Child Care Scholarship Program
Informal Child Care Monitoring Inspections

First letter of the provider’s last name.

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**Informal Care**

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

Provider Information

First Name: Misku  
Last Name: Abafogi  
Provider ID #: [redacted]  
Email: [redacted]

Care Location Inspected

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

Address Verified? Yes.

Name of Children in Care (add pages if needed)  
Scholarship  
Date of Birth  
Age / Present (Y/N)

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(10/09/2022)</td>
<td>5 mos. / Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

Health and Safety Training:

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relative Informal Care – Certificate Submitted</td>
</tr>
</tbody>
</table>

Basic Health and Safety Training Completed?

Yes

Home is free of health and safety hazards:

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>All areas were clean and in great condition</td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>All lights were turned on and lots of natural window lighting</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Flushed by provider and observed, lock on the bathroom door</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Thermostat settings tested and observed</td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Called provider’s working phone</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Observed and tested by provider</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>First aid kit kept on top of fridge</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>All outlets were covered with covers and/or occupied</td>
</tr>
</tbody>
</table>

Harmful items are stored appropriately and away from children:

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Stored in upper level kitchen cabinet</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Stored in the fridge</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Cleaning agents stored on shelf in the garage</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Provider keeps diapers, wipes and baby products in compartments of the changing pad</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small trash container to dispose of any diapers wet items</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diapering area has all needed supplies</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diapering procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A child is not subject to any form of abuse, including: Physical injury; Any sexual abuse; Mental injury.</th>
<th>Y</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A child in care is not subject to any form of neglect, including:</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A child in care is not subject to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including:</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

| 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 |

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**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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MSDE OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
**Medications**

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

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

**Location of The Emergency Ready to Go Pack:** In the closet of the playroom

**Item Specification (if needed):**
- 1 flashlight, 2 extra batteries, 1 first aid kit, 1 thermometer, 4 bottled waters, 1 pk of diapers and wipes, 2 canned foods, 1 can of formula, 2 onesies, pk of washcloths, 2 extra bottles, 1 small blanket, 1 stuff animal, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic/trash bags, no specific medications, 1 carry-on suitcase, folder w/ EPP & ECMA docs

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

**Emergency Documents**

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

**Planning and Maintenance**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misku</td>
<td>Abafogi</td>
</tr>
</tbody>
</table>

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

**Shelter In Place Procedure:**

The provider will account for the child and go to the basement area, retrieve the emergency bag from the playroom and shelter in the hallway (4 doors 0 windows). If the need should arise she will use the sealing plastic and tape to cover the doors. The provider will use her cellphone to call the parents when they are secured.

**Evacuation Procedures:**

**Primary:** The provider will carry the child and roll the emergency bag and secure the baby in her stroller and walk (1 door 1 window). Provider will call the parents when they are settled.

**Alternate:** The provider will grab the child and roll the emergency bag, provider will secure the baby in her stroller and walk (0 doors 2 windows). Provider will call the parents at the beginning and end of the emergency.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Misku Abafogi</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 03/09/2023 Phone:</td>
<td>Date: 03/09/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Inspection Date: 09/23/2022
Follow-Up Inspection: 09/26/2022
Time In: 1:30PM
Time Out: 2:46PM
Result: Follow-Up needed
Time In: 3:00PM
Time Out: 3:15PM
Result: Passed

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

Provider Information
First Name: Ursula
Last Name: Abron
Provider ID #: __________
Email: _______________________

Care Location Inspected
Street Address:  [Redacted]
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)
[Redacted]  5/26/2022  3 Mos. / Yes
[Redacted]  6/22/2017  5 / Yes

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

Health and Safety Training:
Basic Health and Safety Training Completed?  N  Provider registered for Course

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
- Has hot and cold running water  Y
- Has a working inside toilet  Y
- Has utilities for cooking, lighting and heating  Y
- Has a working and safe heating system  Y
- Has a working refrigerator and stove  Y
- Has a working telephone  Y
- Has operational smoke detector(s)  Y
- Has first aid kit/supplies  Y
- Has protective coverings on any electrical outlet that is accessible to children  Y

Harmful items are stored appropriately and away from children:
- Sharp or pointed items  Y
- Medications of any kind  Y
- Matches, lighters and flammable products  Y
- Alcoholic beverages  Y
- Guns  Y
- Cleaning agents  Y
- Poisonous substances  Y
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- All areas of the home are kept clean, including diapering area.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Toiletting,
  - Diapering,
  - Before food preparation and eating,
  - After playing outdoors, and
  - At other times when necessary to prevent the spread of disease.

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- 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 including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child’s physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child’s mouth with soap
    - Putting pepper or other spicy or distasteful items in a child’s mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment

- The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your [local Department of Social Services Child Protective Services Unit](#).

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- Medications
- Bottled water
- Non-perishable food
- Diapers
- Change of clothes
- Blanket(s)

- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, duct tape / packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

**Location of The Emergency Ready to go Pack:** Closet by front door

**Item Specification (if needed):**
- 1 shirts, 1 pants, shorts, underwear, 5 diapers, box wipes, playdough, learning 100 words electronic book, superman toy,
- 4 extra AAA batteries, 8 AA batteries, Band aids, ointment, gauze, tape, antiseptic pads, cold compress, gloves, Benadryl,
- 2 16oz water bottles, 2 cans of chef Boyardee mac & cheese Cereal, Fruit snacks and baby teething snacks, 4 containers apple sauce

**Items to review on 09/26/2022 if needed:** Observed 09/26/2022
- Outlet covers kitchen, playroom, by patio door, dining area
- Cleaning agents locked under kitchen sink,
- First aid split for the home
- Thermometer
- Sealing plastic & duct tape

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

**Planning and Maintenance**
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: [Blank] Last Name: [Blank]

**Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:** Coat Closet by front door

**Shelter In Place Procedure:**
The provider will grab the children, the ERTB and head to the basement which has one door and one small window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

**Evacuation Procedures:**
The provider will grab the children, the ERTG and [Blank] house. The baby will be in a stroller and the older child will be walking beside her. The provider will call [Blank] know they are on their way so she can let them in. Once at the location they will shelter in the basement which has one door, a walkout patio door and one window. The provider will call the parent before leaving the care location and again after they are secure in the evacuation location.
If they couldn’t shelter at the primary location, they will walk to the alternate evacuation location which is [Blank] The baby will be in a stroller and the older child will be walking beside her. Once at the location the provider will ask to be directed to the shelter room. The provider will call the parent before leaving the care location and again after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name: [Blank]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature: [Blank]</td>
</tr>
<tr>
<td>Date:</td>
<td>Date: 09/26/2022</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  Page 3 of 3  Revised 10/2021
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 6/12/2024
Time In: 3:30pm
Time Out: 4:15pm
Result: Passed

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

Provider Information
First Name: Twanna Provider ID #: [Redacted]
Last Name: Allen Email: [Redacted]
Provider ID: 553625

Care Location Inspected
Street Address: [Redacted]
City: [Redacted]
County: [Redacted]
State: [Redacted]
Zip Code: [Redacted]
Address Verified?: Yes

Name of Children in Care (add pages if needed)
<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/5/2014</td>
<td>10yrs</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>10/22/2022</td>
<td>18months</td>
<td>Y</td>
</tr>
</tbody>
</table>

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.

Health and Safety Training:
Basic Health and Safety Training Completed?
Y

Home is free of health and safety hazards:

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- Is in good repair
- Is free of insect or rodent infestation
- Is well-lit and well-ventilated
- Has hot and cold running water
- Has a working inside toilet
- Has utilities for cooking, lighting and heating
- Has a working and safe heating system
- Has a working refrigerator and stove
- Has a working telephone
- Has operational smoke detector(s)
- Has first aid kit/supplies
- Has protective coverings on any electrical outlet that is accessible to children

Harmful Items are stored appropriately and away from children:

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
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<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- Sharp or pointed items
- Medications of any kind
- Matches, lighters and flammable products
- Alcoholic beverages
- Guns
- Cleaning agents
- Poisonous substances

GENERAL CLEANLINESS STANDARDS
All areas of the home are kept clean, including diapering area.

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
</tbody>
</table>
| 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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
</table>
| **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.**

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

**Location of Emergency Ready to go Pack: Dining Room Table**

**Item Specification (if needed):**
- 

 **To be observed for compliance on:**
- 

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

**Planning and Maintenance**

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name Tuwanna | Last Name Allen

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

**Shelter In Place Procedures:**

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the room in [ ] (1 door 1 window). The Provider would seal the window and door and reach out to the Parent via text to inform her of the emergency and that they are secured.

**Evacuation Procedures:**

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the car. The Provider would secure the 10 yo in the seat belt and the 18 month old in a rear facing car seat. The Provider would drive to the [ ] (1 storm doors 0 windows). The Provider would contact the parent once she and the children are secured and will follow up after the emergency is over.

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the car. The Provider would secure the 10 yo in the seat belt and the 18 month old in a rear facing car seat. The Provider would drive to [ ] (1 doors 1 windows). The Provider would contact the parent once she and the children are secured and will follow up after the emergency is over.

**CARE HOURS:**

- [ ]

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Tuwanna Allen</td>
<td>Printed Name: [Blacked Out]</td>
</tr>
<tr>
<td>Signature: [Blacked Out]</td>
<td>Signature: [Blacked Out]</td>
</tr>
<tr>
<td>Date: 6/13/2024</td>
<td>Phone: [Blacked Out]</td>
</tr>
</tbody>
</table>

Date: 6/12/2024 | Phone: 1-877-227-0125
### Informal Care

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

**Provider Information**

**First Name:** Yarisa  
**Last Name:** Almonte  
**Provider ID #:** [Redacted]  
**Email:** [Redacted]

**Care Location Inspected**

**Street Address:** [Redacted]  
**City:** [Redacted]  
**County:** [Redacted]  
**State:** [Redacted]  
**Zip Code:** [Redacted]

**Name of Children in Care (add pages if needed)**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(07/24/2010)</td>
<td>12yr.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(12/17/2011)</td>
<td>11yr.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(07/06/2013)</td>
<td>9yr.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(01/02/2015)</td>
<td>8yr.</td>
<td>Y</td>
</tr>
</tbody>
</table>

### 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.

**Health and Safety Training:**

**Basic Health and Safety Training Completed?**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Non-Relative Informal Care – Certificate Submitted</td>
</tr>
</tbody>
</table>

**Home is free of health and safety hazards:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made to provider’s phone</td>
</tr>
<tr>
<td>Y</td>
<td>Corrective Action Completed: Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Medical Supplies in hallway closet (Band-Aids, gauze, alcohol wipes, and ointment) and first aid kit stored in provider’s bathroom</td>
</tr>
<tr>
<td>Y</td>
<td>Corrective Action Completed: All outlets covered or occupied</td>
</tr>
</tbody>
</table>

**Harmful Items are stored appropriately and away from children:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in knife holder on back of kitchen counter</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholics beverages</td>
<td>No</td>
</tr>
<tr>
<td>----------------------</td>
<td>----</td>
</tr>
<tr>
<td>Guns</td>
<td>No</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Yes</td>
</tr>
<tr>
<td>Poisons</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
</tr>
</tbody>
</table>

A child is not subject to any form of abuse, including:
- Physical injury
- Any sexual abuse
- Mental injury

A child in care is not subject to any form of neglect, including:
- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm:
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

A child in care is not subject to mistreatment, including:
- Any deliberate act that hurts a child physically or emotionally, including:
  - Spanking, Bitting, Hitting, Shaking
  - Any other means of physical discipline
  - Not attending to a child’s physical needs
  - Shouting, Cursing, Shaming, Ridiculing
  - Washing a child’s mouth with soap
  - Putting pepper or other spicy or distasteful items in a child’s mouth
  - Requiring a child to stand on one foot as punishment
  - Tying child to a cot or other equipment

The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- Flashlight
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)

MSDE OCC Infant Care Inspection Checklist  Page 2 of 3  Revised 1/5/2021
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Stored in the garage shelf

Item Specification (If needed):
- 1 first aid kit, 1 flashlight, 1 pk of D batteries, 1 thermometer, no spec meds, 8 bottled waters, 5 canned foods, 4 dry foods, 4 outfits(top/bottom/underwear), 2 blankets, folder w/ EPP and ECMA docs, 1 tote (carrying case), 1 playing game, 1 roll of duct tape, 1 pair of scissors, and 2 heavy duty trash bags

- Items to be reviewed on 06/16/2023: Corrected & Reviewed on 06/18/2023
- Outlet coverings needed in common spaces and bedrooms
- Lock needed on kitchen cabinet with cleaning products
- Smoke detector must be tested

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: [Redacted]
Last Name: Sabree (Parent)

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

Shelter in Place Procedure:
The provider will perform a head count and gather all the children and grab the ERTG. She and the children will head to the [Redacted] and call the parent and 911 if needed. If the need should arise the provider will use sealing plastic and tape to seal the door. Once secured the provider will call or text the parent again.

Evacuation Procedures:
Primary: The provider will account for the children, gather the children and ERTG and ensure each child is secured in the 16-passenger van by car seat belt. The provider will drive she and the children to the [Redacted] upon arrival the provider will use her spare key to gain access. The provider and children will locate in the living room area (1 door 1 window). The provider will call or text the parent at the beginning and end of emergency.

Alternate: If they could not access the primary location, the provider will identify the issue, perform a head count and gather the children and ERTG. She will ensure all children are secured in the 16-passenger van by car seat belt. She will call the parent and inform them of the evacuation along the way. Upon arrival she has key access into the [Redacted] She and the children will shelter in place.

Care Hours:
M-F: 6:00am-8:00am 3:00pm-9:00pm Sa-Su (weekend work varies) 11:00am-7:00pm

Signatures & Date

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

PROVIDER
Printed Name: [Redacted]
Signature: [Redacted]
Date: 7/13/2023
Phone: [Redacted]

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 06/16/2023
Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist
**Informal Care**

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

**Provider Information**

- **First Name:** Felonie  
- **Last Name:** Altema  
- **Provider ID #:** [Redacted]  
- **Provider ID:** 497963  
- **Email:** [Redacted]

**Care Location Inspected**

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

**Name of Children in Care (add pages if needed)**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>5/30/2012</td>
<td>10</td>
<td>Yes</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>1/5/2009</td>
<td>13</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?** Y

**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  
- **Has hot and cold running water** Y  
- **Has a working inside toilet** Y  
- **Has utilities for cooking, lighting and heating** Y  
- **Has a working and safe heating system** Y  
- **Has a working refrigerator and stove** Y  
- **Has a working telephone** Y  
- **Has a working smoke detector(s)** Y  
- **Has first aid kit/supplies** Y  
- **Has protective coverings on any electrical outlet that is accessible to children** Y

**Harmful items are stored appropriately and away from children:**

- **Sharp or pointed items** Y  
- **Medications of any kind** Y  
- **Matches, lighters and flammable products** Y  
- **Alcoholic beverages** Y  
- **Guns** Y  
- **Cleaning agents** Y  
- **Poisonous substances** Y

---

**MSDE OCC Informal Care Inspection Checklist**

Page 1 of 3  
Revised 10/2021
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Description</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Description</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• 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;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<td></td>
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<td>• Washing a child’s mouth with soap</td>
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<td></td>
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<tr>
<td>• Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Flashlight</td>
<td>☒ Bottled water</td>
<td>☒ Folder or binder for EPP documents</td>
</tr>
<tr>
<td>☒ Batteries for Flashlight</td>
<td>☒ Non-perishable food</td>
<td>☒ Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td>☒ Portable First Aid Kit</td>
<td>☒ Diapers N/A</td>
<td>☒ Consider special toys or games</td>
</tr>
<tr>
<td>☒ Thermometer</td>
<td>☒ Change of clothes</td>
<td>☒ Heavy Duty Scissors, duct tape/</td>
</tr>
<tr>
<td>☒ Medications</td>
<td>☒ Blanket(s)</td>
<td>packing tape &amp; sealing plastic/trash bags</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  
Page 2 of 3  
Revised 10/2021
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

Location of The Emergency Ready to Go Pack: In Parent's Bedroom

Item Specification (if needed):
2 shirts, 2 pants, 1 large blanket, 8 extra AA batteries, 2 D batteries, monopoly & family feud games
Band aids, Triple antibiotic ointment, wrap, cold medicine, tape, hydrogen peroxide, gloves.
3 16oz water bottles, 2 box of chicken noodle, can baked beans, Chef Boyardee lasagna, 1 can of tuna can of peas, Ritz cracker, corned beef

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

Emergency Documents

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: [Redacted] Last Name: [Redacted]

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

Shelter In Place Procedure:
The provider will call the children, grab the ERTB and head to the basement family room which has one door and one patio door and two windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent after they have settled in the basement.

Evacuation Procedures:
The provider will grab the emergency bag, call the children 1, call [Redacted] to drive them. Provider will secure the children their seatbelts, before they are driven to the primary evacuation location, which is [Redacted] Once at the location, provider will ask the [Redacted] shelter room. The [Redacted] room has 2 doors and two windows. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is [Redacted]. The provider will grab the emergency bag, get the children, then [Redacted]. The provider will secure the children their seatbelts, before they are driven to the location. They will shelter in the basement family room that has two window and 2 doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [Redacted] Signature: [Redacted] Date: 11/22/2021 Phone: [Redacted]</td>
<td>Printed Name: [Redacted] Signature: [Redacted] Date: 11/04/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 10/17/2023
Follow-up Inspection Date: 10/19/2023
Time In: 9:30AM
Time Out: 10:27AM
Result: Follow-up Required.
Follow-up Result: PASSED

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

Provider Information
First Name: Allyva
Last Name: Anderson
Provider ID #: 526743
Email: [redacted]

Care Location Inspected
City: [redacted] County: [redacted] State: [redacted] Zip Code: [redacted]
Address Verified? Yes.

Name of Children in Care (add pages if needed)
Scholarship  Date of Birth  Age / Present (Y/N)
(09/10/2016)  7yr.  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.

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
<td>Relative Informal Care - Certificate Submitted</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Harmful items are stored appropriately and away from children:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Stored in knife holder on the back of the counter</td>
<td></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored on top shelf bathroom closet</td>
<td></td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Alcoholic beverages moved to higher cabinet in kitchen</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
</tbody>
</table>
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
<tr>
<td>Y</td>
<td>Trash thrown away daily</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

**Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:**
- Tololetting;
- Diapering;
- Before food preparation and eating;
- After playing outdoors; and
- At other times when necessary to prevent the spread of disease.

### Child Abuse, Neglect and Mistreatment Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**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 including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

**A child in care is not subjected to mistreatment, including:**
- Any deliberate act that hurts a child physically or emotionally, including:
  - Spanking, Biting, Hitting, Shaking
  - Any other means of physical discipline
  - Not attending to a child's physical needs
  - Shouting, Cursing, Shaming, Ridiculing
  - Washing a child’s mouth with soap
  - Putting pepper or other spicy or distasteful items in a child’s mouth
  - Requiring a child to stand on one foot as punishment
  - Tying child to a cot or other equipment

The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

Medications (N/A)  Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in spare bedroom

Item Specification (if needed):
- 1 flashlight, 5 extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 12 bottled waters, 1 pair of scissors, 12 dried and canned foods, 1 blanket, a few toys, 3 heavy duty trash bags, 1 roll of duct tape, 2 tote bags (carrying case), 1 outfit (top/bottom), change of clothes and folder w/ EPP and ECMA docs
- Items to be reviewed on 10/19/2023: Corrected & Reviewed on 10/19/2023
- Outlet coverings in multiple areas (bedrooms, common spaces, hallways, kitchen)
- Locks for bathroom and kitchen cabinets with cleaning products
- ERTG Missing: Change of clothes and folder w/ EPP and ECMA docs

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

Planning and Maintenance:

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name  Last Name
Alice  Anderson

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

Shelter In Place Procedure:
The provider will gather the child, grab the ERTG and she and the child will shelter in the bathroom (1 door 0 windows) and/or closet (1 door 0 windows). Both rooms do not have any windows. If the need should arise the provider will use sealing plastic and tape to seal the door and vent in bathroom and the door in the closet. The provider will text the parent with emergency updates.

Evacuation Procedures
Primary: The provider will account child and grab the ERTG. The provider will ensure the child is strapped in her seat belt and drive to upon arrival the provider will [ ] the provider and child would take shelter in the or [ ] door 1 window). Once secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account child and grab the ERTG. The provider will ensure the child is strapped in her seat belt and [ ] upon arrival the provider will [ ] the child about where to shelter specifically. Once secured the provider will call or text the parent with emergency updates.

Care Hours:
[ ]

Signatures & Date:

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 10/20/2023</td>
<td>Date: 10/19/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  Page 3 of 3  Revised 10/2021
**Virtual Inspection**

**Maryland State Department of Education/Office of Child Care**

**Child Care Scholarship Program**

**INFORMAL CARE INSPECTION CHECKLIST**

<table>
<thead>
<tr>
<th>Inspection Date: 09/17/2021</th>
<th>Follow-up Inspection Date: 09/20/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time In: 2:00 PM</td>
<td>Time In: 11:00 AM</td>
</tr>
<tr>
<td>Time Out: 3:22 PM</td>
<td>Time Out: 11:10 AM</td>
</tr>
<tr>
<td>Result:</td>
<td></td>
</tr>
</tbody>
</table>

**Informal Care**

Type of Care (check one): [ ] Non-relative Informal Provider Care  [ ] Relative Informal Provider Care

**Provider Information**

First Name: Myelle

Last Name: Anderson

License #: [REDACTED]

Provider ID: 401598

Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]

City: [REDACTED]

County: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

**Name of Children in Care (add pages if needed)**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>11/17/2008</td>
<td>12</td>
<td>Y</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td>10/09/2009</td>
<td>11</td>
<td>N</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td>12/24/2019</td>
<td>1</td>
<td>Y</td>
</tr>
</tbody>
</table>

**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 – Dismissed, n/a – Not Applicable

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Is in good repair</td>
<td>Y</td>
<td>Displayed all common areas, kitchen, living room, dining room and family room</td>
<td></td>
</tr>
<tr>
<td>[ ] Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No indication of infestation, home was tidy</td>
<td></td>
</tr>
<tr>
<td>[ ] Is well-lit and well-ventilated</td>
<td>Y</td>
<td>All windows in all areas with multiple light ceiling fixtures</td>
<td></td>
</tr>
<tr>
<td>[ ] Has hot and cold running water</td>
<td>Y</td>
<td>Tested faucets/ viewed steam on hot water and cold water</td>
<td></td>
</tr>
<tr>
<td>[ ] Has a working inside toilet</td>
<td>Y</td>
<td>Flushed the toilet</td>
<td></td>
</tr>
<tr>
<td>[ ] Has utilities for cooking, heating and lighting</td>
<td>Y</td>
<td>Kitchen supplies on cabinet and kitchen drawer (knife in drawer with a knife cover) no locks</td>
<td></td>
</tr>
<tr>
<td>[ ] Has a working and safe heating system</td>
<td>Y</td>
<td>9/20 – Provider corrected this issue and moved knife to upper storage area and added locks to the lower cabinets</td>
<td></td>
</tr>
<tr>
<td>[ ] Has a working refrigerator and stove</td>
<td>Y</td>
<td>Tested stove burner, stove light, fridge and freezer functioning properly</td>
<td></td>
</tr>
<tr>
<td>[ ] Has a working telephone</td>
<td>Y</td>
<td>Cellphones only, extra working cellphone for emergency</td>
<td></td>
</tr>
<tr>
<td>Harmful Items are stored appropriately and away from children:</td>
<td>Standard Met</td>
<td>Comments/Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>• Has operational smoke detector(s)</td>
<td>Y</td>
<td>Tested both upstairs and downstairs detectors</td>
<td></td>
</tr>
<tr>
<td>• Has first aid kit/supplies</td>
<td>Y</td>
<td>In bathroom closet, needs a lock on the door. 9/20 – Provider corrected this issue and added a knob lock to the closet door</td>
<td></td>
</tr>
<tr>
<td>• Has protective covering on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>Electrical outlets covered and/or occuped</td>
<td></td>
</tr>
</tbody>
</table>

| Sharps or pointed items | Y | On kitchen counter (back of counter) and in drawer |
| Medications of any kind | Y | Medicine cabinet above the toilet, no lock. 9/20 – Provider corrected this issue and moved all medicine items to the lower cabinet area and added lock |
| Matches, lighters and flammable products | Y | Does not own any |
| Alcoholic beverages | Y | Does not own any |
| Guns | Y | Does not own any |
| Cleaning agents | Y | Top shelf of amour, and high shelf with a slapping below & no lock. 9/20 – Provider corrected this issue and moved to low cabinet with a lock added |
| Poisonous substances | Y | Does not own any |

**GENERAL CLEANLINESS STANDARDS**

| All areas of the home are kept clean, including diapering area. | Y | Using change pad in the bathroom area, and is also being potty trained |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Disposed of in the lower-level bathroom trash can an emptied daily |

**Diapering procedures are followed,**

| Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after: | Y | Soap stations are clean and stocked. In the bathroom and kitchen |
| • Tidying, | | |
| • Diapering, | | |
| • Before food preparation and eating, | | |
| • After playing outdoors, and | | |
| • At other times when necessary to prevent the spread of disease. | | |

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

| A child is not subject to any form of abuse, including: | Y | |
| • Physical injury | | |
| • Any sexual abuse | | |
| • Mental injury | | |

| A child in care is not subjected to any form of neglect, including: | Y | |
| • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm; | | |
| • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | | |

| A child in care is not subjected to mistreatment, including: | Y | |
| • 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, Reducings, | | |
| • Washing a child’s mouth with soap | | |
| • Putting pepper or other spicy or distasteful items in a child’s mouth | | |
- Requiring a child to stand on one foot as punishment
- Tying child to a cot or other equipment

The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

<table>
<thead>
<tr>
<th>Emergency Ready-to-Go Pack</th>
</tr>
</thead>
</table>

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

**Disaster Supply Kit**

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

- ✔ Flashlight
- ✔ Batteries
- ✔ Portable First Aid Kit
- ✔ Thermometer
- ✔ Medications
- ✔ Bottled water
- ✔ Non-perishable food
- ✔ Diapers
- ✔ Change of clothes
- ✔ Blanket(s)
- ✔ Folder or binder for EPP documents
- ✔ Backpack(s) or carrying case(s)
- ✔ Consider special toys or games
- ✔ Scissors, tape, and sealing plastic

**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

**Disaster Supply Kit Comments/Notes:** Has the kit stored by the door for easy access. Inhaler, change of clothes for each child, diaper/wipe blanket, 1 extra car seat in the house and in providers car, 3 children’s books, houseware scissors, masking tape and heavy-duty trash bags.

**Emergency Documents**

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

**Planning and Maintenance**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

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

**Shelter-In-Place:** Depending on the situation will go to the living or upstairs room and will lock the door, will grab the kids and emergency to-go bag, living room has 1 window and 1 door. A room upstairs (her bedroom) has 3 windows and 2 doors (hallway entry/bathroom entry). Contact the parent and notify them of the shelter-in-place (via text or call) and inform her of the emergency.

**Evacuation (Primary):** Grab the kids and the to-go bag, grab the keys and their home keys, go to the car the 11yr/12yr can buckle themselves and she will put the 1yr old in her car seat, as she’s driving to children’s home, she will call the parent or text them and inform them of the emergency. Upon arrival to sister’s house, go into the living room area for refuge, living has 1 entry door and 1 window.

**Evacuation (Alternate):** Grab the kids, grab the kit keys and go to [insert location] home, 11yr/12yr will buckle themselves, strap in car seat, drive to next location, contact parent via phone and text as she’s on her way to the next location, has the key to the home for easy entry, into her basement with 2 small windows and only one exit door that leads to the backyard.

**Signatures & Date**

Acknowledgment: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Myrna Anderson</td>
<td>Printed Name: [redacted]</td>
</tr>
</tbody>
</table>

MSDB OCC Informal Care Inspection Checklist 2020-03-26  Page 3 of 4
**Informal Care**

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

**Provider Information**

First Name: **Victor**  
Last Name: **Asana**  
Provider ID #: [Redacted]  
Provider ID: **498407**  
Email: [Redacted]

**Care Location Inspected**

Street Address: **711 Harry S. Truman Rd, Apt 101**  
City: **Largo**  
County: **PG**  
State: **MD**  
Zip Code: **20774**

**Name of Children in Care (add pages if needed)**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/17/2016</td>
<td>6</td>
<td>/ No at schoo'</td>
</tr>
<tr>
<td></td>
<td>05/17/2016</td>
<td>6</td>
<td>/ No at schoo'</td>
</tr>
<tr>
<td></td>
<td>01/15/2022</td>
<td>9</td>
<td>Mos./ Yes</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

Basic Health and Safety Training Completed?  
Y/N  
Certificate Submitted

**Home is free of health and safety hazards:**

- Is in good repair  
  Y
- Is free of insect or rodent infestation  
  Y  
  No sign of infestation
- Is well-lit and well-ventilated  
  Y
- Has hot and cold running water  
  Y  
  Steam observed
- Has a working inside toilet  
  Y  
  Flush observed, Cleaning agents must be moved from under sink to higher cabinet
- Has utilities for cooking, lighting and heating  
  Y
- Has a working and safe heating system  
  Y
- Has a working refrigerator and stove  
  Y  
  Light in fridge must turn on
- Has a working telephone  
  Y  
  Provider’s cell called
- Has operational smoke detector(s)  
  Y
- Has first aid kit/supplies  
  Y  
  Band aids, Neosporin, Alcohol wipes, gauze
- Has protective coverings on any electrical outlet that is accessible to children  
  Y

**Harmful items are stored appropriately and away from children:**

- Sharp or pointed items  
  Y  
  Moved to higher cabinet
- Medications of any kind  
  Y  
  Upper cabinet
- Matches, lighters and flammable products  
  Y
- Alcoholic beverages  
  Y  
  Moved to higher Cabinet
- Guns  
  Y
- Cleaning agents  
  Y
- Poisonous substances
  Other than medications and cleaning solutions

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A child is not subject to any form of abuse, including:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A child in care is not subjected to any form of neglect, including:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- 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;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A child in care is not subjected to mistreatment, including:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not attending to a child's physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Washing a child's mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Putting pepper or other spicy or distasteful items in a child's mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of The Emergency Ready to Go Pack: Closet in Master bedroom

Item Specification (if needed):
- 4 shirts, 2 shorts, 2 pants, 2 onesies, underwear, 4 diapers, pack of wipes,
- 4 extra AA batteries, Band aids, gauze, tape, alcohol wipes, Neosporin, gloves, Benadryl
- 3 16oz water bottles, 2 cans of sardines & of chicken, baby food Apple spinach and kale, sweet potato, fruit snacks, bel vita crackers, crackers,

Items to review on 10/12/2022 if needed: Observed 10/12/2022
- Outlet covers, dining room, hallway, kitchen
- Light in the fridge
- Cleaning Agents moved from bathroom to the hallway closet

Emergency Documents

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: [Redacted] Last Name: [Redacted]

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

Shelter In Place Procedure:
The provider will grab the children and head to the Master bedroom closet, the ERTB will already be in the closet. The closet has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:
The provider will grab the ERTB from the closet, put the baby in the car seat and gather the two older boys children, and proceed to the provider’s vehicle where he will secure the baby in his car seat and the older boys in their seatbelts before driving to the primary evacuation location [Redacted]. The provider [Redacted] let her know they are on their way so she can let them in. Once there, they will shelter in the living, which has 2 windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents once in the car before leaving the care location and again after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location [Redacted]. The provider will grab the ERTB from the closet, put the baby in the car seat and gather the two older boys children, and proceed to the provider’s vehicle where he will secure the baby in car seat and the older boys in their seatbelts before driving to the alternate location. They will shelter in the living room that has 3 window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents from the car before leaving the care location and again after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Victor Asana</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 10/12/2022</td>
<td>Date: 10/12/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist
Page 3 of 3
Revised 10/2021
**Inspection Date:** 3/22/2024  
**Time In:** 1:30pm  
**Time Out:** 2:11pm  
**Result:** Passed

### Informal Care

**Type of Care (check one):**  
- [ ] Non-relative Informal Provider Care  
- [x] Relative Informal Provider Care

### Provider Information

- **First Name:** Shirley  
- **Last Name:** Avery  
- **Provider ID:** 388835  
- **Email:** [Redacted]

### Care Location Inspected

- **Street Address:** [Redacted]  
- **City:** [Redacted]  
- **County:** [Redacted]  
- **State:** [Redacted]  
- **Zip Code:** [Redacted]

### Name of Children in Care (add pages if needed)

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/29/2013</td>
<td>10</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>8/08/2016</td>
<td>7</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>1/08/2018</td>
<td>6</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

**Basic Health and Safety Training Completed?**  
- [x] Y

#### Home is free of health and safety hazards:

- [x] Is in good repair  
- [x] Is free of insect or rodent infestation  
- [x] Is well-lit and well-ventilated  
- [x] Has hot and cold running water  
- [x] Has a working inside toilet  
- [x] Has utilities for cooking, lighting and heating  
- [x] Has a working and safe heating system  
- [x] Has a working refrigerator and stove  
- [x] Has a working telephone  
- [x] Has operational smoke detector(s)  
- [x] Has first aid kit/supplies  
- [x] Has protective coverings on any electrical outlet that is accessible to children  

- **Comments/Notes:** 6 OUTLET COVERS

#### Harmful items are stored appropriately and away from children:

- [x] Sharp or pointed items  
- [x] Medications of any kind  
- [x] Matches, lighters and flammable products  
- [x] Alcoholic beverages  
- [x] Guns  
- [x] Cleaning agents  
- [x] Poisonous substances

- **Comments/Notes:** On a high shelf in a locked room

#### GENERAL CLEANLINESS STANDARDS

- [x] All areas of the home are kept clean, including diapering area
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y |
| Diapering procedures are followed. | Y |
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • 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**

| A child is not subject to any form of abuse, including: Physical injury • Any sexual abuse • Mental injury | Y |

| A child in care is not subjected to any form of neglect, including: • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y |

| A child in care is not subjected to mistreatment, including: • Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment | Y |

| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of Emergency Ready to go Pack: Near front door

Item Specification (if needed):
- Suite case
- 3 Sets of clothes
- Tape, Garbage bag and scissors
- 3 blankets
- 4 bottled waters
- 4 chef Boyardee
- 2 books

To be observed for compliance on:

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

Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name Shirley | Last Name Avery

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

**Shelter In Place Procedures:**
The Provider will gather the children and gather the bag. The Provider will [redacted] doors 2 windows). The Provider will text the Parent on the way to [redacted]

**Evacuation Procedures:**
The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will have her son come to [redacted] The children would be secured in their seat belts and booster seats. They would head over to [redacted] (1 door 1 window). The Provider will text the Parent on the way to the new location.

The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will walk with the children to [redacted] They will shelter within a [redacted] (1 door 6 windows). The Provider will text the Parent on the way to the new location.

CARE HOURS:

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shirley Avery</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 3-24-2024</td>
<td>Date: 3/22/2024</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Inspection Date: 03/02/2023  
Time In: 1:30PM  
Time Out: 2:50PM  
Result: PASSED.

Informal Care
Type of Care (check one): □ Non-relative Informal Provider Care  ■Relative Informal Provider Care

Provider Information
First Name: Shirley  
Last Name: Avery  
Provider ID: 388835  
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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Obfuscated]</td>
<td>(11/22/2007)</td>
<td>15</td>
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<tr>
<td>[Obfuscated]</td>
<td>(09/24/2010)</td>
<td>12</td>
<td>N</td>
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<tr>
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<td>(10/29/2013)</td>
<td>9</td>
<td>N</td>
</tr>
<tr>
<td>[Obfuscated]</td>
<td>(08/09/2016)</td>
<td>6</td>
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<tr>
<td>[Obfuscated]</td>
<td>(01/08/2018)</td>
<td>5</td>
<td>Y</td>
</tr>
</tbody>
</table>

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

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

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

Harmful Items are stored appropriately and away from children:
- Sharp or pointed items  
- Medications of any kind  
- Matches, lighters and flammable products  
- Alcoholic beverages  
- Guns  
- Cleaning agents  
- Poisonous substances
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

- All areas of the home are kept clean, including diapering area.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Toileting;
  - Diapering;
  - Before food preparation and eating;
  - After playing outdoors; and
  - At other times when necessary to prevent the spread of disease.

### Child Abuse, Neglect and Mistreatment Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- 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 including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child’s physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child’s mouth with soap
    - Putting pepper or other spicy or distasteful items in a child’s mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment

**The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.**

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Emergency bag located in the front room near the front door.

Item Specifications (If needed):
- 1 duffle bag, 1 backpack, 1 suitcase, 6 blankets, 1 thermometer 1 flashlight light, 1 add. battery, Kaniyah's asthma pump, 2 small first aid kits, 6 bottled waters, 6 canned foods, 5 outfits (top/bottom), 5 books, 1 pair of scissors, 1 roll of packing tape, 1 roll of trash bags, and folder of EPP/ECMA docs, no diaper age children

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

Emergency Documents

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

Planning and Maintenance

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

First Name
[Redacted]

Last Name
[Redacted]

Description of how the Emergency Ready-To-Go Pack will be transported to an evacuation location: Carry the duffle bag, backpack and roll the suitcase.

Shelter-in-Place Procedures:

Provider will grab the emergency bags and account for the children in care and go into the basement (1 door 1 window). If the need should arise the provider will use the tape and sealing plastic to cover the window or door. Provider will call and text the parent to inform her of the emergency as they are headed to the basement.

Evacuation Location(s) Procedures:

Primary: The provider will gather the children and ready-to-go bags and will call her son to pick them up by vehicle. The (3) older children will be secured in their seat belts, (1) toddler in their booster and (1) small child in their car seat. Then the provider will secure herself in the car. Upon arrival they will shelter in the basement (1 door 1 window). The provider will contact the parent via call or text on their way to the evacuation location and once they are safe.

Alternate: If they could not access the primary location, the provider along with the children and emergency bags will hold the hands of the youngest child and have all the other kids holding hands as they walk and cross the street. Upon arrival at the provider will speak with a about where to shelter. She will then call the parent and inform her of the emergency or her son if they need to be picked up from the library for any reason.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
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<tbody>
<tr>
<td>Printed Name: Shirley Avery</td>
<td>Printed Name: [Redacted]</td>
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<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
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<tr>
<td>Date: 03-02-2023</td>
<td>Phone: [Redacted]</td>
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<tr>
<td></td>
<td>Date: 03/02/2023</td>
</tr>
</tbody>
</table>
Virtual Inspection
☑ In-person Inspection

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

Return to:
ccs.informalproviders@maryland.gov

Inspection Date: 02/23/2022
Time In: 3:30PM
Time Out: 4:40PM
Result: Passed if returned by 5PM on 2/24/2022

Informal Care

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

Provider Information

First Name: Shirley
Last Name: Avery
Provider ID #: [Redacted]
Provider ID: 388835
Email: [Redacted]

Care Location Inspected

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

Address Verified?

Name of Children in Care (add pages if needed)

<table>
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<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
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<tr>
<td></td>
<td>1/8/2018</td>
<td>4</td>
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Safety of the Home

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

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

Health and Safety Training:

Basic Health and Safety Training Completed?

Standard Met Y/N: N/A

Comments/Notes

Corrective Action / Timeframe if needed

Home is free of health and safety hazards:

- Is in good repair
- Is free of insect or rocent infestation
- Is well-lit and well-ventilated
- Has hot and cold running water
- Has a working inside toilet
- Has utilities for cooking, lighting and heating
- Has a working and safe heating system
- Has a working refrigerator and stove
- Has a working telephone
- Has operational smoke detector(s)
- Has first aid kit/supplies
- Has protective coverings on any electrical outlet that is accessible to children

Standard Met Y/N:

- Y
- Y
- Y
- Y
- Y
- Y
- Y
- Y
- Y
- Y

Comments/Notes

Corrective Action / Timeframe if needed

- No sign of infestation
- Lots of natural and artificial lighting.
- Steam observed on the mirror
- Flush observed
- Steve burners observed
- Turned up from 68 to 71 degrees
- Refrigerator light and frozen food observed
- House phone, outbound call observed
- Test button pressed. The alarm sounded.
- Band aids, gauze, compression wipes, gloves
- In all rooms outlets that were not in use are covered. Most outlets behind heavy furniture.

Harmful items are stored appropriately and away from children:

- Sharp or pointed items
- Medications of any kind
- Matches, lighters and flammable products
- Alcoholic beverages
- Guns
- Cleaning agents

Standard Met Y/N:

- Y
- Y
- Y
- Y
- Y

Comments/Notes

Corrective Action / Timeframe if needed

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

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

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

Item Specification (if needed):

- First aid - Ice pack, hand sanitizer, first aid cream, eye wash
- Band aids gauze, Q-tips, tweezers, Alcohol pads, finger tourniquet, scissors, gloves, safety pins, tape for the gauze
- 3 Medium containers of ravioli for the younger children and 3 large cans of chef Boyardee
- 3 Large blankets
- Books, each child also has an iPhone for entertainment
- 6 pants, 6 shirts, 6 under wares, 6 pairs of socks.

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

Emergency Documents:

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

Planning and Maintenance:

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: [Redacted] Last Name: [Redacted]

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

Shelter In Place Procedure:

The provider will gather the kids and holding hands of the younger children, [Redacted] and proceed to the basement, while [Redacted] grab the emergency to go bag and food Bag. Unlock the basement door and descend with all the children. The basement has one window and one door. Provider will text parent during once secure.

Evacuation Procedures:

The provider will gather the kids and holding hands of the younger children, [Redacted] while [Redacted] grab the emergency to go bag and food Bag. They will then proceed out of the care location and [Redacted].

The provider will text or call once they get to [Redacted]

Alternate Location:

The provider [Redacted] the children and transport them to [Redacted]. The provider will put the younger children in car seat in the car and booster seat while the older children secure themselves with seat belts. Provider will try calling parent or text, [Redacted].

Signatures & Date:

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shirley Avery</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
</tbody>
</table>
**Informal Care**

**Type of Care (check one):**
- [ ] Non-relative Informal Provider Care
- [ ] Relative Informal Provider Care

**Provider Information**

- **First Name:** Lihana
- **Last Name:** Osore
- **Provider ID:** 51677Z
- **Email:** [Redacted]

**Care Location Inspected**

- **Street Address:** [Redacted]
- **City:** [Redacted]
- **County:** [Redacted]
- **State:** [Redacted]
- **Zip Code:** [Redacted]

- **Address Verified:** Yes

**Name of Children in Care**

<table>
<thead>
<tr>
<th>Name of Children in Care</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>(08/13/2012)</td>
<td>10yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Redacted]</td>
<td>(10/13/2019)</td>
<td>3yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Redacted]</td>
<td>(10/13/2021)</td>
<td>1yr. / N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Non-Relative Informal Care - Certificate Submitted</td>
</tr>
</tbody>
</table>

**Home is free of health and safety hazards:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of insects</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider on camera</td>
</tr>
<tr>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made to provider's phone</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>First aid kit stored in locked kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>All outlets covered or occupied</td>
</tr>
</tbody>
</table>

**Harmful Items are stored appropriately and away from children:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in locked kitchen drawers</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Only cleans with vinegar</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Changing station in living room area</td>
</tr>
<tr>
<td>Y</td>
<td>Diapers taken out daily</td>
</tr>
<tr>
<td>Y</td>
<td>All diapering supplies available near changing area</td>
</tr>
</tbody>
</table>

#### Handwashing Procedures
- Provider and child's hands washed thoroughly with running water after:
  - Tasting food
  - Diapering
  - Feeding
  - Potty
  - After playing outdoors; and
  - At other times when necessary to prevent the spread of disease.

### Child Abuse, Neglect, and Mistreatment Standards

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

- A child in care is not subjected to any form of abuse, including:
  - Physical

- 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 caused by the failure to give care and attention to a child.

- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that harms a child physically or emotionally, including:
    - Punching, Slapping, Hitting, Kicking
    - Any form of physical discipline
    - Not attending to a child's physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child's mouth with soap
    - Putting pepper or other spicy or distasteful items in a child's mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment

#### The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- ✖ Flashlight
- ✖ Batteries for Flashlight
- ✖ First Aid Kit
- ✖ Medications
- ✖ Bottled water
- ✖ Non-penishable food
- ✖ Diapers
- ✖ Backpack(s) or carrying case(s)
- ✖ Heavy Duty packing tape
- ✖ Blanket(s)
- ✖ Folder or binder for EPP documents
- ✖ Consider
- ✖ Use

Revised 10/2021
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

Location of The Emergency Ready to Go Pack: Stored near front door exit

Item Specification (if needed):
- 2 flashlights, 1 pk of A3A batteries, 1 roll of duct tape, 1 first aid kit, 1 thermometer, no spec meds, 4 bottled waters, 3 canned foods, 2 pkgs of sardines, 4 diapers, 1 pk of wipes, 3 outfits (top/bottom), 3 blankets, folder w/ FPP and ECMA docs, 1 backpack (carrying case), small stuffed animals, 1 pair of scissors, and roll of sealing plastic
- Items to be reviewed on xx/xx/xxxx: N/A

Emergency Documents
- [ ] Informative section of emergency preparedness plan (this completed form)
- [ ] Emergency Ready-to-Go Pack
- [ ] Emergency Supply Kit
- [ ] Emergency Documents

Planning and Maintenance

Person responsible for the Emergency Ready to Go Pack and Emergency Document: Anja Fernandez Placencia (Parent)

Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by [ ]

Primary: In an emergency, the children in care and call 911 if needed, and then activate house alarm. The provider will call the ERTG with children and head to basement bathroom (1 door 0 windows). After they are settled she will use sealing plastic and tape to seal the space if needed and call, text or video call the parent.

Evacuation Procedures

Primary: The provider will account for the children, grab the ETG and call 911 if needed. The provider and children will walk to the provider’s vehicle and she will then secure both smaller children in rear-facing car seat, 1 in forward-facing car seat and the oldest child in the car seat. After secured she will drive to [redacted], upon arrival she will receive instruction from [redacted] of where to shelter and once secured she will call or text the parent.

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and call 911 if needed. She will secure the youngest child in the rear-facing car seat, middle child in forward-facing car seat and oldest child in car seat belt. They will drive to [redacted], once [redacted] will let the children in [redacted], they will shelter in the [redacted] (1 door 0 windows). Once secured she will call or text the parent.

Care Hours:

Signatures & Date

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

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<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: [redacted]</td>
<td>Date: 06/13/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-327-0125</td>
</tr>
</tbody>
</table>