

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted January 2024

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⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 03/17/2023 Follow-up Inspection Date: 03/17/2023	Time In: 9:30AM Time In: 4:30PM	Time Out: 10:48A Time Out: 4:38PN	
Informal Care			
Type of Care (check one): ☐ Non-re	ative Informal Provider	Care ⊠Relative I	nformal Provider Care
Provider Information			
First Name: Marita Provider ID #:	Last Name: Rawlin	ngs	Provider ID: 509825
Care Location Inspected			Email:
Street Address: Address Verified? Yes.	City:	County:	State Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(04/05/2016)	6yr. / N
		(02/09/2017)	6yr. / N
		(01/202014)	9yr. / N

Safety of the Home		
Directions: Review and determine compliance with each standard. No 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 lots of natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed, lock on the bathroom door
Has utilities for cooking, lighting and heating	Y	
 Has a working and safe heating system 	Y	Tested by provider and observed
 Has a working refrigerator and stove 	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
 Has operational smoke detector(s) 	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Medical supplies stored on high bathroom shelf (Band-Aids, Alcohol, Gauze, Ointments)
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Stored in upper level kitchen cabinet in knife holder
Medications of any kind	Υ	Stored in upper level kitchen cabinet
Matches, lighters and flammable products	Y	Does not own
Alcoholic beverages	Y	Does not own
Guns	Υ	Does not own
Cleaning agents	Y	Cleaning agents stored on high shelf in bathroom and 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 in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children in care
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Disaster Supply Kit

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

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

	⊠Blanket(s)
Items in the Disaster Supply Kit are	clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is a	ailable and easily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Read	v to go Pack: Stored in the living room near front door exit
Item Specification (if needed):	extra D batteries, 1 duffle bag (carrying case), no spec. meds, 7 bottled waters, 8 canned foods, 3
	2 medium blankets, 3 card games, 1 roll of duct tape, scissors, 1 roll of sealing plastic, folder w/
EPP and ECMA per child, 1 t	
Items to be reviewed on 03/17/20	3: Corrected & Reviewed on 03/17/2023
- Thermometer needed in ERT	3 bag
Emergency Documents	
⊠Informal Provider Emerger	cy Preparedness Plan (this completed form)
	y medical care
Planning and Maintenance	
Person responsible for updating the	Disaster Supply Kit and the Emergency Documents regularly:
First Name Marita	Last Name Rawlings
Description of how the Emergency	leady-to-Go Pack will be transported to an evacuation location: carried by the provider.
Shelter In Place Procedure:	<u> </u>
1 door 1 window). The E	Int as soon as the emergency arises and then account for the children in care and stay in RTG is already located in this area for convenience. The provider will use sealing plastic, tape and lows if the need should arise. The provider will contact the parent via call or text during and after the ency instructions.
Evacuation Procedures:	
grab the emergency bag. The provi provider has key access into the ho	arent to inform her of the emergency and then call each child by name and account for them and er will secure each child in a car seat belt and drive to the evacuation location ne. The provider and children will shelter in the downstairs living room (2 doors 3 windows). The ent throughout until the end of the emergency and call the parent for further instructions.
	the primary location, the provider will do a head count of each child and observe their well-being and She will secure each child within the car seat belt and call the parent to inform
sk	the provider has key access for the home. They will shelter in the living room area (2 doors 0 e will be communicated to of the emergency and take over follow-up instructions.
and the second and the state of the second	throughout until they are secure and the emergency is over.

Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that a been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.		
PROVIDER		INSPECTOR
Printed Name: Marita Ruwings	Printed Name:	
Signature:	Signature:	
Date: 3-18- 23 Phone	7/2 X 10/2 - 1 X 10/2 - 1 X 10/2 - 1	

Safety of the Home

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 05/17/2023 Follow-up Inspection Date: 05/18/2023	Time In: 10:30AM Time In: 10:30AM	Time Out: 12:10PM Time Out: 10:37AM	
Informal Care			
Type of Care (check one):	ative Informal Provider (Care ⊠Relative Inf	formal Provider Care
Provider Information	apara de la compansa		
First Name: Jacqueline	Last Name: Reynol	ds	Provider ID: <u>514901</u>
Provider ID #:			Email:
Care Location Inspected			
Street Address: Address Verified? Yes.	City: County:	S	Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(09/01/2022) 8	Bmos./ N

pages may be used for comments.	Standard Met	Comments/Notes
Health and Safety Training:	Y/N	Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care - Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
* Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
titillamaka datactar(e)	Y	Tested by provider and observed
Has operational smoke detector(s) Has first aid kit/supplies	Y	First Aid Kit stored in medical bag in provider's home office
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were occupied or covered

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Moved to top of the fridge in knife holder Corrective Action Completed: Lock added to lower cabinet drawer with glass
Medications of any kind	Y	Stored on high shelf in provider's bedroom
Matches, lighters and flammable products	Y	Stored in locked drawer in provider's bedroom
Alcoholic beverages	Y	Corrective Action Completed: Alcohol cabinet required locked
Guns	Y	Does not own
Cleaning agents	Y	Cleaning agents moved to high shelf in laundry room

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

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	
⊠ Thermometer	⊠ Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

Medications	Blanket(s)
	e clean, organized, and usable (Y/N)? Y
	available and easily accessible in the event of an emergency (Y/N)? Y
1 P	at the see Banks I wanted by the manufact's home office
Item Specification (if needed):	edy to go Pack: Located in the provider's home office
. 1 pk of AAA batteries, 1 fire	et aid kit, 1 medical bag, 1 thermometer, no spec meds, 2 bottled waters, 2 fruit cups/ 2 applesauce, 2 outfit (top/bottom), folder w/ EPP and ECMA, 2 backpacks (carrying case), 1 toy, 1 pair of scissors, 6 ct tape and 1 flashlight
tems to be reviewed on 05	/17/2023: Corrected & Reviewed on 05/18/2023
Cleaning products and out	let covers for bathroom, alcohol cabinet and glassware cabinet locks needed
: ERTG: Missing thermomet	DT .
Emergency Documents	
⊠Informal Provider Emerg	ency Preparedness Plan (this completed form)
	ncy medical care
Planning and Maintenance	
Person responsible for updating t	he Disaster Supply Kit and the Emergency Documents regularly:
First Name Jacqueline	Last Name Reynolds
Description of how the Emergence	y Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.
Shelter in Place Procedure:	
The provider will gather the child sealing plastic to seal the spaces	and grab the ERTG bags and go to the basement (1 door 2 windows), the provider will use tape and if needed. Once secured the parent will be called or text with updates.
Evacuation Procedures:	
child in his rear-facing car seat. C	ont for the child and grab the ERTG bags and head to the provider's vehicle. The provider will secure the conce he is secured they will drive to the provider will call or text the parent with emergency updates.
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will u Once secured the provider will ca	cing car seat. After placing the ERTG bags in the trunk the provider will to enter the seat to enter the seat the child will go to the trunk the provider will to enter the seat to enter the seat the child will go to the trunk the provider will the seat to enter the seat to enter the seat th
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will t	to enter She and the child will go to the (1 door 2 windows).
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will u Once secured the provider will ca Care Hours:	cing car seat. After placing the ERTG bags in the trunk the provider will to enter She and the child will go to the (1 door 2 windows). It is parent with updates.
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will u Once secured the provider will ca Care Hours: Signatures & Date Acknowledgement: By signing be	cong car seat. After placing the ERTG bags in the trunk the provider will to enter She and the child will go to the (1 door 2 windows). (1 door 2 windows). (2 door 2 windows). (3 door 2 windows).
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will under the provider will care Hours: Signatures & Date Acknowledgement: By signing be been discussed. The parties also pop up visit which will be conducted.	cong car seat. After placing the ERTG bags in the trunk the provider will to enter She and the child will go to the (1 door 2 windows). (1 door 2 windows). (2 door 2 windows). (3 door 2 windows).
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will under secured the provider will care Hours: Signatures & Date Acknowledgement: By signing be been discussed. The parties also pop up visit which will be conducted.	cing car seat. After placing the ERTG bags in the trunk the provider will to enter She and the child will go to the (1 door 2 windows). If or text the parent with updates. If ow the parties acknowledge that all standards have been reviewed, and any corrections if needed have acknowledge that, if approved, the home in which care is provided is subject to random, unannounced and virtually or in-person.
Alternate: If they could not acce will secure the child in his rear-fa arrival the provider will under secured the provider will can be considered. Care Hours: Signatures & Date Acknowledgement: By signing be been discussed. The parties also pop up visit which will be conducted. PRO Printed Name:	She and the child will go to the (1 door 2 windows). It is parent with updates. It i

MSDE OCC Informal Care Inspection Checklist

⊠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: 09/25/2023	Time In: 3:30PM	Time Out: 4:17P	M Result: PASSED
Informal Care			
Type of Care (check one):	n-relative Informal Provider Ca	are □Relative	Informal Provider Care
Provider Information			
First Name: Deborah Provider ID #:	Last Name: Ridgely		Provider ID: <u>527649</u> Email:
Care Location Inspected			CONTROL CANDIDATES AND
Street Address: Address Verified? Yes.	City: Coun	ty: Sta	te Zip Code:
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present (Y/N)
	,	(12/29/2021)	1yr/Y
Safety of the Home Directions: Review and determine complete			
pages may be used for comments.			D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Comp	oleted?	Υ	Non-Relative Informal Care – Certificate Submitted
Home is free of health and safety ha	zards: .	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 infes 	station	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	er	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 	ng and heating	Y	
Has a working and safe heating	ng system	Y	Thermostat tested by provider for cooling & heating
 Has a working refrigerator and 	d 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 detect 	tor(s)	Y	Tested by provider and observed
Has first aid kit/supplies		Y	Alcohol, wipes, gauze pads, Band-Aids, ointment in kitchen cabinet
 Has protective coverings on a accessible to children 	ny electrical outlet that is	Y	All outlets were covered or occupied
Harmful items are stored appropriate children:	ely and away 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 on top shelf in kitchen cabinet
 Matches, lighters and flamma 	ble products	Y	Does not own
 Alcoholic beverages 		Y	Does not own
Guns		Y	Does not own
 Cleaning agents 		Y	Stored on top shelf in hallway closet

Poisonous substances

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

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

Disaster Supply Kit

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

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

Emanage De 1 1 2 2	ean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is avail	lable and easily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready	to go Pack: Stored in the hallway closet by exit door
meni specification (if needed):	
1 tote bag (carrying case), 1 fla	shlight, 2 extra AA batteries . 1 first aid kit, 1 thermometer, no specific medications, 6 bottled
tems to be reviewed on xx/xx/	Of Scissoris, I foll of the first have and folder of FDB I FOLD.
Emergency Documents	
⊠Informal Provider Emergency	Preparedness Plan (this completed form)
⊠Authorization for emergency r	medical care
Planning and Maintenance	
Person responsible for updating the Di	saster Supply Kit and the Emergency Documents regularly:
-irst Name	Last Name
Rebecca	Rollins
escription of how the Emergency Rea	ady-to-Go Pack will be transported to an evacuation location: carried by the provider.
menter in Flace Frocedure.	
astic and tape to seal the door if the r	he ERTG bag and go into the master bathroom (1 door 0 window). The provider will use the sealing need arises. The provider will call or text the parents once secured with emergency updates.
	or take the parents office secured with emergency updates.
	or text the parents office secured with emergency updates.
vacuation Procedures	
vacuation Procedures rimary: The provider will account for tecured in his rear-facing car seat and	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is
vacuation Procedures rimary: The provider will account for tecured in his rear-facing car seat and	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is
vacuation Procedures Primary: The provider will account for tectured in his rear-facing car seat and	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is
rimary: The provider will account for the secured in his rear-facing car seat and soor 0 window). The provider will call or the secured in his rear-facing car seat and soor 0 window). The provider will call or the secure secure in the secure secure in the secure secure in the secure secure in the secure secur	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive Upon arrival the provider and the child will go r text the parents once secured with emergency updates.
rimary: The provider will account for the provider will account for the provider will account for the provider will call of the provider will call of the provider. If they could not access the provider's vehicle. The provider will ensign the prov	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive. Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear foring corporate and the child.
rimary: The provider will account for the cured in his rear-facing car seat and poor 0 window). The provider will call of the cured in the cured in his rear-facing car seat and poor 0 window). The provider will call the cured in the provider will call the cured in the provider will call the cured in the	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive. Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to
rimary: The provider will account for the ecured in his rear-facing car seat and soor 0 window). The provider will call of the ecured in his rear-facing car seat and soor 0 window). The provider will call of the ecured in the	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive. Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to
rimary: The provider will account for the ecured in his rear-facing car seat and soor 0 window). The provider will call or liternate: If they could not access the rovider's vehicle. The provider will ensure the provider will call the window). The provider will call or text window). The provider will call or text	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to and she and the child will go Upon
rimary: The provider will account for the cured in his rear-facing car seat and poor 0 window). The provider will call or liternate: If they could not access the rovider's vehicle. The provider will ensure the provider will call the window). The provider will call or text window). The provider will call or text	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive. Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to
rimary: The provider will account for the cured in his rear-facing car seat and poor 0 window). The provider will call or liternate: If they could not access the rovider's vehicle. The provider will ensure the provider will call the window). The provider will call or text window). The provider will call or text	the child, grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive. Upon arrival the provider and the child will go r text the parents once secured with emergency updates. primary location, the provider will account for the child, grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to
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rimary: The provider will account for the cured in his rear-facing car seat and soor 0 window). The provider will call or liternate: If they could not access the rovider's vehicle. The provider will ensured the provider will call the window). The provider will call or text window). The provider will call or text window.	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive
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Primary: The provider will account for the secured in his rear-facing car seat and adoor 0 window). The provider will call or the provider will call or the provider's vehicle. The provider will ensure the provider will call the window). The provider will call or text window). The provider will call or text the provider will be call or text the provider will be conducted virtue. PROVIDER Tipted Name:	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive
Primary: The provider will account for the ecured in his rear-facing car seat and soor 0 window). The provider will call or electronic street. If they could not access the provider's vehicle. The provider will ensure the provider will call the window). The provider will call or text window). The provider will call or text window.	the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is drive Upon arrival the provider and the child will go rext the parents once secured with emergency updates. primary location, the provider will account for the child , grab the ERTG and head to the sure the child is secured in his rear-facing car seat and drive to and she and the child will go into the (1 do the parents once secured with emergency updates. parties acknowledge that all standards have been reviewed, and any corrections if needed have wiedge that, if approved, the home in which care is provided is subject to random, unannounced its provided in parties acknowledge that all standards have been reviewed, and any corrections if needed have wiedge that, if approved, the home in which care is provided is subject to random, unannounced its provided in parties acknowledge that all standards have been reviewed, and any corrections if needed have wiedge that, if approved, the home in which care is provided is subject to random, unannounced its provided in the provider will ensure the child will go and the child will go into the subject to random.

✓ Virtual Inspection

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

Informal Care				
ype of Care (check one): Non-rela	ative Informa	al Provider Car	e Relative	e Informal Provider Care
Provider Information				
First Name: Stacy	Last Na	ame: Rivera		Provider ID: NOT IN CCATS Email:
Care Location Inspected				
Street Address:	City:		County:	State: Zip Code:
Name of Children in Care (add pages if	needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			09/14/2016	5/Y
				1
				1
				1.
				1
				1
Safety of the Home				
Additional pages may be used for	compliance comments.	with each stan	dard. Note any cor	nments or corrective actions needed.
Applicable				, D - Discussed, n/a - Not
Applicable Health and Safety Training:			Y - Yes, N - No Standard Met Y/N	, D – Discussed, n/a – Not Comments/Notes Corrective Action /Timeframe if needed
			Standard Met	Comments/Notes
Health and Safety Training:	g Complete		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Health and Safety Training: Basic Health and Safety Training	g Complete		Standard Met Y/N Y Standard Met	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza	g Complete ards:		Standard Met Y/N Y Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Non-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 haza Is in good repair	g Complete ards:		Standard Met Y/N Y Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Non-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 haza Is in good repair Is free of insect or rodent infestor	g Complete ards: ation		Standard Met Y/N Y Standard Met Y/N Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated	g Complete ards: ation		Standard Met Y/N Y Standard Met Y/N Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting	g Complete ards: ation	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom
Health and Safety Training: Basic Health and Safety Training Home Is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet	g Complete ards: ation	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting	g Complete ards: ation and heating system	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom Provider flushed the toilet Tested the thermostat
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting Has a working and safe heating Has a working refrigerator and safe heating Has a working telephone	g Complete ards: ation and heating system stove	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom Provider flushed the toilet Tested the thermostat Put the burner on the stove and bolled water opened the fridge/freezer Only working cellphones
Health and Safety Training: Basic Health and Safety Training Home Is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting Has a working and safe heating Has a working refrigerator and safe	g Complete ards: ation and heating system stove	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom Provider flushed the toilet Tested the thermostat Put the burner on the stove and bolled water opened the fridge/freezer Only working cellphones Tested the smoke detectors
Health and Safety Training: Basic Health and Safety Training Home is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting Has a working and safe heating Has a working refrigerator and safe heating Has a working telephone	g Complete ards: ation and heating system stove	d?	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom Provider flushed the toilet Tested the thermostat Put the burner on the stove and boiled water opened the fridge/freezer Only working cellphones
Health and Safety Training: Basic Health and Safety Training Home Is free of health and safety haza Is in good repair Is free of insect or rodent infests Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting Has a working and safe heating Has a working refrigerator and services a working telephone Has operational smoke detector	g Complete ards: ation and heating system stove	d? g	Standard Met Y/N Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care Comments/Notes Corrective Action /Timeframe if needed Very clean A lot of light fixtures and wide windows Tested the faucet in the bathroom Provider flushed the toilet Tested the thermostat Put the burner on the stove and bolled water opened the fridge/freezer Only working cellphones Tested the smoke detectors Medical supplies/first aid kit in the bathroom

Sharp or pointed items	Υ	Knives stored above the kitchen cabinet
Medications of any kind	Υ	Stored on a high shelf in the bathroom closet
Matches, lighters and flammable products	Υ	Does not own
Alcoholic beverages	Υ	Does not own
Guns	Υ	Does not own
Cleaning agents	Υ	Cleaning agents on the very top shelf of bathroom closet
Poisonous substances	Υ 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.	Υ	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	No diaper age children
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	N/A	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:	Υ	
A child in care is not subjected to any form of neglect, including:	γ	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment The provider immediately reports any suspected child abuse,	Y	
neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services Unit.</u>	y 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 ea enough supplies for each child in care. Als	ch item is add so, that the ite	equately inclu ems are clean	ded in the Disaster Supply Kit. I , organized, and usable. Commo	Be certain that the Disaster Supply Kit contains ent and note below if needed.
1	Flashlight	✓ Bo	ottled water		✓ Folder or binder for EPP documents
/	Batteries	✓ No	on-perishable	e food	✓ Backpack(s) or carrying case(s)
/	Portable First Aid Kit	√ Di	apers (N/A)		 ✓ Consider special toys or games ✓ Scissors, tape & sealing plastic
1	Thermometer	√ CI	nange of clot	hes	coldators, tape a searing plastic
,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Medications	✓ BI	anket(s)		
	in the Disaster Supply Kit are clean, orga		100 1		
	gency Ready-to-Go Pack is available and	easily acce	ssible in the	event of an emergency (Y/N)?	Y
1	ster Supply Kit Comments/Notes: se of water				
	e of water it tape				
1	t aid kit				
1 flas	hlight				
,	k of batteries				
	rmometer				
	ledications ns of food				
	fit (shirt/jeans & underwear)				
1 bla					
1 bac	kpack (carrying case)				
iPad					
	r of Scissors				
	avy duty trash bags (sealing plastic) Docs				
Emerg	ency Documents				
✓ II	nformal Provider Emergency Preparedr	iess Plan (th	nis complete	ed form)	
✓ A	authorization for emergency medical ca	re			
Planni	ng and Maintenance		• 00		
	responsible for updating the Disaster S	Supply Kit a	nd the Eme	rgency Documents regularly:	
First N		Last Na			
Descri	ption of how the Emergency Ready-to-0	3o Pack will	be transpor	ted to an evacuation location	n: The kit will be in the living room closet for
easy a		50 T BOIL TEIN	DO MANOPO	too to all evacoution location	the file will be in the living room closer.
Shelte call	r in-Place: Get and grab the to-g	go kit and go	into the ma	ain level bathroom, (1 door 0	windows), contacting the parent via text a
Can					
Evacus	ation Location (Primary): Get	od the kit a	nd on down	the stairs and on across the	street to the rental office, they will be in the
main a	rea (2 doors 5 windows) and will contact	of the parent	t via text an	call about emergency	street to the rental blace, they will be in the
				,	
Evacu	ation Location (Alternate): Get	and the kit	and walk ov	er to the community center	would go into the computer/printer room,
	windows), contacting the parent by tex			an to the commonly content	stoolo go atto the compatentime room,
Signate	ures & Date				
		es acknowle	dge that all	standards have been review	ed, and any corrections if needed have
been d	iscussed.		ı		
	PROVIDER				NSPECTOR
Printed	Name: Stacy Rivera			Printed Name:	
Signati	ur			Signature:	V
Data				Delet 10/14/0004	Phone: 4 877 887 8485
Date:	1).15.21 Phone:			Date: 10/14/2021	Phone: 1-877-227-0125

✔ Virtual Inspection

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

Inspection Date: 09/13/2021	Time	In: 2:00 PM	Time Out 2:43 PM	Result:		
Informal Care						
Type of Care (check one):	Non-relative Informa	al Provider Care	Relative Info	ormal Provider Care		
Provider Information						
First Name: Elsie	Loci N	ame: Roberts		Provider tD:		
License #:	Last N	ame, Nobel 18		Email:		
Care Location Inspected						
Street Address:	City:	Cour	nty: State: Zi	Code		
Name of Children in Care (add p	nages if needed)	Scholarship	Date of Birth	Age / Pres		
Manie Di Cilidren III Care (add)	regoon (locator)	the state of the s	Date of Birth	Age / Pres	sent (Y/N)	
Name of Children in Care (and			06/26/2012	8 /N	sent (Y/N)	
Name of Officient in Care (aud.)					sent (Y/N)	
Name of Official fill Care (aud.)			06/26/2012	8 /N	sent (Y/N)	
Name of Officient in Care (aud.)			06/26/2012	8 /N	sent (Y/N)	
Name of Officient (aud.)			06/26/2012	8 /N	sent (Y/N)	

Safety of the Home		
Directions: Review and determine compliance with each Additional pages may be used for comments.		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?	N/A	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	Showed bedroom, living room, and kitchen(counters/cabinets) area
 Is free of insect or rodent infestation 	Y	
Is well-lit and well-ventilated	Y	Turned the lights on in all common areas
Has hot and cold running water	Y	Tested both hot and cold side of sink
Has a working inside toilet	Y	Provider flushed the toilet
 Has utilities for cooking, lighting and heating 	Y	In the kitchen, showed appliances
Has a working and safe heating system	Y	Tested the thermostat and put on high and low temps
Has a working refrigerator and stove	Y	Opened the refrigerator and freezer that wer well-lit and organized/ Tested the stove tops to show proper function
Has a working telephone	Y	No house phone but all members of household have cellphones (provider, parer and children)

Has operational smoke detector(s)	Υ	Tested the smoke detector	
Has first aid kit/supplies	Y	Has supplies stored on top shelf of bathroom closet	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All electrical outlets were covered by furniture or occupied by household items	
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	All counters were clear and no sharp items accessil to children	
Medications of any kind	Y	Medications were placed in a high cabinet in the bathroom	
Matches, lighters and flammable products	Υ	Does not won	
Alcoholic beverages	Υ	Does not own	
Guns	Υ	Does not own	
Cleaning agents	Υ	Cleaning supplies stored on a shelf in laundry room that kids cannot access	
Poisonous substances	Y	Does not own	
GENERAL CLEANLINESS STANDARDS	Standard Wet	Comments/Notes	
	Y/N	Corrective Action /Timeframe If needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	N/A	No children that need diapering	
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	Hand sanitizer/soap area in kitchen as well as th bathroom	
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			
Emerg	ency Ready-to	-Go Pack				
	The Emergency Read needed medications)	ly-to-Go Pack must be ava and Етегделсу Documen	nilable and easily acce	ssible in the event of a	an emerg	ency. This contains a Disaster Supply Kit (includin
Disaster	Supply Kit					*
	Directions: Review are enough supplies for e	nd determine that each ite ach child in care. Also, tha	m is adequately include the items are clean,	ed in the Disaster Sup organized, and usable	ply Kit. E	Be certain that the Disaster Supply Kit contains ent and note below if needed.
	ashlight		Bottled water		V	Folder or binder for EPP documents
✓ Ba	itteries					Podder of billider for EPP documents
		~	Non-perishable for	d	~	Backpack(s) or carrying case(s)
V Po	rtable First Aid Kit	~	Diapers		~	Consider special toys or games Scissors, tape & sealing plastic
✓ Th	ermometer		Change of clothes			ocissors, tape & searing plastic
	edications	-	Blanket(s)			
Items in	the Disaster Supply	/ Kit are clean, organized	C - A3 1 1 - N - N - 1	Υ.		
_		ack is available and easil			. /V/NI)2	v
✓ Inf		ergency Preparedness	Plan (this complete	d form)		
Planning	and Maintenance					
First Nan Description	ne on of how the Emer		ast Name			n: By the providers vehicle and placed in the
back of the	пе јеер.					
Signature	es & Date					
Acknowle been disc	dgement: By signin cussed.	g below the parties ack	nowledge that all s	andards have been	reviewe	ed, and any corrections if needed have
		PROVIDER			İ	NSPECTOR
Printed N	lame: Elsie Roberts			Printed Name:		
Signature				Signature		
Date:9-13	3-21	Phone		Date: 09/13/2021		Phone: 1-877-227-0125

✓ Virtual Inspection

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program	4.1110	oui c
INFORMAL CARE		
INSPECTION CHECKLIST		

	Inspection Date: 09/09/2021	Time	In: 1:00 PM	Time Out: 2:02	PM R	lesult:	
	Informal Care		1/20 E				
T	ype of Care (check one): Non-relativ	e Inform	nal Provider Car	e Relative	Informs	l Provide	or Coro
Ė	Provider Information	Cilioni	iai i iovidei oai	t Treiabve	THOITE	II LIOAIGI	er Gale
	First Name: Imani	Last	lame: Robinso	n	ТР	rovider I	D: NOT IN CCATS
	License #:		TOTAL TODAL	•	E	mail:	
Ī,	Care Location Inspected						
	Street Address:	City:	Co	ounty:	State:	V 70	Zip Code:
	Name of Children in Care (add pages if nee	eded)	Scholarship	Date of Birth	Age		Present (Y/N)
				11/09/2009	11	/ N	
_				10/27/2013	7	/N	
				10/27/2013	7	/N	
_							
						1	
Ü						1	
	Safety of the Home			101 3 7			
Section 2	Directions: Review and determine co Additional pages may be used for cor Applicable	mplianc mments.	e with each stan	dard. Note any con Y - Yes, N - No,			
000 000	Health and Safety Training:			Standard Met Y/N		ents/Not	es on /Timeframe if needed
	Basic Health and Safety Training C	Complete	ed?	N/A		Rel	ative Informal Care
100000	Home is free of health and safety hazards	s:		Standard Met Y/N		ents/Not tive Acti	es on /Timeframe if needed
	Is in good repair			Y			House clean
	 Is free of insect or rodent infestation 	ח		Υ			
12	Is well-lit and well-ventilated			Υ	Wel	l-lit in the	e common area, kitchen and bedrooms
	Has hot and cold running water			Y	Used		mometer to test hot and cold - showed 75 degrees
	Has a working inside toilet			Υ		Toile	t flushed by provider
	Has utilities for cooking, lighting an		ıg	Υ	Sho	wed enti	re kitchen and all appliances
	Has a working and safe heating system	stem		Y			he thermostat, heat/cool
	Has a working refrigerator and stover	/e		Υ		refri	ne stove top and opened the igerator and freezer
	Has a working telephone			Υ		use	oviders celiphone which was d during inspection
	Has operational smoke detector(s)			Y	Provid	er tested	I the smoke detector to ensure it was working
-	Has first aid kit/supplies		10 (00000000000000000000000000000000000	Υ		Shov	ved the kit in camera
	 Has protective coverings on any ele accessible to children 	ectrical (outlet that is	Υ	All	outlets w	ere occupied or covered by furniture

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Placed in storage area
Medications of any kind	Υ	In totes in the mother's room on high shelf in the clo
Matches, lighters and flammable products	Υ	Does not have in the home
Alcoholic beverages	Υ	No alcoholic beverages in the home
Guns	Y	Does not have any in home
Cleaning agents	Y	Stored away in cabinet area
Poisonous substances	Y	Weed grass killer was placed on a high shelf in the basement storage, not accessible to children
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 children in the diapering ages, showed bedroom kitchen and living room area which were clean
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Trash can area was clean and stored away properly
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	*
Diapering procedures are followed.	N/A	Does not apply, 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	Yes, both areas had soap on the counter
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
	4700	
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	
 Physical injury 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. 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. 		
 Physical injury 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. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and 	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 (includin needed medications) and Emergency Documents.

Dieaste	er Supply Kit				
Disaste	Directions: Review and determine th	at each item is adequate. Also, that the items a	ely included in th/e Disaster S re clean, organized, and usab	Supply Kit. Be certain that the Disaster Supply Kit of	contains
✓	Flashlight	✓ Bottled		✓ Folder or binder for EPP docum	ents
✓	Batteries	✓ Non-pe	erishable food	✓ Backpack(s) or carrying case(s)	
✓	Portable First Aid Kit	✓ Diaper	s	 ✓ Consider special toys or games ✓ Scissors, tape & sealing plastic 	
✓	Thermometer	✓ Chang	e of clothes	·	
1	Medications	✓ Blanke	t(s)	✓	
Items	in the Disaster Supply Kit are clean,	organized, and usabl	e (Y/N)? Y		
Emerg	gency Ready-to-Go Pack is available	e and easily accessible	in the event of an emergen	ncy (Y/N)? Y	
	ency Documents	verdance Plan (this a			
	formal Provider Emergency Prepa uthorization for emergency medica	,	ompleted form)		
Plannir	ng and Maintenance				
Person	responsible for updating the Disas	ster Supply Kit and th	e Emergency Documents i	regularly:	
First Na		Last Name		5 ,	
Descrip	tion of how the Emergency Ready	TO-GO FACK WIII DE II	ansponed to an evacuation	arriocation, via provider's venicle.	
Signatu	res & Date				
	ledgement: By signing below the pscussed.	arties acknowledge	hat all standards have bee	en reviewed, and any corrections if needed h	ave
	PROVIDER			INSPECTOR	
Printed	Name: Imani Robinson		Printed Name:		
Signatu	re:		Signature:		
Date:	9/09/2021 Phone:		Date: 09/09/2021	Phone: 1-877-227-0125	

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

Return to: ccs.informalproviders@maryland.g ov

	I	NSPECTION C	HECKLIST		
Inspection Date: 03/10/2023	Tim	e In: 3:30PM	Time Out: 4:14PN	Result: PASSED	
Informal Care					
Type of Care (check one):	☐ Non-relative In	formal Provider C	are ⊠Relative	Informal Provider Care	
Provider Information				Herein Williams Russian Control of the Control of t	
First Name: Brandi	Last Name: Roe			Provider ID: <u>485386</u>	
Provider ID #:				Email:	
Care Location Inspected					
Street Address: Address Verified? Yes.	City:	County:	State	Zip Code:	
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			(10/28/2016)	6yr. / N	
		F - Tayettiseys.d.	(02/14/2022)	1yr. / N	

Safety of the Home		
Directions: Review and determine compliance with each standard. Not pages may be used for comments.		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	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
Has a working inside toilet	Y	Flushed by provider and observed, lock on the bathroom door
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Υ	Thermostat settings tested and observed
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
Has operational smoke detector(s)	Y	Observed and tested by provider
Has first aid kit/supplies	Y	Underneath bathroom sink
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Υ	Stored in upper level kitchen cabinet
Medications of any kind	Υ	Stored in upper level kitchen cabinet
Matches, lighters and flammable products	Υ	Does not own
Alcoholic beverages	Y	Does not own
• Guns	Υ	Does not own

Cleaning agents	Y	Cleaning agents stored above high cabinet in bathroom
 Poisonous substances 	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet liaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering materials in changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including:	Y	
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y	
 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 epartment 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
 ☑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/ 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

Location of The Emergency Ready to go Pack: Living room near front door exit

Item Specification (if needed):

1 roll of tape, 1 roll of trash bags, 1 thermometer, 1 pair of scissors, 1 first aid kit, 1 flashlight, bag of extra AA batteries, 4 canned foods, 3 bottled waters, no specific medications, 5 diapers and wipes, 2 outfits (1 per child – top/bottom), backpack (carrying case), 3 small toys, folder w/ EPP and ECMA docs/per child

Items to be reviewed on xx/xx/xxxx: N/A		
Emergency Documents		
⊠Informal Provider Emergency Pre	paredness Plan (this completed form)	
⊠ Authorization for emergency med	ical care	
Planning and Maintenance		
Person responsible for updating the Disas	ter Supply Kit and the Emergency Docu	uments regularly:
First Name Brandi	Roe Last Name	
Description of how the Emergency Ready-	to-Go Pack will be transported to an ev	vacuation location: carried by the provider.
Shelter In Place Procedure:		
The provider will account for the children, (1 door 2 windows). If the need should arise the parent to inform them of the emergence	se the provider will use the sealing plast	ne emergency to-go bag and go into the master bedroom stic and tape to seal any doors or windows. She will call
car seat and the older child in their booste upon entry she and the children will go into during and after the emergency. Alternate: If they could not access the protection of the small child in their car seat and the old and car and car.	imary location, the provider will the gath	ther the children and the emergency bag. She will place call the parents and inform them of the location change. The provider will call or text the parent before, The provider and children will go text the parents on the way, during and when they are
Signatures & Date		
	edge that, if approved, the nome in which	ave been reviewed, and any corrections if needed have ch care is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name: Brandi Rue	Printed Nar	ame:
Signature:	Signature:	
Date: 3/27/2023 Phone:	Date: 03/22	22/2023 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: 09/15/2022	Time Ir	n: 3:30PM	Time Out: 4:25PI	M Result: Passed		
Informal Care						
Type of Care (check one): ☐ Non-relative Informal Provider Care ☐ Relative Informal Provider Care						
Provider Information						
First Name: Leslie Last Name: Rockwell				Provider ID: 476135		
Provider ID #				Email		
Care Location Inspected						
Street Address: City: County: Address Verified? Yes			St	zate Zip Code:		
Name of Children in Care (add pages if needed) Scho		Scholarship	Date of Birth	Age / Present (Y/N)		
			2/7/2017	5 / Yes		
			10/6/2018	3 / Yes		
Safety of the Home						
Directions: Review and determine compliance vi	with each			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:						
Home is free of health and safety hazards:	:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Home is free of health and safety hazards: • Is in good repair	:					
-			Y/N			
Is in good repair			Y/N Y	Corrective Action /Timeframe if needed		
Is in good repair Is free of insect or rodent infestation			Y/N Y Y	Corrective Action /Timeframe if needed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet			Y/N Y Y Y	Corrective Action /Timeframe if needed No sign of infestation		
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	I heating		Y/N Y Y Y Y Y Y Y Y	No sign of infestation Steam observed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating systems.	I heating		Y/N Y Y Y Y Y Y Y Y Y Y	No sign of infestation Steam observed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating systems. Has a working refrigerator and stove	I heating		Y/N Y Y Y Y Y Y Y Y Y Y Y	No sign of infestation Steam observed Flush Observed		
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	I heating		Y/N Y Y Y Y Y Y Y Y Y Y Y Y	No sign of infestation Steam observed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating systems. Has a working refrigerator and stove	I heating		Y/N Y Y Y Y Y Y Y Y Y Y Y	No sign of infestation Steam observed Flush Observed Make A Call		
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 system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies	I heating tem		Y/N Y Y Y Y Y Y Y Y Y Y Y Y	No sign of infestation Steam observed Flush Observed		
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 Has operational smoke detector(s)	I heating tem	utlet that is	Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze,		
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 system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any elections	I heating tem		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer		
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 system Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electors are stored appropriately and	I heating tem		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes		
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 Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any eleaccessible to children Harmful items are stored appropriately and children:	I heating tem		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syst Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any eleaccessible to children Harmful items are stored appropriately and children: Sharp or pointed items	tem ctrical ou		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair Is free of insect or rodent infestation Is well-lit and well-ventilated Has hot and cold running water Has a working inside toilet Has utilities for cooking, lighting and Has a working and safe heating syst Has a working refrigerator and stove Has a working telephone Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any eleaccessible to children Harmful items are stored appropriately and children: Sharp or pointed items Medications of any kind	tem ctrical ou		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes Corrective Action /Timeframe if needed On top of fridge		
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 Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any electoresible to children Harmful items are stored appropriately and children: Sharp or pointed items Medications of any kind Matches, lighters and flammable processions.	tem ctrical ou		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes Corrective Action /Timeframe if needed On top of fridge		
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 Has operational smoke detector(s) Has first aid kit/supplies Has protective coverings on any eleaccessible to children Harmful items are stored appropriately and children: Sharp or pointed items Medications of any kind Matches, lighters and flammable pro	tem ctrical ou		Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	Corrective Action /Timeframe if needed No sign of infestation Steam observed Flush Observed Make A Call Band aids, alcohol wipes, scissors, gauze, tweezer Covered or in use Comments/Notes Corrective Action /Timeframe if needed On top of fridge None		

l	Standard Met	Comments/Notes
GENERAL CLEANLINESS STANDARDS	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	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:	Y	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment The provider immediately reports any suspected child abuse,	Y	
neglect or mistreatment by calling 911 and your <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	oxtimes 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: Closet by the front door							
Item Specification (if needed):							
2 shirts, ,2 shorts, 2 underwear							
3 ovtra AAA hatteries. Memory game	alovee sciesors	31,23					
Band aids, ointment, gauze, tape, alcohol wipes, 3 16oz water bottles, 2 cans of bunny pasta, can	chick peas,						
		1					
Items to review on xx/xx/xxxx if needed: N/A		1					
Emergency Documents							
⊠Informal Provider Emergency Prepared							
⊠Authorization for emergency medical ca	ire	WASH OF THE PROPERTY OF THE PR					
Planning and Maintenance							
Person responsible for updating the Disaster Su	pply Kit and the Emergency Documents regularly	<i>y</i> :					
First Name	Last Name	1					
Description of how the Emergency Ready-to-Go	Peak will be transported to an evacuation location	on:					
Description of now the Emergency Ready-to-Go	rack will be transported to an ordeduction to						
Otalian la Diago Dagondura							
Shelter In Place Procedure: The provider will count and grab the children, the	a EPTR and head to the hall hathroom which ha	s one door and no windows. If the need					
should arise the provider will use plastic and tap	e to seal the shelter. The provider will call the pa	arent, that works from home once they					
are secure.							
Evacuation Procedures:							
Then provider will grab the children, the ERTG,	Her cell phone and proceed to the provider's ve	hicle where she will secure the children					
their front facing car seats before driving to the	primary evacuation location which where the provider will tell the children to assume	Office at the					
location, they will shelter doors and no windows. The provider will call the	e parents once they are secure in the evacuation	location. Provider will calm the children					
and feed them as necessary.	, , , , , , , , , , , , , , , , , , , ,						
If they couldn't chalter at the primary location th	ney will go to the alternate evacuation location w	hich is t					
The provider will grob the children the FRTG H	ler cell phone and proceed to the provider's vehi	icle where she will secure the children					
their front facing car seats before driving to the a room which has no windows and one door. The	alternate evacuation location Once at the location	on they will head to the women's bunk					
room which has no windows and one door. The	provider will call the parente chee they are esse						
Signatures & Date	established the second of the second section of the second	Section 1 to 1					
Acknowledgement: By signing below the parties	acknowledge that all standards have been revie	wed, and any corrections if needed have					
been discussed. The parties also acknowledge t pop up visit which will be conducted virtually or in	hat, if approved, the nome in which care is provi	ded is subject to raildon, dilamodiced					
PROVIDER	Treason.	INSPECTOR					
Printed Name: Leslie Rockwell	Printed Name:						
Signature:							
	Signature:						
Date: 9 16 2172 Phone:	Date: 09/15/2022	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

Inspection Date: 1/08/2021	Time	In; 1:45 pm	Time Out: 2:40 pm	Result: Approved if returned by 12 p 10/09/2021
Informal Care				
Type of Care (check one):	on-relative Inf	ormal Provider C	are ⊠Relative Inf	formal Provider Care
Provider Information				
First Name: Leslie	Last	Last Name: Rockwell		Provider ID:
ID #:		4 1/2 1G1 1/4 1/10		Email:
Care Location Inspected				
Street Address: Verified?: Yes		City	County	State Zip Code
Name of Children in Care (add pages	s if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			02/07/2017	4 years / N
			10/06/2018	3 years /Y
				I
				/
				1

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?	N/A Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Home is free of health and safety hazards:			
Is in good repair	Y		
 Is free of insect or rodent infestation 	Y		
Is well-lit and well-ventilated	Y	Lots of windows and indoor lighting	
Has hot and cold running water	Υ	Observed steam	
Has a working inside toilet	Y	Observed flush	
Has utilities for cooking, lighting and heating	Υ	Thermostat turned up.	
Has a working and safe heating system	Y	Thermostat turned up	
Has a working refrigerator and stove	Y	4 Burners turned on. Light on in refrigerator and freezer.	
Has a working telephone	Y	Outbound call made on providers cellphone	
 Has operational smoke detector(s) 	Y		
Has first aid kit/supplies	Υ	Alcohol bandages, hand cleaning wipes, antibiotic cream, scissors, cold compress, gloves	
 Has protective coverings on any electrical outlet that is accessible to children 	Υ	Observed 2 outlet covers.	

irmful items are stored appropriately and away from ildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	On counter top
Medications of any kind	Y	Cabinet above stove.
 Matches, lighters and flammable products 	Ý	Not kept in home
Alcoholic beverages	Y	Not kept in home
• Guns	Y	Not kept in home
Cleaning agents	Y	Cabinet with cabinet locks.

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

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

Disaster Supply Kit

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

 ⊠Flashlight
 ⊠Bottled water
 ⊠Folder or binder for EPP documents

 ⊠Batteries
 ⊠Non-perishable food
 ⊠Backpack(s) or carrying case(s)

 ⊠Portable First Aid Kit
 ⊠Diapers
 ⊠Consider special toys or games

 ⊠Thermometer
 ⊠Change of clothes
 ⊠Scissors, tape & sealing plastic

Medications		Blanket(s)
Items in the Disaster	Supply Kit are clean, organized, ar	nd usable (Y/N)? Y
Emergency Ready-to	o-Go Pack is available and easily a	ccessible in the event of an emergency (Y/N)? Y
2 AAA Batte First Aid Kit 3 16.9 oz wa Canned pas	(if needed): eries. - Large 6x6 bandage, Gauze, Colo	d compress, tape, Antiseptic toilettes.
Sleeper for I2 blanketsMemory care	Ryan and Top and bottoms for Ra	andy.
Emergency Docume	ents	
	vider Emergency Preparedness F n for emergency medical care	Plan (this completed form)
Planning and Mainte	enance	
Person responsible for First Name		it and the Emergency Documents regularly: Name
Shelter In Place Pro The Provider will gath in the bathroom tub.(6 Evacuation Procedu The Provider will retri guide the children out where they will shelte	cedures: ner both children and the emerger 0 windows 1 door). Verify all child ures: eve the backpack from coat close tdoors to the vehicle which is equ	will be transported to an evacuation location: act ready to go pack prior to walking down to the basement where they will locate iren are resent by doing an attendance check. Call the parent once secured. Set and both children. The provider will also grab the cellphone, call the parent and ipped with 2 car seats. The provider will then transport lows). Grab both children, the emergency ready to go pack, and drive them to the room
Signatures & Date		
Control of the second s	y signing below the parties acknow	wledge that all standards have been reviewed, and any corrections if needed have
	PROVIDER	INSPECTOR
Printed Name: Lest	lie Rochwell	Printed Name:
Signature:		Signature
Date: 10/8/21	Phone:	Date: 10/08/2021 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

ative Informal Provider C		THE RESIDENCE OF THE PARTY OF T
tive Informal Provider C		1. D. 11. Oans
A 1 - CHARLES SECTION IN THE SECTION IN	are ⊠Relative In	formal Provider Care
		Provider ID: 889992
Last Name: Roe		Email:
		The Code
Cour	nty State	Zip Code
ded) Scholarship	Date of Birth	Age / Present (Y/N)
	10/28/2016	5 years / No, At school
	2/14/2022	1 Month / With Mom
	V.	
		and the state of t
		County State ded) Scholarship Date of Birth 10/28/2016

Safety of the Home		It and Additional
Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or co Y - Yes, N - No, D	rrective actions needed. Additional - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	None observed
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	Steam observed in bathroom
Has a working inside toilet	Y	Flush observed
 Has utilities for cooking, lighting and heating 	Y	Burners all operational
 Has a working and safe heating system 	Υ .	
Has a working refrigerator and stove	Y	Light observed when opened
Has a working telephone	Υ	Provider's Cell phone. Called her on it.
Has operational smoke detector(s)	Y	Alarm sound
Has first aid kit/supplies	Y	ū.
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Covers on outlets not in use.
armful items are stored appropriately and away from nildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Back of the counter out of reach
Medications of any kind	Y	Up in a high cabinet
Matches, lighters and flammable products	Y	None
Alcoholic beverages	Y	None
• Guns	Y	None
Cleaning agents	Y	Up in high cabinet

Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	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.	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, reglect or mistreatment by calling 911 and your local pepartment of Social Services Child Protective Services Unit.	Y	

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

Directions: Review and determine 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

Non-perishable food

⊠Backpack(s) or carrying case(s)

⊠Portable First Aid Kit

⊠Diapers

⊠Thermometer	⊠ Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
□Medications N/A	⊠Blanket(s)	bags
Items in the Disaster Supply Kit are clean, orga	anized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of ar	emergency (Y/N)? Y
Location of The Emergency Ready to go Pa	ck: By Front door	
Item Specification (if needed): 4 cans of chicken noodle and vegetable beef si 40 diapers, package of wipes, First aid-Band-A 2 Shirts, 2 pants, XL blanket,	oup, large box of Crackers, 4 16oz. Alds, Neosporin, Qtips, wipes	water bottles,
Items to review on xx/xx/xxxx if needed: N	A	
Emergency Documents		
☑Informal Provider Emergency Prepare ☑Authorization for emergency medical in in in in in in in in in i		
Planning and Maintenance		
Person responsible for updating the Disaster S	upply Kit and the Emergency Do	cuments regularly
First Name	Last Name	outhorita regularly.
one door. If there is a need, provider will seal we see the se	rindows and door. Once secure p e children and emergency to go ar seat before driving to provider	bag and proceed to her vehicle where she will secure 's parent's house which is the primary location. If not able
ilgnatures & Date		
cknowledgement: By signing below the parties een discussed. The parties also acknowledge to op up visit which will be conducted virtually or i	hat, if approved, the home in wh	have been reviewed, and any corrections if needed have nich care is provided is subject to random, unannounced
PROVIDER	为此,并不是全国生产。	INSPECTOR
rinted Name; Brandi Roe	Printed N	Name:
gnature:	Signatur	o.

Phone: 1-877-227-0125

Signature:

Date: 4/5/2022

Phone:

Date: 4/5/2022

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

Return to: ccs informalproviders@maryland.g

Result Follow-up Required. Inspection Date: 09/18/2023 Time Out: 4:29PM Time In: 3:30PM Result: PASSED Follow-up Inspection Date: 09/19/2023 Time Out: 11:44AM Time In: 11:00AM Informal Care Type of Care (check one): ⊠Relative Informal Provider Care Non-relative Informal Provider Care **Provider Information** Provider ID: 522864 First Name: Carmen Last Name: Romero Provider ID #: Email: Care Location Inspected Street Address: State Zip Code: County: Address Verified? Yes. Present (Y/N) Name of Children in Care (add pages if needed) Scholarship Date of Birth Age (11/18/2019)3yr. / Y (12/14/2020) 2yr. / Y (11/23/2021) 1yr. / Y

Safety of the Home			
Directions: Review and determine compliance with each standard. Note 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 Y Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?		Relative Informal Care - Certificate Submitted	
Home is free of health and safety hazards:		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 kits stored on shelf in the dining room	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	Corrective Action Completed: 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	Knives moved to higher shelf in kitchen cabinet	
Medications of any kind	Y	Stored in high cabinet of kitchen	
Matches, lighters and flammable products	Y	Moved to high shelf in kitchen cabinet	

Alcoholic beverages

Guns

Does not own

Does not own

Cleaning agents	Y	Cleaning products moved to top of bathroom cabinet and fridge
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	Changing area in children's bedroom, provide brings changing bag daily
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.	Υ	
Diapering procedures are followed.	Υ	Diapering supplies in changing bag
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	Υ	
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 Manual injury	Υ	
A child in pare to not subjected to any form of neglect, including. The initials 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 all substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Υ	
A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

⊠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	
⊠Medications	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, orga	inized, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and	easily accessible in the event of an eme	rgency (Y/N)? Y
canned food, 1 fruit cup, 2 pks of mac 8 2 trash bags, 1 pair of scissors, and fol Items to be reviewed on 09/19/2023: Co Outlet coverings in all areas (kitchen, b ERTG: All items within the bag Folder w/ the EPP and ECMA for the sh	1 pk of AA batteries, 1 first aid kit, 1 th a cheese, 4 diapers, 1 pk of wipes, 3 o der w/ EPP and ECMA docs per child rrected & Reviewed on 09/19/2023 athroom, bedrooms, dining room)	nermometer, no specific meds, 4 bottled waters, 1 outfits (top/bottom), 2 med blankets, 1 roll duct tape,
Emergency Documents		
⊠Informal Provider Emergency Prepare		
	care	
Planning and Maintenance		
Person responsible for updating the Disaster S		nts regularly:
First Name Corroen	Last Name Romero	
Description of how the Emergency Ready-to-9	o Pack will be transported to an evacu	ation location: carried by the provider.
Vo. r. rest child in her rear-facing car seat and The provider will call (1 door 1 window). Once secured the Alternate: If they could not access the primar provider's vehicle. The provider will secure the	dren, grab the ERTG and will head to the middle and oldest children in their once provider will call the parent with emergy location, the provider will account for youngest child in her rear-facing car se	the provider's vehicle. The provider will secure the forward-facing car seats. The provider will drive to inside the provider and children would shelter tency updates. The children, grab the ERTG and will head to the eat and the middle and oldest children in their
forward-facing car seats. The provider will about where to shelter with the children. Care Hours:	. Upon arriva	I the provider will receive instruction from
Signatures & Date		
Acknowledgement: By signing below the parties been discussed. The parties also acknowledge pop up visit which will be conducted virtually or	that, if approved, the home in which ca	een reviewed, and any corrections if needed have re is provided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Name of Armen Romero	Printed Name:	
Signat	Signature:	
Date: 10 /22 /2023 Phone	Date: 09/19/202	23 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

Inspection Date: 05/18/2023 Time In: 1:30PM Time Out: 2:36PM Result: Follow-up Required Follow-up Inspection Date: 05/19/2023 Time In: 10:00AM Time Out: 10:04AM Result: PASSED Informal Care Type of Care (check one): □ Non-relative Informal Provider Care ⊠Relative Informal Provider Care **Provider Information** First Name: Cari Provider ID: 486133 Last Name: Rosenberg Provider ID #: Email Care Location Inspected Street Address City: County: State Zip Code: Address Verified? Yes. Name of Children in Care (add pages if needed) Scholarship Date of Birth Age Present (Y/N) (02/14/2020) 3yr. / Y

(08/23/2021)

1yr. / Y

Safety of the Home

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

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

pages may be used for comments.	Y - Yes, N - No,	D - Discussed, n/a - Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Is in good repair 	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed on camera
 Has a working inside toilet 	Y	Flushed by provider and observed
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
 Has a working refrigerator and stove 	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made to provider's phone
 Has operational smoke detector(s) 	Y	Tested by provider and observed
Has first aid kit/supplies	Y	Medical Supplies in bathroom cabinet (Band-aids, gauze, alcohol wipes, and ointment)
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were occupied or covered
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Stored in knife holder on high kitchen shelf
 Medications of any kind 	Y	Stored in bathroom cabinet
 Matches, lighters and flammable products 	Y	Moved to high kitchen cabinet
Alcoholic beverages	Y	Stored on high level cabinet
• Guns	Y	Does not own
Cleaning agents	Y	Cleaning agents in locked bathroom and kitchen 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.	Y	Changing station near living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	Diapers taken out daily by front trash
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available
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 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child	Υ	P = 1
 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.

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

Page 2 of 3

W . W				42	10.4
Items in the Disaster Supp		100			1 8
Emergency Ready-to-Go P	'ack is available and	d easily accessible in the	ne event of an emergency (Y/N)? Y	100 100 100 100 100 100 100 100 100 100
Location of The Emergen Item Specification (if nee 1 first aid kit, 1 thern	ded):			s, no spec meds (gen Tylenol	included) 6
bottled waters, 7 can	ned foods, 6 diap	ers w/ pk of wipes. 1	duffle bag (carrying case),	1 toy, 3 coloring books, 1 pai	ir of scissors,
1 roll of duct tape, 2	heavy duty trash l	oags, and folder w/ El	PP and ECMA		
Folder w/ EPP and E	CMA docs	orrected & Reviewed	on 05/19/2023		
Emergency Documents					
⊠Informal Provider E	Emergency Prepar	edness Plan (this con	pleted form)		
⊠Authorization for e			protos rom,		
Planning and Maintenanc	e 11 - 17 - 17 - 17 - 17 - 17 - 17 - 17				
Person responsible for upda	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Supply Kit and the En	nergency Documents regul	larly:	
First Name		Last Name	,	2.	
Cari		Rosenberg			
		Go Pack will be transp	ported to an evacuation loc	cation: carried by the provide	er.
Shelter In Place Procedur	1 -44			* 4	
The provider will gather the already stored in this room. text the parent before the lo	If the need arises	the provider will use s	sealing plastic and tape to	1 door 0 windows). The ERTG secure the area. The provider	bag is will call or
Evacuation Procedures:					
facing car seat and the olde	the double stroller er child in her forwa	and walk over. If they ard-facing car seat. U	were to drive the provider on arrival the provider has	. If they would wall rewill secure the younger child is code access to enter the builthe parent once they were sec	in his rear-
would secure each child in t	their car seats rear arrival the provider	r-facing (younger child r would use the code	 and forward-facing (olde access to enter the home, 	and ERTG bag and head to he or child). They would drive to the and go upstairs to master bed	ne 💮
window). The provider wo	did call of text the	parent with emergent	cy updates.		22.54
Care Hours: M-F 9:00am-4:00pm					
Signatures & Date					
Acknowledgement: By signir	s also acknowledge	that, if approved, the	Il standards have been revi home in which care is pro	iewed, and any corrections if n vided is subject to random, un	eeded have announced
the state of the second	PROVIDER			INSPECTOR	
Printed Name: CARI ROSENBER	6		Printed Name:	THE PARTY OF THE P	CANTENSIPE CHARGE HAVE THE CANTE
Signatu			Signature:		d.°
Date: 5/19/23	Phone:		Date: 05/19/2023	Phone: 1-877-227-012	:5

⊠Virtual Inspection
□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 05/19/2022	Time In: 1:45 PM	Time Out: 2:36	Result: PASSED if returned by 5pm or 05/20/2022		
Informal Care					
Type of Care (check one): ☐ Non-relati	ve Informal Provider C	are ⊠Relativ	ve Informal Provider Care		
Provider Information	- Torrida C	are Micially	e informal Provider Care		
First Name: Cari	Last Name: Rosenbe	ra	Provider ID: 486133		
Provider ID #	Last Name. Nosembe	i g	Email:		
Care Location Inspected			Z.man		
Street Address: City Address Verified? Yes.	County	Stat	te Zip Code		
Name of Children in Care (add pages if neede	d) Scholarship	Date of Birth	Age / Present (Y/N)		
		(02/14/2020)	2yr /Y		
		(08/23/2021)	9mos / Y		
			1		
			1		
			1		
			1		
24.2-1908-2-25-0042-2008-2					
Safety of the Home					
Directions: Review and determine compliance wi pages may be used for comments.	th each standard. Note	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?		Υ			
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Is in good repair 		Y	Home was generally clean		
 Is free of insect or rodent infestation 		Y			
 Is well-lit and well-ventilated 		Y	All lights on and window exposure		
 Has hot and cold running water 		Y	Observed and testes by provider		
 Has a working inside toilet 		Y			
 Has utilities for cooking, lighting and h 		Y			
Has a working and safe heating system	n	Y			
Has a working refrigerator and stove		Y			
Has a working telephone		Y	Working house phone and cellphones		
Has operational smoke detector(s)		Υ			
Has first aid kit/supplies		Υ	Provider had 2 first aid kits in the home		
 Has protective coverings on any electr accessible to children 	ical outlet that is	Y			
armful items are stored appropriately and a hildren:	away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Sharp or pointed items 		Y			
 Medications of any kind 		Y	Bathroom drawers and lock on bathroom door		
 Matches, lighters, and flammable prod 	lucts	Y	Lighter stored in high cabinet		
Alcoholic beverages		Ÿ			
• Guns		Y	Does not own		

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

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: Reviewand 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

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	
Medications	⊠ Blanket(s)	
Items in the Disaster Supply Kit are cla	ean, organized, and usable (Y/N)?	
	able and easily accessible in the event of an emer	gency (Y/N)? Y, in the basement near exit
mergency Documents		3,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,
	Preparedness Plan (this completed form)	
lanning and Maintenance	7	
erson responsible for updating the Di	saster Supply Kit and the Emergency Documer	nts regularly:
irst Name	Last Name	,

 1 flashlight, 3 AA batteries, 1 first aid kit, 5 bottled waters, 6 (+) canned foods, diapers & wipes, 1 onesie, 1 dress, folder for EPP/ECMA (1 per child), 1 backpack carrying case, 1 small toy and book, 2 scissors, 1 roll of duct tape; 2 heavy duty trash bags, no specific meds just Tylenol, and 1 blanket.

<u>Shelter-in Place:</u> The provider will gather the children and the to-go bag, go downstairs in the basement office, will seal the vent and open spaces, there are no windows to seal. Will contact the parents via call or text as soon as the emergency occurs.

Evacuation Locations:

<u>Primary</u> – Provider will gether the children, put them in their car seats, along with their to-go bag, when they arrive at the location, they will go into the basement area (2 windows 1 door). Will contact the parents via call or text on their way to the location.

<u>Alternate</u> – Provider will gather the to-go bag and children, strap the children into their car seats, and drive to other grandparents' home. They will go into their back bedroom on the main floor (1 window 1 door). Will contact the parents via call or text upon arrival.

Signatures & Date				
Acknowledgement: By signing below the parties acknowledge that, if a pop-up visit which will be conducted virtually or in-person	approved, the home in which care is pro-	lewed, and any corrections if needed have vided is subject to random, unannounced		
PROVIDER		INSPECTOR		
Printed Name: CARI LOSENBERG	Printed Name:	Printed Name:		
Signature	Signature:			
Date: 5/19/2022 Pho	Date: 05/19/2022	Phone: 1-877-227-0125		

2
□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: 12/16/2021 Follow-up Inspection Date: 12/17/2021			PM Result PASSED if returned by 2:30 PM on 12/17/2021
Informal Care			
Type of Care (check one): Non-re	elative Informal Provider	Care ⊠Relativ	e Informal Provider Care
Provider Information			o monitori tottoci outo
First Name: Valarie	Last Name: Roy		Provider ID: 132583
THOUT WANTE			Email
Care Location Inspected			
Street Address: Address Verified? Yes.	City	County Stat	Zip Code
Name of Children in Care (add pages if no	eeded) Scholarshi	Date of Birth	Age / Present (Y/N)
		10/09/2009	12/N
		07/25/2011	10/ N
		05/13/2016	5/ N
		07/20/2020	1/Y
		07/20/2020	1/Y
			1
Safety of the Home Directions: Review and determine compliant	e with each standard. No	ote any comments or	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
pages may be used for comments. Health and Safety Training:		Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Complete	ed?	N/A	Relative informal Provider
Home is free of health and safety hazard		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
ls in good repair		D	Home was generally clean, but there was a hole in the kitchen wall due to the air conditioner dripping Corrective Action (12/17/21): The whole in the wall was patched up.
to free of insect or rodent infestation	Is free of insect or rodent infestation		
Is well-lit and well-ventilated		Y	All lighting fixtures worked properly and had windows opened.
Line het and cold gugning water		Y	Tested the shower and steam was very visible
Has hot and cold running water Has a working inside toilet		D	Toilet flushed properly, but the toilet was missing the toilet lid/broken lid Corrective Action (12/17/21): The toilet seat was replaced, and provider installed with a new seat.
 Has utilities for cooking, lighting at 	nd heating	Y	
Has utilities for cooking, lighting as Has a working and safe heating sy	stem	Y	Showed the thermostat system
 Has a working and sale realing as Has a working refrigerator and sto 		Y	Fridge and freezer tidy and the stove worked properly
		Y	2 working cellphones
 Has a working telephone Has operational smoke detector(s)	Y	Tested the smoke detector
	,	Y	First aid kit stored in the hallway closet
Has first aid kit/supplies Has protective coverings on any e	lectrical outlet that is	Y	All outlets were occupied or covered by
accessible to children Harmful items are stored appropriately and away from		Standard Met Y/N	Comments/Notes Corrective Action /Timetrame if needed

Sharp or pointed items		
	No	Knife in the draw, but had no locks on it
Medications of any kind	Y	Stored in high cabinet above the sink
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	Stored in cabinet above the washer/dryer
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	Diapering area (uses the couch area)! diapering materials stored in the children's bedroom, uses a diaper bag while she's in the living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a solled 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	Both washing stations have soap and sanitizer
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	Provider stated they are very well protected
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, reglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit	Y	Definitely

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 adequate enough supplies for each child in care. Also the items are cle	ely included in the Disaster Supply Kit. Be certa an, organized, and usable. Comment and note	in that the Disaster Supply Kit contains below if needed
l Flashichi	Bottled water (2 Bottles of 33 8 oz rater)	Folder or binder for EPP documents
□ Dattorior for Flachlight	Non-perishable food (Noodles, avioli, chips,	⊕Backpack(s) or carrying case(s) (2 carrying cases)
Portable First Aid Kit	Diapers / Pampers Wipes	Consider special toys or games (Bag of toys for the kids, tablets, phones)
⊠ Thermomeler	Change of clothes (5 outfits total)	⊕Heavy Duty Scissors, duct tape/ packing tape & sealing plasuc/trash bags
Catalogues transit	Blanket(s) (2 blankets)	
Items in the Disaster Supply Kit are clean, organized, a	nd usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily a	ccessible in the event of an emergency (Y/N)	77
Emergency Documents		
⊠Informal Provider Emergency Preparedness F ⊠Authorization for emergency medical care	Plan (this completed form)	
Planning and Maintenance	Down to required	
Person responsible for updating the Disaster Supply Ki	t 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	n:
Description of how the Emergency Ready-to-Go Pack of Shelter in-Place: Provider will gather all the children, of Shelter in-Place: Provider will gather all the windows of	grab the to-go kit, go to the mother's bedro	om or the bathroom, lock all doors and
Shelter in-Place: Provider will gather all the children, of stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows, of the stay within the bathroom but away from the windows.	ontact the mother and tell her of the enterg	gandy, stay and
Evacuation Location (Primary): Gather all the childre put in the car seat and the 5yr old will go into bathroom (0 windows 1 door), 2 bathrooms upstairs (2 buddy system during the process. Will contact the pare	doors 0 windows) 1 in the hallway,1 in the	going upstairs in the master bedroom. Will be using the
Evacuation Location (Alternate): Leave the kids, to-go bags, and let the mother know their local the buddy system during the process.	go to possible. Will o	to shelter inside, grab call and text the mother. Will be using
Ди одина & Паја	the tendents have been review	red, and any corrections if needed have
Signatures & Date Acknowledgement: By signing below the parties acknowledgement; By signing below the parties acknowledge that, if at been discussed. The parties also acknowledge that, if at been discussed, will be conducted virtually or in-person	ledge that all standards have been review oproved, the home in which care is provid	ed is subject to random, unannounced
been discussed. The parties also acknowledge that we pop-up visit which will be conducted virtually or in-person pop-up visit will be conducted virtually or in-person pop-up virtually or		INSPECTOR
Printed Name. Valarie Roy Valarie Kr	Printed Name:	
Signature	Signature	
	Date:12/17/2021	Phone: 1-877-227-0125
Date: 12/1/12021		
12/17/2021		

Virtual Inspection In-person Inspection

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

nspection Date 11/03/2021	Time	In 155am	Time Out 3 04pm	Result	Denied	
nformal Care						
ype of Care (check one) Non	relative info	rmal Provider Ca	ara Relative	informal Pro	vider Care	
Provider Information						
First Name Valene	Last	Name Roy		173,017,0	er ID 132583	
		N. W. S. S. S. S.		Email	1	Street, Street
Care Location Inspected					1-1-	Zip Code
Street Address Verified? Yes		City	County	S	state	
Name of Children in Care (add pages	if needed)	Scholarship	Date of Birth	Age	/ Pres	ent (Y/N)
			10/09/2009	12 years	1	
			07/25/2011	10 years	1	
			05/13/2016	5 years	1	
					1	
					1	
					1	
Safety of the Home						
Directions. Review and determ	ine compliant	o with each stand	iard. Note any comm	ents or corre	ctive actions ed, n/a - Not	needed. Applicable
Additional pages may be used if	or comments		Standard Met	I e	a /blokes	eframe if needed
	ring Comple	ted?	N/A			
Basic Health and Safety Train Home is free of health and safety ha		100.	Standard Met Y/N	Commen	is/Notes e Action /Tin	noframe if needed
			Y			
Is in good repair Is free of insect or rodent infestation		Y				
	Station		Y			
Is well-lit and well-ventilated	lar		Y	Steam observed.		
Has not and cold running wa	ter		Y	Observed flush		rved flush
 Has a working inside toilet 	to and head	ina	Y			
 Has utilities for cooking, light 		ang .	1	Cannot r	bserve numb	ers on the knob or hear th
 Has a working and safe heat 			Y		smoked on	em turn on 1 burners frozen food
 Has a working refrigerator ar 	nd slove			observed		ke as outhound call
the sundant telephone			Y			ke an outbound call
Line anachtional smoke deter	ctor(s)		Y	Heard th	e smoke dete	aloves Assirin Alcohol
Has operational smoke dollar Has first aid kit/supplies			Y	Bandage pads, ga	uze, antisepti	gloves, Aspīrin, Alcohol c ointment.
Has protective coverings on	any electrica	al outlet that is				
accessible to children Harmful items are stored appropriate	ely and awa	y from	Standard Met Y/N		Action /Tim	eframe if needed
children:			Y	In a drawe	r in the kitche	n
Sharp or pointed items			Y	Not kept in	the home.	
 Medications of any kind 			Y		or matches i	n the home
 Matches, lighters and flamma 	ble products		Y		the home.	
Alcoholic beverages			Y		the home.	
• Guns			Y		high shelf in a	a cabinet.
			1	Limbi ou er		

Cleaning agents

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

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

Disaster Supply Kit

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

 ☑ Flashlight
 ☑ Bottled water
 ☐ Folder or binder for EPP documents

 ☑ Batteries
 ☑ Non-perishable food
 ☑ Backpack(s) or carrying case(s)

 ☑ Portable First Aid Kit
 ☑ Diapers
 ☒ Consider special toys or games

				-900		
Thermometer		Change of cioti	nes	Scissors, tape & sealing plastic		
Medications		∃Blanket(s)				
	Supply Kit are clean, organia					
Emergency Ready-to	-Go Pack is available and ea	asily accessible in the	event of an emergency (Y/N)? Y		
Location of Emerge	ncy Ready to go Pack: Lar	ge Grey backpack ki	pt near the front door.			
	toms for all children					
*	0 Blue Blanket					
Flash light						
8 AA Batterie	8 AA Batteries					
	The street has games on their compilates and topicts					
	s, Canned Ravioli & Beefa	roni				
2 33.8 oz Bot Thermomete						
	r ool pack, gloves, Aspirin, .	Alexhal ends come	cationalis sistemant			
ECMA for	our pack, gloves, Aspirin,	Alconol paos, gauze	antiseptic olitinent.			
Roll of trash	bags,					
	Alt.					
Emergency Docume	nts					
☐Informal Prov	vider Emergency Prepared	ness Plan (this comp	eled form)			
	for emergency medical ca					
Planning and Mainte						
	r updating the Disaster Su	noly Kit and the Emer	nency Documents requiarly	v:		
First Name	r opodeing are bisester ou	Last Name	garray			
Description of how the	e Emergency Ready-to-Go	Pack will be transport	ted to an evacuation location	on:		
Shelter In Place Pro	cedures:					
The Provider will strap door 1 window) inside	p the children to her and gree of the bathtub. The provid	ab the ERTG bag fro er will contact the par	m the front door. The provident once secured with the	der will then shelter in the bathroom(0 children.		
Evacuation Procedu			The consideratill then steed	the children to bor and got the children		
to the truck outside wi children in as well. The doors and 3 windows; center the provider will The provider will then	here they will be secured in the provider will then drive to). The provider will call the parties that the parties of the par	n car seats and seat to the community cent parent once the child and go to the truck who they will shelter in a	elts. If the provider must to er where the provider and o ren are secured. If the prov lere the provider will strap t	to the children to her and get the children avel via army truck she will strap the hildren will shelter in the gymnasium(2 ider cannot shelter at the community the children into seat belts and car seats, dows). The provider will contact the		
Signatures & Date	-11 b-lay 4b41	neknowledge that all :	tandards have been review	ved, and any corrections if needed have		
Acknowledgement: By been discussed.	signing below the parties a	acknowledge mar all s	HELITEITS LIEVE DECIL ICAICA			
Deen discussed.	PROVIDER			INSPECTOR		
Printed Name:	Varie Roy		Printed Name:			
Signature:			Signature:			
Date: 11 - 3 - 20	Phone:		Date: 11/03/2021	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: 1/26/2023	Time In: 10:30AM	Time Out: 11/25	AM Result: Passed	
Informal Care				
Type of Care (check one): Non-rela	tive Informal Provider (Care Relative	Informal Provider Care	
Provider Information	The state of the s	Zitelative	Finiornial Provider Care	
First Name: Christine ID	Last Name: Ruffing Provider ID:			
Care Location Inspected				
Street Address: City: Address Verified?: Yes	County:	State	: Zip Code:	
Name of Children in Care (add pages if needed) Scholarship		Date of Birth	Age / Present (Y/N)	
		02/08/2013	8 / No, In School	
		11/19/2017	4/Yes	
Safety of the Home				
Directions: Review and determine compliance vages may be used for comments.	vith each standard. Note	any comments or co Y-Yes, N-No, E	orrective actions needed. Additional O - 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		Υ	Very well maintained	
Is free of insect or rodent infestation		Υ	No sign of infestation	
Is well-lit and well-ventilated		Υ		
Has hot and cold running water		Y	Steam observed	
Has a working inside toilet Look under sink		Υ	Flush observed	
Has utilities for cooking, lighting and heating		Y		
Has a working and safe heating system Has a working refrigerator and stove	em	Y	Digital thermostat dialed up	
The a Western Terrigorator and Stove		Y		
. Add a Working telephone		Y	Provider's cell called	
operational emolic detector(s)		Y		
Has first aid kit/supplies		Y	Band aids, bandages, ointment, gauze, alcohol wipes	
Has protective coverings on any electrical outlet that is accessible to children		Υ	Covered, in use or behind furniture	
Harmful items are stored appropriately and away from children:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items			n Tupperware on high shelf	
Medications of any kind		Υ (Upper cabinet locked	
Matches, lighters and flammable prod	ucts	Υ Ι	None	
Alcoholic beverages		Y	None	
			None	
• Guns			None	
		Υ 1		

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y		
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ		
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	No one in Diapers	
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	Υ		
A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.	Y		
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Υ		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <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 ⊠Consider special toys or games ⊠Heavy Duty Scissors, duct tape/ **⊠**Thermometer □ Change of clothes packing tape & sealing plastic/trash ⊠Blanket(s)

Items in the Disaster Supply	y Kit are clean, organi	zed, and usable (Y/I	N)? Y		
Emergency Ready-to-Go Pa				(/N)? Y	
Location of The Emergency Ready to go Pack: In the children's room under the bed.					
Item Specification (if need					
16 AA & 8 D batteries, 2 page 4 16oz bottles of water, 4 la	nts, 2 shirts, 2 underv	vears, 2 orange knit	hats (to wear for easy identi	fication in an emergency) 4 books,	
Bandaids, bandages, ointm	ent, gauze, alcohol w	irdee spagneπi and i ipes, gloves, trauma	meatballs. pad, cold pack, tongue dep	ressor inhaler	
Items to review on xx/xx/x					
TO T	AXX II HEEGEG. IVA				
Emergency Documents					
⊠Informal Provider E	mergency Prepared	ness Plan (this com	pleted form)		
⊠Authorization for en	nergency medical ca	re			
Planning and Maintenance					
Person responsible for upda	ting the Disaster Su			arly:	
First Name Christine		Last Name Ruffir	ig		
Description of how the Emer	gency Ready-to-Go	Pack will be transp	orted to an evacuation loc	ation: Rolled	
Shelter-in-Place:					
The provider will gather the doors are locked then seal the	children and the eme	ergency bag and go	to the center of the baser	nent, making sure all the windows and der will contact the parent and local 911.	
	ioni mai pidotio dila	tape. Once secure	in the basement the provi	der will contact the parent and local 911.	
Evacuation Location (Prim	ary):				
The provider will grab the ch	ildren and the emerg before driving to the	gency bag, and pro	ceed to her car where she	will secure n her seatbelt and	
home. Once inside, they will	go into the bathroon	n that has 1 door ar	nd no windows. The provide	The provider has a spare key to the ler will call the parent and before	
leaving the care location and	l again once secure	at the evacuation Ic	ocation. The provider will c	all 911 and	
in her seatbelt and	nate): Provider will in her boos	gather the children ter before driving to	and the emergency bag ar	nd proceed to her car where she will secure The provider will contact parent.	
and her on h	er way there. The p	rovider has spare k	ev to the home. Once inside	de, they would shelter in the basement	
bathroom that has 1 door and no windows until the emergency is over. The provider will contact the parent again after they are secure at the evacuation location.					
Signatures & Date					
Acknowledgement: By signing	g below the parties a	cknowledge that all	standards have been revi	ewed, and any corrections if needed have	
pop up visit which will be con	also acknowledge the ducted virtually or in-	at, if approved, the person.	nome in which care is prov	vided is subject to random, unannounced	
	PROVIDER		INSPECTOR		
Printed Name: Christic	ne Ruffir	19	Printed Name:		
Signature:	MANUTE A.		Signature:		
Date: 1-26-2023	Phone:		Date: 1/26/2023	Phone: 1-877-227-0125	

⊠Virtual Inspection

□In-person Inspection

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

Return to: ccs.informalproviders@maryland.g ov

Inspection Date: 02/22/2022	Time	In: 3:30 PM	Time Out: 4:42 PM	Pos	ult. DA	SSED if returned to
moposion bate. Vallage	111116	111. 3.30 FW	Time Out. 4:42 Pivi			nalproviders@maryland.gov by
				5pm	on 02	2/23/2022.
Informal Care						
Type of Care (check one):	relative Info	ormal Provider C	are ⊠Relative In	formal P	rovide	r Care
Provider Information	9 A. Ha. 14					
First Name: Christine	Last	Last Name: Ruffing		Provider ID:448954		
Provider ID #:	Last			Email:		
Care Location Inspected						
Street Address: Address Verified? Yes.		County	State		Zip Co	ode
Name of Children in Care (add pages if needed)		Scholarship	Date of Birth	Age	1	Present (Y/N)
			(2/8/2013)	9 / N		Marian Caranta (Marian)
			(11/09/2017)	4/Y		
					1	-
					1	
					1	
					1	
Safety of the Home						

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed Relative Informal Provider	
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	Υ	The home was clean and organized	
Is free of insect or rodent infestation	Y	No evidence of any infestation	
Is well-lit and well-ventilated	Y	Well-lit and ventilated	
 Has hot and cold running water 	Y		
Has a working inside toilet	Y	Toilet was tested	
 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	Everyone has working cellphones	
Has operational smoke detector(s)	Y		
Has first aid kit/supplies	Y	Had kit of supplies in bathroom closet	
 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

Medications of any kind

Matches, lighters and flammable products

.

Y

Y

Υ

Υ

Stored in kitchen cabinet with lock

Does not own

Does not own

Guns	Y	Does not own
Cleaning agents	Y	Stored in under kitchen sink with lock
Poisonous substances	Y	The state of the s
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	No diaper age children
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	No accidents/diapers but provider has change of clothes section in the kids' room
Diapering procedures are followed.	N/A	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	Absolutely, anti-bacterial soap stocked in bathroom and kitchen. Hand sanitizer in all main areas of the home.
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:	Υ	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Υ	

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

Disaster Supply Kit

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

⊠Bottled water

□ Folder or binder for EPP documents

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

☑Portable First Aid Kit	⊠Diapers (N/A)	☑Consider special toys or games			
⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash			
⊠Medications	⊠Blanket(s)	bags			
Items in the Disaster Supply Kit are clean, organize					
Emergency Ready-to-Go Pack is available and eas		N/2 Yes kit will be pear the cough and close			
to the exit door.	(17)	vis 103, kit will be flear the couch and close			
Emergency Documents					
⊠Informal Provider Emergency Preparedne	ess Plan (this completed form)				
Planning and Maintenance					
Person responsible for updating the Disaster Supp	oly Kit and the Emergency Documents regular	lv:			
	Last Name	•			
Description of how the Emergency Ready-to-Go Pa	ack will be transported to an evacuation locat	ion:			
Specific Itemization (if needed):					
3 flashlights					
2 packs of batteries (D and AA batteries)					
1 First Aid Kit					
1 Thermometer					
8 Cans of Food					
3 gallons of water					
Diapers (N/A)					
1 outfit per child					
2 blankets					
1 suitcase carrying case					
3 books					
1 scissors, 1 duct tape, roll of sealing plastic					
. Sales of a data tape, foil of sealing plastic					
Shelter-in- Place: Will be in the providers basement basement, making sure all the windows and doors to be informed about the emergency and stay there	are locked, call 911 and call/text the parent (r	lize items if needed) and go to the provider has back up phone battery pack)			
Evacuation Location (Primary): Will be at	n	ovider has a spare key to the home, grab			
the children and kit, buckle them in the seat and bo	poster seat, (if car is unavailable, they will wall	k 10 mins to home) upon arrival they will			
go into the bathroom area (1 door and 0 windows),	will call 911 and contact the parent to inform	her of the emergency.			
Evacuation Location (Alternate): Provider would go to gather the children put them in the car and booster seat with disaster kit and drive to will contact put them in the car and booster seat with on her way there. Once she arrives, they would					
shelter in their basement (1 door and 0 windows) u	ntil the emergency is over.	and the sine arrives, they would			
Signatures & Date					
Acknowledgement: By signing below the parties ack been discussed. The parties also acknowledge that, pop-up visit which will be conducted virtually or in-pe	, if approved, the home in which care is provid	red, and any corrections if needed have ed is subject to random, unannounced			
PROVIDER		INSPECTOR			
Printed Name: CHRISTINE RUFFIA	I/C. Printed Name:				
Signature:	39				
-3	Signature:				
Date: 2-22-22 Phone:	Date: 02/22/2022	Phone: 1-877-227-0125			