primary provider's vehicle. The provider will secure the of facing car seat. Once secure she and child will dupon arrival. The provider and children we secured with emergency updates.	Idest child in the car seat belt, middle child rive to the provider w	d in booster and youngest child in forward-
Care Hours:		
Signatures & Date		
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in	nat, if approved, the home in which care is	
PROVIDER		INSPECTOR
Printed Name: Maria Galvan	Printed Name:	
Signature:	Signature:	
Date: 08-31-2023 Phone	Date: 08/09/2023	Phone: 1-877-227-0125

SVirtual Inspection
☐In-person Inspection

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

Return to: ccs informalproviders@maryland g ov

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

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

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

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

Disaster Supply Kit

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

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

⊠Thermometer		⊠Change of clothes		☑Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications		⊠Blanket(s)		
Items in the Disaster Supply	Kit are clean, organiz	zed, and usable (Y/N)? Y		
Emergency Ready-to-Go Pa	ack is available and ea	asily accessible in the event of an	emergency (Y/N)?	Υ
Location of The Emergence	cy Ready to go Pack	: By the front door		
Item Specification (if need	led):			
3 D batteries, 6 AA batteries	s for second flashlight, 3 juices, 3 apple sauce	e, can of chicken and can of tuna, 3		ter,
Items to review on xx/xx/x	oxxx if needed: N/A			
Emergency Documents				
⊠Informal Provider E ⊠Authorization for en		ness Plan (this completed form)		
Planning and Maintenance				
Person responsible for upda	iting the Disaster Sup	oply Kit and the Emergency Docu	iments regularly:	
First Name		Last Name		
Evacuation Procedures: The provider will grab the kid her seat belt before driving, entry and will shelter in the bleaving the care location and if they cannot shelter at the pwould call parent to let them seats an	children, the ERTB a ow and one door. The ds, ERTB and head to The primary evacuati pedroom in the basen d will call again after of primary location they know about evacuati pefore driving. O	o her vehicle where she did not not to the room has two windows getting to the evacuation location drive to the alternate evacuation ing then provider will grab the kid once there, the provider will use so	house. The ps and one door. The n. location ds, ERTB and se spare key to gain e	rovider will use spare key to gain
Signatures & Date	a below the parties a	cknowledge that all standards ha	we have reviewed	and any corrections if needed have
	also acknowledge that	at, if approved, the home in which		and any corrections it needed have subject to random, unannounced
	PROVIDER		INS	SPECTOR
	Galvan	Printed Nan	ne	
Signaturi		Signature		
Date: 07-19-2022	Pho	Date: 07/19	9/2022	Phone: 1-877-227-0125

Maryland State Department of Education/Office of Child Care

Inspection			INFORMAL OF	GARE				
Inspection Date: 07/29/202	& 08/02/2021	Time & 2:0	In: 10:00 AM 00 PM	Time Out: 10:5 8 2:00 PM	4 AM	Result: Al	PPROVED	
Informal Care		-	-					
Type of Care (check one):		4	10.10.0	D.Dalati	un Info	rmal Provide:	r Care	
Provider Information	☐ Non-relati	ve Info	rmal Provider C	Tale Michael	VE IIIIO	THE PARTY OF		
First Name: Maria		_				Provider ID	438037	
si Name: Mana		Last	Name: Galvan			Email:		-
Care Location Inspected								
Street Address. Verified. Address on mailbox				City		County	State	Zip Code
Name of Children in Care		M)	Scholarship	Date of Birth	A	lge /	Present (Y/N)	
minorell iti ceta	and bades a trace.	30)		11/01/2012	8	/Yes		
NO SOCIETY OF THE PARTY OF THE				06/01/2017	4	/Yes		
				04/16/2018	3	Yes		
						- 1		
						1		
						1		
					_	-	****	
Safety of the Home								
Directions: Review a	nd determine comp y be used for comm	pliance mants.	with each stand	ard. Note any com Y - Yes, N - No,	ments o	or corrective a iscussed, n/s	ctions needed. a – Not Applicable	
Health and Safety Training	:		VI. 7011	Standard Met Y/N	Con	nments/Notes rective Action	n /Timetrame if neede	d
Basic Health and Sa	efety Training Con	nplete	d?	N/A			Relative Care	
Home is free of health and	safety hazards:			Standard Met Y/N		rective Action	r /Timeframe if neede	d
 Is in good repair 				Y				
 Is free of insect or re 	edent infestation			Y				
Is well-lit and well-vell-vell-vell-vell-vell-vell-vell-	entilated			Y				
. Has hot and cold rur	nning water			Y				
Has a working inside	toilet			Y				
Has utilities for cook	ing, lighting and h	eating		Y				
 Has a working and s 	afe heating system	n		Y			3.2	
Has a working refrige	erator and stove			Y				
Hes a working teleph				Y				
Has operational smo				Y				
Has first aid kit/suppl				Y				
Has protective coveri accessible to children	ings on any electr	ical o	utlet that is	Y				7-31-11-1
armful items are stored app		way fi	rom	Standard Met Y/N		nents/Notes	/Timeframe If needed	
Sharp or pointed items				Y				44
 Medications of any kin 	-			Y				
Matches, lighters and		ds		Y				
Alcoholic beverages				Y				
• Guns				Y	_			_
. Cleaning agents		_		Y	_			
. Poisonous substances				Y	-			

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

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Flashlight Bottled water ⊠Folder or binder for EPP documents **⊠**Batteries ⊠Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit **⊠** Diapers **⊠Thermometer** ☑ Change of dothes ⊠Scissors, tape & sealing plastic ☐Medications ⊠Blanket(s)

B--- 7 . F7

Emergency Pre-	are clean, organized, and usable (Y/N)? Yes
Disaster Sunta Disast	are clean, organized, and usable (Y/N)? Yes is available and easily accessible in the event of an emergency (Y/N)? Yes Note: Replicated by the front door.
Supply Kit Comments/	is available and easily accessible in the event of an emergency (Y/N)? Yes Notes: Backpack Located by the front door.
Fever medicine(2)	10102 Backback manner
4.4 (1) (1) (1)	
Face Masks(Pack)	
○ 日 は 日 で	
Senitizer	
Diapers for Angel	
No Batteries	
Ear thermometer	
No medications for children Snacks, Chips	
China	
Top and bottoms for each kid. 3 blankets	sets
Tablet (Games on the tablet)	
Plastic-Roll of trash bags, sciss	constant (Thirt white tops)
16 pack of AA Batteries	ors, tape (Trick write tape)
mergency Documents	
	gency Preparedness Plan (this completed form)
Planning and Maintenance	
erson responsible for updating	the Disaster Supply Kit and the Emergency Documents regularly:
irst Name	Last Name
Description of how the Emergen	cy Ready-to-Go Pack will be transported to an evacuation location:
	to her going into the basement She is always with the children. She will pick up the 3 year old. Hold the
asement, 1 small window. She	has her phone so she will call the parents.
vacuation Plan:	
	er in law-laws home She has a key. Let's house- Vey home during the day.
	n near the door. The car seats are already in the car.
	and 911 If needed. Both places have guest rooms (Windows:2 Doors:1 both)

The same of the same of

Signatures & Date	
Acknowledgement: By signing below the parties acknowledge been discussed.	e that all standards have been reviewed, and any corrections if needed have
PROVIDER	INSPECTOR
Printed Name: Maria Galvan	Printed Name:
Signature:	Signature
Date 08-02-2021 Pho	Date: 07/25/2021 Friend: 15077-227-0125

⊠Virtual Inspection ☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g

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

Safety of the Home				
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	e any comments or o Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable		
Health and Safety Training: Standard Met Y/N 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	Υ	Stored on top of the fridge in knife holder		
Medications of any kind	Y	Stored in high cabinet in the bathroom		
Matches, lighters and flammable products	Y	Does not own		
	Y	Does not own		
	Y	Does not own		
Guns Cleaning agents	Y	Stored in locked bathroom and kitchen cabinets and products moved to higher level shelf in hallway closet		

Paisanaus substances	Y	Does not own
1 disdridus substances	Standard Met	Comments/Notes
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Child is using pull-ups and changed in living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	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: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:	Y	
A child in care is not subjected to mistreatment, including:		
 Spanking, Biting, Fitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

lough Supplies for each child in early are		And the second s
⊠Flashlight	⊠Bottled water	⊠Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
E POLIZABLE FILST AND TALL		⊠Heavy Duty Scissors, duct tape/
⊠Thermometer		packing tape & sealing plastic/trash
E. T. HOTHISTIC		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 t				
Location of The Emergency Ready to go Pack: Stored in living r tem Specification (if needed):				
2 blankets no specific medications 5 outfits (top/hottom/sc	ocks), 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 thermon bags, 1 roll of duct tape, 1 pair of scissors, 1 flashlight, 1 ex	neter, 2 books, 1 bottle of bubbles, 2 extra bags, heavy duty trash			
! Items to be reviewed on xx/xx/xxxx: N/A	tra D battery and folder W/ EPP and ECMA docs pt. Gime			
Emergency Documents				
⊠Informal Provider Emergency Preparedness Plan (this cor	npleted form)			
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit and the En	nergency Documents regularly:			
First Name Last Name				
Shamekia George Description of how the Emergency Ready-to-Go Pack will be transp	ported to an evacuation location: carried by the provider.			
Shelter In Place Procedure:				
The provider will gather the children and go into the living room are	a (1 door 1 window). The ERTG bag is already stored in this area. The			
provider will use the sealing plastic and tape to seal the door and w	rindow if the need arises. The provider will call the parent once			
secured with emergency updates.				
Evacuation Procedures	and head to the provider's vehicle. The provider will ensure the oldest			
abild is secured in his seat helt and the youngest child in her forwar	d-facing car seat and drive			
provider and the children will shelter in [2 doors 2 w	indows) The provider will call the parent before, during and after once			
secured with emergency updates.				
	III			
Alternate: If they could not access the primary location, the provide provider's vehicle. The provider will ensure the oldest child is secure	er will account for the children grap the ERTG and head to the			
Lipon arrival the provider will call	once inside she and the children will			
shelter in 1 door 1 window). The provider will call tr	e parent before, during and after once secured with emergency			
updates.				
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.	INSPECTOR			
PROVIDER				
Printed Name: Shamekia George	Printed Name:			
Signatur	Signature:			

Phone: 1-877-227-0125

Date: 09/22/2023

Date: 9-29-0023

⊠Virtual Inspection □In-person Inspection

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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

Inspection Date: 09/22/2021	Time	ln; 2:00 pm	Time Out: 3:11 pm & 2:07pm	Res	ult: App 19/24/20	roved only if returned by 5pm 021
& 09/24/2021	100					
Informal Care						
Type of Care (check one): Non-re	lative Info	ormal Provider Ca	are 🖾 Relative Inf	formal P	rovider	Care
Provider Information			and the second			
First Name: Shamekia	Last	Name: George		Prov	ider ID:	382169
ID #:				Ema	ıil:	
Care Location Inspected						
Street Address: Verified?: Yes		City	County		State	Zip Code
Name of Children in Care (add pages if ne	eded)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			9/16/2020	1	/Y	
			5/25/2012	9	/ Y	
			1/14/2018	3	/Y	
					1	
					1	
		,			1	

Safety of the Home	1000	
Directions: Review and determine compliance with each star Additional pages may be used for comments.	ndard. Note any comr Y – Yes, N – No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	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	The state of the s
Has hot and cold running water	Y	Bathroom steamed up.
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	2 burners operational.
Has a working and safe heating system	Y	Temp on thermostat was turned down
Has a working refrigerator and stove	Y	
Has a working telephone	Y	Called daughter. Call was picked up.
Has operational smoke detector(s)	Y	Smoke Detector beeped
Has first aid kit/supplies	Y	Alcohol, Gauze, Scissors, Bandages, Ice pack
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Knife block on the counter and inside kitchen drawer
Medications of any kind	Y	Medicine cabinet in bathroom
 Matches, lighters and flammable products 	Y	
Alcoholic beverages	Υ	
Guns	Υ	
Cleaning agents	Υ	Cabinet locks on top and bottom floors

Page 1 of 3

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

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

	the most rate that the tento bic olders, biganized	, and usebie. Confinient and note below it needed.
⊠Flashlight	⊠ Bottled water	⊠Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠ Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠Scissors, tape & sealing plastic

⊠Medications	314	⊠Blanket(s)		
Items in the Disaster Supply	Kit are clean, organi		1)3 V	
Emergency Ready-to-Go Pa			·	//N/2 Y
In an amazon box. Change				
Large black flashlight 4 D Batteries Antibiotic, Hand sanitizer, ban Forehead scanner thermomet 4 00 mL Bottled Water 2 Cans of ravioli 6 Diapers 4 Pull Up Tops and Bottoms for Tops and Bottoms for Onsie for Summer 3 blankets for each child ECMA ECMA ECMA Flash Cards, Large Foam I Black scissors 3 Trash Bags Duck Tape	er			
Emergency Documents				
⊠Informal Provider E ⊠Authorization for en			pleted form)	
Planning and Maintenance				
Person responsible for upda First Name	ting the Disaster Su	pply Kit and the Em Last Name	ergency Documents regul	ану:
Description of how the Emer	gency Ready-to-Go	Pack will be transp	orted to an evacuation loc	ation:
Shelter in Place:				
Provider will gather the child	ren in the living roon	n (1 door 2 windows	i), grab the emergency rea	ady to go box and call the parent.
Evacuation:				
proceed to secure summer	n car seat and have order to gain entry sh hildren and the eme	and Figure 1 Figure 1 Figure 2	Provider will call om (1 door 1 window). If ti bag, call parent and	the provider will call the parent and then prior to transporting he provider cannot shelter at this location to inform of change in evacuation por 2 windows)
Signatures & Date				
Acknowledgement: By signin been discussed.	g below the parties a	cknowledge that all	standards have been revi	ewed, and any corrections if needed have
	PROVIDER			INSPECTOR
Printed Name: SHAM	EKIA M GEORGE		Printed Name:	
Signature			Signature:	
9/24/2021 Date:	Phone		Date: 09/24/2021	Phone: 1-877-227-0125

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

Return to: ccs.informalproviders@maryland.g ov

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

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

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

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

Disaster Supply Kit

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

	or binder for EPP documents
M bottled water	or birtaer for Er / accomments
	ack(s) or carrying case(s)
	der special toys or games
	Duty Scissors, duct tape/ tape & sealing plastic/trash

	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				
	rst aid kit, 1 pk of AA and C batteries, 1 flashlight, 1 thermome tfits (top/bottom), 1 pair of scissors, 1 pk of sealing sheet, 2 s			
Emergency Documents				
	an (this completed form)			
Planning and Maintenance				
Person responsible for updating the Disaster Supply Kit	and the Emergency Documents regularly:			
First Name Michelle Gibso	n (Provider)			
Description of how the Emergency Ready-to-Go Pack w	ill be transported to an evacuation location: carried by the pro	ovider.		
Shelter In Place Procedure:				
Evacuation Procedures Primary: The provider will account for the children, grab the provider will secure the younge oldest child in her car seat belt. From there go to the (1 door 0 window). The provider		. Upon the nd securing the nd children would		
	Upon arrival the provider would receive instructions from the s			
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 Giloson	Printed Name:			
Signature:	Signature:			
Date: 10-20-23 Phone:	Date: 10/04/2023 Phone: 1-877-227	-0125		

10.

☑Virtual Inspection☑In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 04/01/2022 04/04/2022	Time 11:30	n: 1:45PM AM	Time Out: 2:48PM 11:35AM	Result: Follow up scheduled 04/01/2022 PASSED if returned by 5:00PM on 04/05/2022.
Informal Care				
Type of Care (check one): □ N	on-relative Infor	mal Provider Ca	are ⊠Relative Ir	nformal Provider Care
Provider Information				
First Name: Yvette Provider ID #:	Last N	lame: Gibson		Provider ID: 435205
Care Location Inspected				Email:
Street Address: Address Verified? Yes	City	Co	ounty	State Zip Code
Name of Children in Care (add pages if needed)		Scholarship	Date of Birth	Age / Present (Y/N)
			12/14/2014	7 / No, At school

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.	te any comments or o	corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N N/A Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:		
Is in good repair	Y	
 Is free of insect or rodent infestation 	Y	No infestation observed
 Is well-lit and well-ventilated 	Y	A lot of natural light
 Has hot and cold running water 	Y	Steam observed
Has a working inside toilet	Y	Flush observed
 Has utilities for cooking, lighting and heating 	Y	Electric burners observed.
 Has a working and safe heating system 	Υ	Turned up from 72 to 76
 Has a working refrigerator and stove 	Y	
Has a working telephone	Y	Called Provider on her cell phone.
 Has operational smoke detector(s) 	Y	Alarm tested and heard.
 Has first aid kit/supplies 	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	Outlets not in use were covered.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	High cabinet
Medications of any kind	Y	High cabinet
 Matches, lighters and flammable products 	Y	None
 Alcoholic beverages 	Y	None
• Guns	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 Y N/A	Not in diapers
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.		
Diapering procedures are followed.		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are	clean, organized, and usable (Y/	N)? Y
Emergency Ready-to-Go Pack is av Location of The Emergency Read Item Specification (if needed):		he event of an emergency (Y/N)? Y
2 D batteries, inhaler, 3 16 oz, wate Pants, under shirt, top, underwear Items to review on 04/04/2022 if n	eeded: Observed	pall and ravioli
Cabinet lock under sink, outlet cove	rs	
Emergency Documents		
☑Informal Provider Emergent ☑Authorization for emergence	ncy Preparedness Plan (this cor cy medical care	npleted form)
Planning and Maintenance		
Person responsible for updating the First Name Yvette	Disaster Supply Kit and the Er	
Shelter In Place Procedure: The provider will grab Anthony and no windows. Once secure, the provider will secure booster seat	the emergency back and proce ider will call the parent to let he if cold outside that is already in her vehicle. The eation center is closed, then the	ported to an evacuation location: It will be carried. eed downstairs to the basement family room which has one door and er know. Depending on situation provider would call 911 if needed. e, grab the emergency bag and proceed to her vehicle where she will he provider will then drive to the library/recreation center of near ey would drive to the alternate evacuation location which is the police now what is going on.
Signatures & Date		
	knowledge that, if approved, the	all standards have been reviewed, and any corrections if needed have been in which care is provided is subject to random, unannounced
PROVI	DER	INSPECTOR
Printed Name: Votto	ibson	Printed Name:

Phone:

Signatu

Date:

Signature:

Date: 04/04/2022

Phone: 1-877-227-0125

☑ Virtual Inspection ☐ In-person Inspection

Inspection Date:	Time	ln:	Time Out:	Re	esult:		
6/10/2021	1:00	PM	:00 PM	AF	PROVE	D	
Informal Care							
☑ Type of Care (check one): ☐	Non-relativ	e Informal Provid	der Care 🗹 Rela	ative Informal Provider Care			
Provider Information							
First Name:	Last	Name:		Pr	Provider 435205		
Yvette	Gibso	Gibson		Email:			
Care Location Inspected							
Street Address:		City	Coun	ty	State	Zip Code	
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)	
	, ,		12/14/2014	6/ Y			
	17			/Y			
				/Y			
				/Y			
				/Y			
				/Y			

Safety of the Home				
Directions: Review and determine compliance with each standard Additional pages may be used for comments.		nents or corrective actions needed. D - Discussed, n/a - Not Applicable		
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Training Completed?	n/a	Relative are exempt from this regulation		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair	Υ			
Is free of insect or rodent infestation	Υ			
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	Mobile phones only		
Has operational smoke detector(s)	Y			
Has first aid kit/supplies	Y			
 Has protective coverings on any electrical outlet that is accessible to children 	Y			
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Sharp or pointed items	Y			
Medications of any kind	Y			
Matches, lighters and flammable products	Y			
Alcoholic beverages	Y			
Guns	Y			
Cleaning agents	Y			
Poisonous substances	Y			

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

Emer	gency 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.							
Disaste	er Supply Kit						
	Directions: Review and determine that eac contains enough supplies for each child in	ch item is care. Als	adequately included in the Disaster S to that the items are clean, organized,	upply Kit. Be c and usable, Co	ertain that the Disaster Supply Kit mment and note below if needed.		
	Flashlight	Ø	Bottled water	₹	Folder or binder for EPP documents		
Ø	Batteries	\checkmark	Non-perishable food	Ø	Backpack(s) or carrying case(s)		
Ī	Portable First Aid Kit	\checkmark	Diapers	V	Consider special toys or games		
Ø	Thermometer	\checkmark	Change of clothes	Ø	Scissors, tape & sealing plastic		
✓	Medications	☑	Blanket(s)				

Items in the Disaster Supply	Kit are clean, orga	nized, and usable (Y/N	1)? Y	
Emergency Ready-to-Go Pa	ick is available and	easily accessible in th	e event of an emergency (Y/N)? Y
Disaster Supply Kit Commer Ready-to-Go will be stored i		rea on the main level.	l.	
Emergency Documents				
 ☑ Informal Provider Eme ☑ Authorization for emergence 			ted form)	
Planning and Maintenance				
Person responsible for upda	ting the Disaster S	upply Kit and the Em	ergency Documents regu	ılarly:
First Name		Last Name		
Description of how the Emer	na na Parada ta O	- P110-11		
Parent using her mobile pharent using her mobile pharent, which is approximate parent again to confirm the The 2 nd evacuation location	the drive way. The cone to alert her cone to alert her cone to a minute cast rafe and to arr	e child will be secu of the change in loc- r ride. Once they an ange reunification.	red in a booster seat fo ation. They will travel to rive and are safe inside which is approximately	Together, they will walk out the home to resafe traveling. The Provider will call the the Provider will alert the the Provider will alert the a 7 minute drive from the care location. The provider will alert the the third the care to retrieve the children.
Signatures & Date				
Acknowledgement: By signing been discussed.	below the parties	acknowledge that all	standards have been rev	viewed, and any corrections if needed have
	ROVIDER			INSPECTOR
Printed Name:			Printed Name:	
Signature:			Signature:	
Date:	Phone:		Date: 6/15/2021	Phone: 410-767-7832

©Virtual Inspection
☐In-person
Inspection

Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to: ccs informatproviders@maryland.gov

Inspection Date; 02/04/2022	Time In: 1:45 PM Time Ou		Time Out: 2:56 I	hut: 2:56 PM Res: 02/0		Result: Approved if returned by <u>5:00pm or 2/04/2022</u>	
Informal Care							
Type of Care (check one): Non-re	lative Informal	Provider Ca	ara ©Relative	Informal P	rovider Ca	re	
Provider Information					1,890		
	T			Prov	ider ID: 42	28013	
First Name: Glenda	Last Name	e: Goddard		Ema	ul:		
						45411	
Care Location Inspected							
Street Address City Address Ventied? Yes	Co	unty			State	Zip Code	
Name of Children in Care (add pages if ne	eded) Sc	holarship	Date of Birth	Age	/ /	Present (Y/N)	
			03/30/2006	15 y/c	/N (In S	chool)	
	25.50		08/03/2010	11 y/o	· /Y		
			08/19/2012	9 y/o	N		
					1		
					1		
					1		
Safety of the Home							
						A STATE OF THE STA	
Directions: Review and determine or Additional pages may be used for co	ompliance with mments.	each stands	ard. Note any comm Y – Yes, N – No,	nents or corr D - Discuss	ective actioned, m/a -	ns needed. Not Applicable	
Health and Safety Training:	7 1 15	0	Standard Met	Commer	ta/Notes		
Basic Health and Safety Training	Complete/2		N/A	Corrective Action /Timeframe if needed Relative Care Comments/Notes			
			Standard Met				
Home is free of health and safety hazard	la:		Y/H			Timeframe If needed	
Is in good repair			Y				
 Is free of insect or rodent infestation 	on		Y				
Is well-lit and well-ventilated			Υ	Lots of natural and artificial lighting			
 Has hot and cold running water 			Y	Steam observed from the lutchen sink			
Has a working inside toilet			Y	Flush was observed in the first floor bathroor		in the first floor bathroom	
 Has utilities for cooking, lighting as 			Y	4 Operati	onal Burne	rs turned red	
 Has a working and safe heating sy 			Y	Thermostat turned up from 70 to 80 degrees		p from 70 to 80 degrees	
 Has a working refrigerator and sto 	770		Y	Frozen fo	od and refi	rgerator light observed	
Has a working telephone			Y			son from cell phone	
Has operational smoke detector(s)			٧	The test to heard. Sr detector.	outton was noke detec	pressed and the signal was tor and Carbon monocode	
Has first aid kit/supplies			Y	Bandage: Cold Corr	, Neospon pact	rt, Alcohol Prep Pads, Gloves	
 Has protective coverings on any e accessible to children 	lectrical outlet	that is	Y	12 Outlet	covera obs	erved	
Harmful Items are stored appropriately a children:	and away from	n	Standard Met Y/H	Comment		imeframe if needed	
Sharp or pointed items			Υ			e lutchen counter in a lunde	

Matches, lighters and flammable products	Y	Not kept in the home
Alcoholic beverages	Y	Not kept in the home
Guns	Y	Not kept in the home
Cleaning agents	Y	Cleaning products moved to the basement maccessible to the chidren
Poisonous substances	Y	Not kept in the home
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timetrame If needed
All areas of the home are kept clean, including diapering area.	Y	The home was leaned and organized.
Trash, garbage and wat and soiled dispers are disposed of in a sanitary manner.	Y	Trash bin located in the kitchen.
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	Will immediately change the clothing or bedding of the child.
Dispering procedures are followed.	Y	Children aren't in diapers
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/M	Comments/Notes Corrective Action /Timeframe If needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including:		
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y ::	
A child in care is not subjected to mistreatment, including Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with seap Putting pepper or other spicy or distasteful items in a	Y	I sit them down and talk to them or take away items they may like but no punishments.
Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment		

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.

Disester Supply Kit

☑ Batteries	☑Bottled water ☑Non-penshable food	© Folder or binder for EPP document © Backpack(s) or carrying case(s)
☑ Portable First Aid Kit	ODapers N/A	©Consider special toys or games
© Thermometer	©Change of clothes	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Tras Bags
	⊡Blanket(s)	

Location of Emergency Ready to go Pack: Kept in the coat closet near the front door.

Hem Specification (if needed):

- Bag: Large black backpack
- Flash Light: Yellow and Black Flash light
- First Aid Kit: Gauze, Gloves, Bandages, Alcohol
- Window Sealant: Plastic Wrap, Packing Tape, Large Black Scissors
- Clothes: Black and Pink Pants & Pink rainbow Unicom Top. Grey Long sleeve Top & Burgundy Pants, Black Pants & Black T Shirt.
- Blanket: Paisley Print Blanket
- Batteries: 24 Pack of AA
- Non Perishable Food: 3 Containers of Mac and Cheese
- Bottled Water: 4 16 oz. Sottles
- Medication:
- Thermometer: Oral Type
- Folder with EPP Documents: EPP Form and ECMA forms for all children
- Special Toys or Games: IPod and Phones.

To be observed for compliance on :

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

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 call all children by name and do a head count. The provider will then grab the ERTG bag and go into the basement (1 Door 1 Window). The provider will call the Parent before they relocate and after they are secured.

Evacuation Procedures:

The Provider will call all children by name and do a head count. The provider will then grab the ERTG bag and call a family friend or an Uber to transport the children. The Provider will ensure all children are secured in their seatbelts prior to transportation. The Provider will take the children to a family friends where the family friend will allow them in and shelter in the basement(1 Door 2 Windows). The Provider will contact the parent before during and after the emergency. If the Provider cannot shelter at the family friends home the provider will call all children by name and do a head count. The provider will then grab the ERTG bag and call a family friend or an Uber to transport the children. The Provider will ensure all children are secured in their seatbelts prior to transportation. The Provider will take the children to a family friends. The Provider she will gain entry by being allowed in the home by the family friend. The Provider and the children will shelter in the family room (1 Door 2 Windows) The provider will contact the Parent before and after the relocation.

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: Clencle College Signature Signature Signature

Date: 02/04/2022

Phone: 1-877-227-0125

Date 2 - 4 - 2022 Phone:

SiVinual Inspection Din-person Inspection	INSPECTION CHECKLIST			Return to: ccs.informalproviders@maryland.g. bv	
Inspection Date: 08/25/2022	Time in 1:51 PM	Time Out: 2:37 PM	Result	PASSED	
Informal Care					
Type of Care (check one) S Non-	relative Informal Provider (Care Disease Info	mal Pro	ovider Care	
Provider Information	100000000000000000000000000000000000000		Provi	der ID 492317	
First Name, Corena Provider ID #	Lasi Name: Govan		Email		
Care Location Inspected					
Street Address Address Verified? Yes.	City	County State	-4	Zip Gode	
Name of Children in Care (add pages if	needed) Scholarship	Date of Birth	Age	/ Present (Y/N)	
	(C)	(09/02/2020)	1yr	/N	
				1	
				1	
				1	
-				1	
Safety of the Home					
Directions: Review and determine compliant pages may be used for comments.	ce with each standard. No	te any comments or cor Y - Yes, N - No, D -	rective a	actions needed. Additional sed, n/a - Not Applicable	
Health and Safety Training: Basic Health and Safety Training Completed?		Standard Met Y/N	Comm	Comments/Notes Corrective Action /Timeframe if needed	
		Y		rse Completed – Non-Relative Informal Provider	
ome is free of health and safety hazard	is:	Standard Met Y/N	Corre	nents/Notes ctive Action /Timeframe if needed	
Is in good repair		Y		Home was very clean	
Is free of insect or rodent infestation	on	Y		No evidence of infestation	
Is well-lit and well-ventilated		Y	Lots of natural and artificial lighting		
Has hot and cold running water		Υ			
Has a working inside toilet		Y			
· Has utilities for cooking, lighting, a	nd heating	Y			
 Has a working and safe heating sy 		Y		Tested and observed by the provider	
Has a working refrigerator and stop		Y			
Has a working telephone		Y	Ev	veryone 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 ele accessible to children	ectrical outlet that is	Y	1	All outlets in the common spaces we covere	
inful items are stored appropriately and away from		Standard Met Y/N		nments/Notes rective 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	
	duate	Y	1	Does not own	
Matches, lighters and flammable pro	ducts			Does not own	
Alcoholic beverages		Y			
Guns		Y	1	Does not own	
Cleaning agents		Y	Stored in cabinet over the fridge		

Cleaning agents

COLUMN DE LA COLUM		Does not own
	· ·	Does in anded
	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
	Y/N	Corrective
TANDARDS	*	
GENERAL CLEANLINESS 3 12/2012 All areas of the home are kept clean, including dispering area.		
toward of in 8	Y	
Trash, garbage and wet and soiled diapers are disposed of in a		
Trash, garbage sales sanitary manner. Child is changed immediately when s/he has a soiled or wet	4	Diapering area very organized, changing table
Child is changed immediately within	Y	Diapering area very organized, changing tables has lower storage area for supplies and clothes
diaper, cioning, 5		1180
Diapering procedures are followed. Provider and child's hands Andwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Tolleting. Diapering. Before food preparation and eating. After playing outdoors, and At other times when necessary to prevent the spread of	*	- Nicks
At other times when recess	Standard Me	et Comments/Notes Corrective Action /Timeframe if needed
disease.	Y/N	Corrective
disease. HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
child in care is not subjected to any form of the child including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and		
ild in care is not subjected to mistreatment, many deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment	Υ	
Requiring a cliffic to determine the requipment Tying child to a cot or other equipment rovider immediately reports any suspected child abuse at or mistreatment by calling 911 and your local terminent of Social Services Child Protective Services Uniment of Services University Universi	t	1

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

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

ctions: Review and determine that cooking in the cooking in the care. Also, the		
	⊠Bottled water	⊠Backpack(s) or carrying case(s)
⊠Flashlight	⊠Non-perishable food	
⊠Batteries for Flashlight		⊠Consider special toys or games
⊠Portable First Aid Kit	⊠Diapers	

			99000
50Thermortwier	DChange of slottest	Sildeery Duty Scissors, duct tap packing tape 6 sealing plastichs targe	and
SMedicationa	SBlanka4(≴)		MSD
Items in the Disaster Supply Kill are clear		a closest by the exit d	oor.
Emergency Ready-to-Go Pack is available	in, organized and usable (Y/N)? Yes. ble and easily accessible in the event of an error	gency (Y/N)/ Yes, cost closer my	
Emergency Documents			
SInformal Provider Emergency P SAuthorization for emergency m	Preparedness Plan (this completed form) edical care		
Planning and Maintenance			
Person responsible for updating the Dis First Name	ester Supply Kit and the Emergency Docum Last Name	ents regularly.	
vacuation Location(s): imary — Provider will gather the child, I drive to Provider will rent before, during and after the emer		e child is secured in the car seat. Once structed of where to locate for safety.	secure provider Provider will call
atures & Date owledgement: By signing below the discussed. The parties also acknow	parties acknowledge that all standards l vlodge that, if approved, the home in wh ally or in-person.		ons if needed have form, unannounced
up visit which will be conducted that		INSPECTOR	
PROVIDER		The same of the sa	
Covena Govan	Printed I	No.	
	Signatur Pater (1)	8/26/2022 Phone: 1-87	7-227-0125
Phone:	Date: 0	SIZUIZUZZ	

☑Virtual Inspection☐In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

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

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

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

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

Disaster Supply Kit

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

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

⊠Thermometer	⊠Thermometer			
⊠Medications .		⊠Blanket(s)		
Items in the Disaster	Supply Kit are clean, organ	nized, and usable (Y/N)	7 Y	
Emergency Ready-to	Go Pack is available and	easily accessible in the	event of an emergency (Y	7/N)? Y
Location of The Em	ergency Ready to go Pag	k: In The Basement	near exit door	
Item Specification (i	needed):			
Vegetable beef soup	ottles of water, 4 large c , 3 cans of peach slices, for Hiro, inhaler for Cale	, can of Mandarin oran		dumpling soup, Chicken Noodle soup,
	hirts, 4 under wares, 4 s		blankets	
Items to review on x	x/xx/xxxx if needed: N/J	1		
Emergency Docume	nts			
	ider Emergency Prepare for emergency medical of	A CONTRACTOR OF THE PROPERTY OF	eleted form)	
Planning and Mainte		and the second s		
		unnly Kit and the Eme	rgency Documents regul	arly.
First Name	updating the Disaster S	Last Name	igency bocaments regul	any,
Description of how the	Emergency Ready-to-G	o Pack will be transpo	rted to an evacuation loc	ation: Carried
Shelter in Place Proc	edure;			
The provider will gathe	or the children and go do	wn to the basement w	hich has 2 windows one	door. ERTG will already be down there.
Provider will call paren	t on her way to the base	ment.		
Evacuation Procedur	os:			
	cured in their seat belts a once inside they will st	nd would then drive to	prov	provider's vehicle where she will make sure Provider has extra keys to gain entry if ne window. Provider will call parent before
The alternate evacuati	on licle where she will make	sure all the children a	Il gather children and go re secured in their seat b nt before they leave for th	
Signatures & Date				
been discussed. The p		that, if approved, the I		iewed, and any corrections if needed have vided is subject to random, unannounced
	PROVIDER			INSPECTOR
Printed Name:	MarialainaGra	afton	Printed Name:	
Signature:	-		Signature:	
Date: 7/6/22	Phone:		Date: 07/06/2022	Phone: 1-877-227-0125

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

Return to: ccs.informalproviders@maryland.g ov

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

Directions: Building and determine and the set of the s		arrestive estions peeded Additional
Directions: Review and determine compliance with each standard. Not 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 phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit in upstairs bathroom cabinet
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on back of counter
at directions of any kind	Y	Stored in high cabinet of bathroom
Matches lighters and flammable products	Y	Does not own
At a balla hourages	Y	Does not own
	Y	Does not own
Guns Cleaning agents	Y	All cleaning products stored in high level kitcher cabinet

Poisonous substances	Y	Does not own	
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	No diaper age children	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen or bathroom trash can	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	No diaper age children	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Υ		
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y		
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y		

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

Disaster Supply Kit

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

⊠Flashlight	⊠ Bottled water	
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
⊠Thermometer		⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash 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 Location of The Emergency Ready to outline Specification (if needed): 1 backpack (carrying case), folder no specific meds, 2 dried foods, 2 books/crayons, 1 pair of scissors, Items to be reviewed on xx/xx/xxx Emergency Documents	and easily accessible in the event of an emergency Pack: Stored by front door exit # EPP and ECMA per child, 2 flashlights, 1 pk of anned foods, 2 outfits (top/bottom/underwear), 3 roll of duct tape, and 2 heavy duty trash bags	AA batteries, 1 first aid kit, 1 thermometer.
	cal care	
Planning and Maintenance		
Person responsible for updating the Disas	er Supply Kit and the Emergency Documents regu	ularly:
First Name Sandra	Last Name Gray	
	o-Go Pack will be transported to an evacuation loc	cation: carried by the provider.
Shelter In Place Procedure:		
Evacuation Procedures Primary: The provider will account for the walk, children would seek shelter in Alternate: If they could not access the provider's vehicle. The provider will secure the provider will	nary location, the provider will account for the child	The provider and the children will eir arrival. Upon arrival, the provider and se secured with emergency updates. Iren, grab the ERTG and head to the he and the children will drive to entire.
Signatures & Date		
Acknowledgement: By signing below the pa been discussed. The parties also acknowle pop up visit which will be conducted virtual	ties acknowledge that all standards have been revie ge that, if approved, the home in which care is prov or in-person.	ewed, and any corrections if needed have rided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Ra GRAY	Printed Name:	
Signature	Signature:	
Date 9 15 2023 Phone	Date: 08/31/2023	Phone: 1-877-227-0125

ACRUMITATION WATER

☑Virtual Inspection☐In-personInspection

Inspection Date: 08/31/2021	Time In: 02:0	00 PM	Time Out: 03:25	5 PM	Result:	Approved		
Informal Care								
Type of Care (check one): ☐ Non-relat	Type of Care (check one): ☐ Non-relative Informal Provider Care ☐ Relative Informal Provider Care							
Provider Information								
First Name: Sandra	Last Name:	Gray			Provider	ID: N/A		
ID #:					Email:			
Care Location Inspected								
Street Address: Verified: Yes	City		Cou	nty	Sta	te Zip Code		
Name of Children in Care (add pages if need	led) Scho	larship	Date of Birth	A	ige /	Present (Y/N)		
			09/07/2014	6	/ N			
			10/10/2015	5	/N			
					/			
					1			
					/			
					1			

Safety of the Home	,	
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		nents or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met 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	All cabinets are stable. Home is free of leaks.
Is free of insect or rodent infestation	Y	Checked base boards and cabinets
Is well-lit and well-ventilated	Y	In bathroom
Has hot and cold running water	Y	Steam from shower
Has a working inside toilet	Y	2 Bathrooms Both working
 Has utilities for cooking, lighting and heating 	Y	All burners functional
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	Refrigerator light came on.
Has a working telephone	Y	Called Verizon. Phone operational
 Has operational smoke detector(s) 	Y	1 on both levels of the home
Has first aid kit/supplies	Y	In ready to go pack
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Knives with rubber covers on counter.
Medications of any kind	Y	Medications stored in high cabinet.
Matches, lighters and flammable products	Y	Not in the home.
Alcoholic beverages	Y	One beverage stored on the refrigerator.
• Guns	Y	Does not own gun
Cleaning agents	Y	Stored in cabinet
Poisonous substances	Y	None in the home

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 diapering needed home clean		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diapering needed. Trash located in kitchen cabinet.		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	No diapering needed		
Diapering procedures are followed.	Υ	No diapering needed		
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	Upper level bathroom has hand soap.		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y			
A child in care is not subjected to any form of neglect, including:	Y			
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y			
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services Unit.</u>	Y			
Emergency Ready-to-Go Pack				
The Emergency Ready-to-Go Pack must be available and easily (including needed medications) and Emergency Documents.	accessible in the even	t of an emergency. This contains a Disaster Supply Kit		
Disaster Supply Kit				
Directions: Review and determine that each item is adequately in contains enough supplies for each child in care. Also that the item				
⊠Flashlight ⊠Bottled water	r			
⊠Batteries ⊠Non-perisha	ble food	⊠Backpack(s) or carrying case(s)		
☑Portable First Aid Kit ☑Diapers		⊠Consider special toys or games		
☑Thermometer ☑Change of clothes ☑Scissors, tape & sealing ☐Medications ☑Blanket(s)				

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? YES. Near front door. Disaster Supply Kit Comments/Notes: 6 flashlights 20 pack AA batteries Bandages, Gauze, Alcohol pads, Gloves, Ointment. Ear thermometer No medications No Diapering needed 2 Bottled Waters 2 Cup of noodles Tops and bottoms for each child. 1 Large blanket for both children Carrying case is a backpack. Unable to print the forms off. Coloring books and crayons **Durable Scissors** Packing Tape Trash Bags **Emergency Documents** ☑Informal Provider Emergency Preparedness Plan (this completed form) **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: SHELTER IN PLACE PROCEDURES: Grab ready to go bag. Call by name and take them to the room. Lock the door and locate to the closet for shelter.(1 doors. 2 windows)

EVACUATION PROCEDURES:

Call the children's names and grab the children along with the ready to go pack. Walk the children to the neighbor's home. Shelter in the basement. (1 door 1window.) If they aren't able to shelter at the neighbor's home or if the neighbor is not home the provider will go to the second location, mothers home. The provider would then put the children in seatbelts and proceed to mothers house. She will enter with key if her mother isn't home. Go to her mothers bedroom and lock the door with the children. (1 door 1 window) Provider will contact the parent after children are safe in each 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. PROVIDER Printed Name: Sandra Gray Printed Name Signature: Signature: Date: 08/31/2021 Phone: Date: 08/31/2021 Phone: 1-877-227-0125

⊠Virtual Inspection

☐In-person Inspection

Follow up Inspection Date: on ma		24.084	Posult: DID NOT PASS
follow-up Inspection Date: 03/25/2022	Time In: 3:30 PM Time In: 9:30 AM	Time Out: 4:31 PM	Result: DID NOT PASS Follow-up Result: PASSED
	Time III. 9:30 AM	Time Odi.	
nformal Care			
Type of Care (check one):	N		⊠Relative Informal Provider Care
Provider Information	Non-relative Informal F	Provider Care	S.Voine:
First Name: Diana	Last Name: Gree		Provider ID: 483524
Notice to the second se	cast Name. Gree	en.	Provider ID: 483024
Care Location Inspected			Email
Street Address:			
MD Zip Code	С	ity	County
Address Verified? Yes.			•
Name of Children in Care (add pages if need			Present (Y
and land pages if need	Scholarship	Date of Birth	Age
		(01/24/2012)	10 years / N
<u>-</u>		(02/22/2013)	9 years / N
		(01/06/2015)	7 years / N
		(05/29/2016)	5 years / N
		(02/24/2018)	4 years / Y
			1
Safety of the Home			
Directions: Review and determine com pages may be used for comments.			
pages may be used for comments. Health and Safety Training:		Discussed, n/a – Not Standard Met	Applicable Comments/Notes
Health and Safety Training:	Y – Yes, N – No, D	- Discussed, n/a - Not Standard Met Y/N	Applicable Comments/Notes Corrective Action /Timeframe if needed
poges may be used for comments.	Y - Yes, N - No, D -	Discussed, n/a – Not Standard Met	Applicable Comments/Notes
Health and Safety Training: Basic Health and Safety Training	Y - Yes, N - No, D -	Standard Met Y/N N/A Standard Met	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard	Y - Yes, N - No, D - Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed
Health and Safety Training: Basic Health and Safety Training (Home is free of health and safety hazard Is in good repair	Y - Yes, N - No, D - Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair
Health and Safety Training: Basic Health and Safety Training (Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation	Y - Yes, N - No, D - Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated	Y - Yes, N - No, D - Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Standard Met Y/N Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water	Y-Yes, N-No, D-Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation
Health and Safety Training: Basic Health and Safety Training (Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet	Y - Yes, N - No, D - Completed?	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and	Y - Yes, N - No, D - Completed? is: heating	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syst	Y - Yes, N - No, D - Completed? is: heating	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has a working and safe heating systems and sovered the safety s	Y - Yes, N - No, D - Completed? is: heating	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider Fridge worked properly and stove as well
Health and Safety Training: Basic Health and Safety Training of Home is free of health and safety hazard Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syst Has a working refrigerator and stove Has a working telephone	Y - Yes, N - No, D - Completed? is: heating	- Discussed, n/a - Not Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Home was in good repair No evidence of infestation Steam was observed Tested by provider Fridge worked properly and stove as well

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

Il areas of the home are kept clean, including diapering area.	Y	No diaper age children.		
rash, garbage, and wet and soiled diapers are disposed of in a anitary manner.	Y	No diaper age children.		
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	No diaper age children.		
papering procedures are followed	Y	No diaper age children.		
landwashing procedures are followed. Provider and child's ands washed thoroughly with soap and warm running water after • Toileting.				
Diapering.	1 1			
 Before food preparation and eating. 	Y	1		
 After playing outdoors: and 				
 At other times when necessary to prevent the spread of disease. 				
disease.				
	Standard Met	Comments/Notes Corrective Action /Timeframe if needed		
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met	Corrective Action / Island		
Physical injury	1.00			
 Any sexual abuse 	Y	1		
Mental injury				
child in care is not subjected to any form of neglect,				
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the feet. 				
attention to a child				
child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking				
 Any other means of physical discipline 				
 Not attending to a child's physical needs 				
Shouting, Cursing, Shaming, Ridiculing	Y	A		
Washing a child's mouth with soap		3		
Putting pepper or other spicy or distasteful items in a child's mouth				
Requiring a child to stand on one foot as punishment				
Tying child to a cot or other equipment				
he provider immediately reports any suspected child abuse,				
	Y			

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

Disaster Supply Kit

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

⊗Flashlight	≫ Bottled water	
⊗ Batteries	Non-perishable food	w Backpack(s) or carrying case(s)
s Portable First Aid Kit	⊗Diapers (N/A)	© Consider special toys or games
®Thermometer	a/Change of clothes	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
® Medications	⊗ Blanket(s)	

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, stored behind the couch close to exit.

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

Item Specification (if needed):

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

• 7 cans of food	
• 1 thermometer	
1 first aid kit	
Twister/UNO Games	
1 scissors, 1 roll of tape, 3 trash bags	
, see a see	
To be observed for compliance on 03/25/2022	2: REVIEWED AND CORRECTED ON 03/25/2022
Locks needed on lower kitchen and be	athroom cabinet
Emergency Documents	
Sinformal Provider Emergency Prop	The state of the s
Authorization for emergency medic	atedness Plan (this completed total)
Planning and Maintenance	al care
	er Supply Kit and the Emergency Documents regularly:
First Name	er Supply Kit and the Emergency Documents reg
	Last Name
Evacuation Procedures (Primary):	bag, and stroller for the 4yr and walk over to the fire department, will wait for instructions of the parent before they go to the fire department and once, they have arrived safely. They er.
Signatures & Date	ill contact the parents before, during and after the entiring and any corrections if needed have
peen discussed. The parties also acknowledge	that, if approved, the home in which care is provided is subject to remain
pop up visit which will be conducted virtually or	n-nerson

Printed Name:

Signature:

Date: 03/25/2022

PROVIDER

Printed Name: Diana Giren

Date: OB/_S/ Phone

INSPECTOR

Phone: 1-877-227-0125

☑ Virtual Inspection☐ In-person Inspection

Inspection Date:	Time In:	Time Out:	Result:	
6/1/2021	1:00 PM	1 3:00 PM APPR		
Informal Care				
☑ Type of Care (check one): ☐ None ☐ No	n-relative Informal Provi	der Care ☑ Relative	Informal Provider C	are
Provider Information				
First Name:	Last Name:		Provider ID:3553	98
Jamar	Greer		Email:	
Care Location Inspected				
Street Address:	City	County	State	Zip Code
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age / Pres	ent (Y/N)
			11/Y	
		05/10/2013	8/ Y	
		04/16/2016	5/ Y	
		05/12/2017	4/ Y	
T .			/ Y	
			/ Y	

Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.	dard. Note any comi Y - Yes, N - No,	ments or corrective actions needed. D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
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	Mobile phones only
 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	N/A	
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.	Υ	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	Verbally agreed to comply

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

☑ Medications		☑ Blanket(s)			
Items in the Disaster Supply	Kit are clean, organi	zed, and usable (Y/N	I)? Y		
Emergency Ready-to-Go Pa	ick is available and e	asily accessible in th	e event of an emerge	ncy (Y/N)? Y	,
Disaster Supply Kit Commer Multiple backpacks that inc		ms. The children do	not take any daily n	nedications.	ê
Emergency Documents				- 1	1
☑ Informal Provider Eme☑ Authorization for emergence		ss Plan (this comple	led form)	2	
Planning and Maintenance					
Person responsible for upda First Name Description of how the Emer		Last Name			
secured in a seatbelt. The	ar. The children wi other 3 children wi 2 miles down the s	ill be place secure Il be secured in the	ly in the vehicle. Their individual boost	e oldest ch er seats. T	rieve the children and prepare mild, will be he relocation place is his 2.5 miles from the care
Signatures & Date					
Acknowledgement: By signing been discussed.	below the parties a	cknowledge that all	standards have bee	n reviewed,	and any corrections if needed have
F	ROVIDER			ins	SPECTOR
Printed Name:			Printed Name:		
Signature:			Signature:		
Date:	Phone:		Date: 6/3/2021		Phone: 410-767-7832

⊠Virtual Inspection
 □In-person
 Inspection

Inspection Date: 02/22/2023	Time I	n: 10:30AM	Time Out: 12:03PI	M Result: PASSED.
Informal Care				
Type of Care (check one):	relative Infon	mal Provider C	are ⊠Relative Ir	nformal Provider Care
Provider Information				
First Name: Howard	Last N	ame: Grier		Provider ID: <u>507422</u>
Provider ID:	515,551,5			Email:
Care Location Inspected				
Street Address: Address Verified: Yes.	City	County	State	Zip Code
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			(05/17/2019)	3yr / Y

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

Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit and Usable. Comment and note below if needed.

contains enough supplies for each	child in care. Also that the items are clean, organized	d, and usable. Comment and note below if needed.
⊠Flashlight	⊠Bottled water	□ Folder or binder for EPP documents
	⊠ Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠ Change of clothes	⊠Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags
⊠Medications	⊠Blanket(s)	

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

∀Virtual Inspection	
□In-person Inspection	n

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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 08/24/2023	Time In: 4:00PM	Time Out: 5:20PM	I Result	PASSED
Informal Care				
Type of Care (check one): Non-rela	tive Informal Provider Co	are ⊠Relative I	nformal Prov	vider Care
Provider Information			· · · · · · · · · · · · · · · · · · ·	vider date
First Name: Anthonia Provider ID #:	Last Name: Griffin			er ID: <u>521270</u>
Care Location Inspected			Email:	
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:	
Name of Children in Care (add pages if need	ded) Scholarship	Date of Birth	Age	/ Present (Y/N)

	(05/05/2023)	1yr. / Y
Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.	ote any comments or Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	
Basic Health and Safety Training Completed?	Υ	Relative Informal Care – Certificate Submitte
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	Υ	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	y provider and observed
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	Υ	Outbound call made by informal team to provider
 Has operational smoke detector(s) 	Υ	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 	Υ	All outlets were covered or occupied
larmful items are stored appropriately and away from hildren:	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	Υ	Does not own
• Guns	Y	
 Cleaning agents 	Y	Does not own
 Poisonous substances 	Y	Locked under bathroom sink
ENERAL CLEANLINESS STANDARDS	Standard Met	Outside in locked shed
SDE OCC Informal Care Inspection Checklist	Page 1 of 3	Comments/Notes

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

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

Disaster Supply Kit

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

⊠Flashlight	STP. III.	The selection of the se
	⊠Bottled water	□ Folder or binder for EPP document
⊠Batteries for Flashlight	⊠Non-perishable food	
⊠Portable First Aid Kit		⊠Backpack(s) or carrying case(s)
The state of the s	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	☑ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
⊠Medications	⊠Blanket(s)	bags
s in the Disaster Supply Kit are clean	Organized and upphle (White W	

Location of The Emergency Ready to go Dooks	sily accessible in the event of an emergency (Y/N)? Y
Ham Constitution of the control of t	Stored in Foyer near exit
item opecinication (if needed):	
canned food items 1 pk of diaparateir	1 pk of D batteries, 1 thermometer, no specific meds, 1 first aid kit, 4 bottled waters,
duct tape, and 1 large sheet of sealing plas	1 outfit (top/bottom), 1 large blanket, 2 toys and 1 book, 1 pair of scissors, 1 roll of
The state of sealing plas	stic, and folder w/ EPP and ECMA docs
<u>Items to be reviewed on xx/xx/xxxx: N/A</u>	
Emergency Documents	
⊠Informal Provider Emergency Preparedne	ess Plan (this completed form)
⊠Authorization for emergency medical care	е
Planning and Maintenance	
Person responsible for updating the Disaster Supp	ply Kit and the Emergency Decuments
First Name	Last Name
Anthonia	Griffin
Description of how the Emergency Ready-to-Go P	Pack will be transported to an evacuation location: carried by the provider.
helter in Place Procedure:	carried by the provider.
he provider will account for the child and grab the	EPTG and hood to the
eed should arise the provider will use sealing plan	e ERTG and head to the downstairs bathroom (1 door 1 vent), and no windows. If the stic and tape to seal the door and vent. The provider will call or text the parent before,
uring and after with emergency updates.	one and tape to seal the door and vent. The provider will call or text the parent before
vacuation Procedures	
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