Child Care Scholarship Program

Informal Child Care Monitoring Inspections

First letter of the provider’s last name.

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

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

**Provider Information**

- **First Name:** Christina  
- **Last Name:** Baierlein  
- **Provider ID #:** [Redacted]  
- **Provider ID:** 493093  
- **Email:** [Redacted]

**Care Location Inspected**

- **Street Address:** [Redacted]  
- **City:** [Redacted]  
- **County:** [Redacted]  
- **State:** MD  
- **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>(11/10/2020)</td>
<td>(11/10/2020)</td>
<td>1yr</td>
<td>N</td>
</tr>
<tr>
<td>(01/03/2015)</td>
<td>(01/03/2015)</td>
<td>7yr</td>
<td>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?**  
  - **Standard Met Y/N:** Y  
  - **Comments/Notes:** Relative Informal Care - Certificate Submitted

**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

- **Standard Met Y/N:** Y  
- **Comments/Notes:** Kitchen sink with lock on cabinet  
- **Corrective Action / Timeframe if needed:** Y  
- **High kitchen cabinet**  
- **High kitchen cabinet**  
- **Stored above fridge**  
- **Does not own**  
- **Locked cabinet in kitchen**
- Poisonous substances

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>Has a lock on the garage entry door where its stored on shelf</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.</td>
<td>Y</td>
<td></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>Soap station at every sink</td>
</tr>
<tr>
<td>• Toiletting.</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 Y/N</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 subject 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>
<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>
</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.

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
- 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 ☐ Blanket(s)

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, stored in master bedroom 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: [ ] Last Name: [ ]

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

Itemized List: 1 flashlight, AA extra batteries, no specific meds, 2 blankets, 2 canned foods, baby food, 3 bottled waters, 1 thermometer, diapers & wipes, 2 outfits/1 per child, 1 first aid kit, 1 backpack carrying case, 1 small toy, 2 books, 1 roll of duct tape, 2 trash bags, a pair of scissors, Folder w/ EPP and ECMA forms.

Shelter-in-Place Procedures: Provider will take the children and emergency bag and go into the master bedroom closet (1 door 0 windows), will call 911 and then call her sister to inform her that they are in lockdown.

Evacuation Locations:

Primary – Provider will gather the emergency bag along with the children, she will strap each child in their car seats and put the to-go bag in the trunk. They will go to the [ ] where she will have key access for entry. They will go into the bathroom (1 door 1 window) and seal the windows with sealing plastic and tape if needed. Then she will contact the parent via call.

Alternate – Provider will gather the children and emergency bag, will go into the car, and secure each child in their car seats and to-go in the trunk. Upon arrival the provider will have key access into the home, and they will go into the master bedroom closet (1 door 0 windows), once settled in provider will call the parent and inform her of the emergency status.

Items to be Corrected: N/A

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: Christina Baierlein</td>
<td>Printed Name: [ ]</td>
</tr>
<tr>
<td>Signature: [ ]</td>
<td>Signature: [ ]</td>
</tr>
<tr>
<td>Date: 9/5/22 Phone: [ ]</td>
<td>Date: 09/02/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name: Betty  
Last Name: Balk  
Provider ID #: [Redacted]  
Provider ID: 518903  
Email: [Redacted]

**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>(11/09/2017)</td>
<td>5yr</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>(10/26/2019)</td>
<td>3yr</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] Yes

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

<table>
<thead>
<tr>
<th>Standard Met</th>
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<tbody>
<tr>
<td>Y/N</td>
<td></td>
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- 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>
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<tr>
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<th>Comments/Notes</th>
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<tbody>
<tr>
<td>Y/N</td>
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- Sharp or pointed items  
- Medications of any kind  
- Matches, lighters and flammable products  
- Alcoholic beverages  
- Guns  
- Cleaning agents

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<tr>
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</table>

- Stored in high level kitchen cabinet with knife coverings  
- Stored in high cabinet in laundry room  
- Stored in high level garage cabinet  
- Bottled wine in fridge moved to back of top shelf  
- Does not own  
- Cleaning products stored on top of fridge and in garage cabinet
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met</th>
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<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>No diaper age children in care</td>
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<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
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<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>
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### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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<tr>
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<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
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<td>A child in care is not subjected to any form of neglect, including:</td>
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<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>
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<td>• Tying child to a cot or other equipment</td>
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<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>

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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
- ☐ Bottled water
- ☐ Batteries for Flashlight
- ☐ Non-perishable food
- ☐ Portable First Aid Kit
- ☐ Diapers (N/A)
- ☐ Thermometer
- ☐ Change of clothes
- ☐ Backpack(s) or carrying case(s)
- ☐ Consider special toys or games
- ☐ Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
<table>
<thead>
<tr>
<th>Item in the Disaster Supply Kit are clean, organized, and usable (Y/N)?</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Location of The Emergency Ready to Go Pack:</strong> Stored in kitchen near exit</td>
<td></td>
</tr>
<tr>
<td><strong>Item Specification (if needed):</strong></td>
<td></td>
</tr>
<tr>
<td>- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 bottled waters, no canned foods, no diapers, 2 outfits (top/bottom), 2 med blankets, folder of EPP and ECMA docs per child, 4 card games, 2 rolls of tape, 1 pair of scissors, 1 roll of trash bags, sealing plastic and 1 carry-on suitcase (carrying case)</td>
<td></td>
</tr>
<tr>
<td>- Items to be reviewed on xx/xx/xxxx: N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Documents</strong></td>
<td></td>
</tr>
<tr>
<td>☒ Informal Provider Emergency Preparedness Plan (this completed form)</td>
<td></td>
</tr>
<tr>
<td>☒ Authorization for emergency medical care</td>
<td></td>
</tr>
<tr>
<td><strong>Planning and Maintenance</strong></td>
<td></td>
</tr>
<tr>
<td>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Betty</td>
</tr>
<tr>
<td>Last Name</td>
<td>Baiu</td>
</tr>
<tr>
<td>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <strong>carried by the provider.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shelter In Place Procedure:</strong></td>
<td></td>
</tr>
<tr>
<td>The provider will gather the children and ERTG and go into the bathroom (1 door 1 window), she will close and lock the door and window. Provider will cover the door and window with sealing plastic and tape if the need should arise. The provider will call the parents before, text during and call or text once the emergency is over.</td>
<td></td>
</tr>
<tr>
<td><strong>Evacuation Procedures:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary:</strong> The provider will account for the children by taking a head count, grab the ERTG and then place both children in their forward-facing car seats in the provider’s vehicle. The provider would call the parent and drive. Upon arrival the provider has and she and the children will go into door 0 windows. The provider will call or text the parent before, during, and after with emergency updates.</td>
<td></td>
</tr>
<tr>
<td><strong>Alternate:</strong> If they could not access the primary location, the provider will account for the children by taking a head count, grab the ERTG and then place both children in their forward-facing car seats in the provider’s vehicle. The provider would Upon arrival the provider and children will go into door 0 windows. The provider will call or text the parent before during, and after with emergency updates.</td>
<td></td>
</tr>
<tr>
<td><strong>Care Hours:</strong></td>
<td></td>
</tr>
<tr>
<td>M-Tu</td>
<td>5:30am-7:00pm</td>
</tr>
<tr>
<td>W</td>
<td>5:30am-5:15pm</td>
</tr>
<tr>
<td>Th</td>
<td>7:30am-5:15pm</td>
</tr>
<tr>
<td>F</td>
<td>7:30am-5:30pm</td>
</tr>
<tr>
<td><strong>Signatures &amp; Date</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Acknowledgement:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>PROVIDER</strong></td>
<td><strong>INSPECTOR</strong></td>
</tr>
<tr>
<td>Printed Name:</td>
<td>Betty Baiu</td>
</tr>
<tr>
<td>Signature:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date: 8/28/23</td>
<td>Phone [Redacted]</td>
</tr>
<tr>
<td>Date: 08/15/2023</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
## Informal Care

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

### Provider Information

- **First Name:** Pamela
- **Last Name:** Banks
- **Provider ID #:** [Redacted]
- **Provider ID:** 485448
- **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 (Y/N)</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/26/2010</td>
<td>11 yr</td>
<td>No</td>
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</tr>
<tr>
<td>09/06/2016</td>
<td>5 yr</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10/20/2021</td>
<td>7 mos.</td>
<td>No</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:

- **Basic Health and Safety Training Completed?**
  - N/A
- **Comments/Notes**
  - Corrective Action / Timeframe if needed

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

- **Is in good repair**
  - Y
- **Is free of insect or rodent infestation**
  - Y
  - No infestation observed
- **Is well-lit and well-ventilated**
  - Y
  - Steam observed
- **Has hot and cold running water**
  - Y
  - Needs lock under sink. Follow up needed
- **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
  - Cell phone that provider was called on
- **Has operational smoke detector(s)**
  - Y
  - Band-Aids, Neosporin
- **Has protective coverings on any electrical outlet that is accessible to children**
  - Y
  - Covered/in use or behind furniture

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

- **Sharps or pointed items**
  - Y
  - On counter toward the back
- **Medications of any kind**
  - Y
- **Matches, lighters and flammable products**
  - Y
  - None in the house
- **Alcoholic beverages**
  - Y
  - Unopen Bottle of wine back of counter
- **Guns**
  - Y
  - None
- **Cleaning agents**
  - Y
  - Looks needed under sink in kitchen. Follow up.
- **Poisonous substances**
  - Y
  - Other than medications and cleaning solutions
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</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. 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>
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<tr>
<td>• Before food preparation and eating;</td>
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</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 Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</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>
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<td></td>
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<td>• Any other means of physical discipline</td>
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<td></td>
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<tr>
<td>• Not attending to a child’s physical needs</td>
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</tr>
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<td></td>
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<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>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.

- ☐ Flashlight
- ☐ Bottled water
- ☐ Battery 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
<table>
<thead>
<tr>
<th>Medications</th>
<th>N/A</th>
<th>Blanket(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easy accessible in the event of an emergency (Y/N)?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>Location of The Emergency Ready to go Pack:</strong> Living room</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Item Specification (if needed):</strong> Pajamas, 2 onesies, 2 outfits diapers, wipes, top &amp; bottom for Jaylan, dress for Amani 4 tuna packages, 12 8 oz. bottles of water, 4 apple sauce, pop tarts, chips Rattles, blocks, stuffed animal, books, playing cards 4 AA, band aids, gauze, antiseptic wipes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Items to review on 05/04/2022 if needed:</strong> Lock under sink in kitchen and bathroom – Observed 5/4/2022 Folder with emergency documents – Observed 5/4/2022 Second bag – Observed 5/4/2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Documents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning and Maintenance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name: [REDACTED]</td>
<td>Last Name: [REDACTED]</td>
<td></td>
</tr>
<tr>
<td>☒ Informal Provider Emergency Preparedness Plan (this completed form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Authorization for emergency medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shelter In Place Procedure:</strong> Gather the children the baby, take baby's swing and the emergency to go bag and head to the basement. The basement one window and one door. Provider will call parent before, during and after the shelter in place.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evacuation Procedures:</strong> Gather the children and the emergency to go bag and walk across the street to provider’s friend’s house. The provider has a key to gain entry and once inside they will shelter in the basement of the house that has one window and one door. Provider will call parent as soon as she knows they have to evacuate the house and keep contact, during and after the emergency, if they cannot shelter at the friend’s house, they would drive to provider’s sister’s house. Provider will gather the children, get the car seat, emergency bag and go to the vehicle. Provider will secure the baby in a rear facing car seat and make sure other children are secure with seat belt before driving to alternate evacuation location. Provider will call parent before leaving care location and keep contact, during and after the emergency.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signatures &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acknowledgement:</strong> 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.</td>
</tr>
<tr>
<td><strong>PROVIDER</strong></td>
</tr>
<tr>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
</tr>
<tr>
<td>Date: 05/04/2022</td>
</tr>
<tr>
<td>Phone: [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:** Shirley
- **Last Name:** Bauer
- **Provider ID:** 496840
- **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>(04/24/2022)</td>
<td>1yr</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

**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 Y/N</th>
<th>Comments/Notes</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 by informal team to provider's phone</td>
</tr>
<tr>
<td>Y</td>
<td>First aid kit stored in china cabinet</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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in plastic counter on high kitchen shelf</td>
</tr>
<tr>
<td>Y</td>
<td>Stored on top shelf of china cabinet</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>Cleaning products stored on top of the fridge</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
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<td>Y</td>
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<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
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<td>• Toileting;</td>
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<td>• After playing outdoors; and</td>
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<td>• At other times when necessary to prevent the spread of disease.</td>
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<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
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<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
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<td></td>
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<td>• Physical injury</td>
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<td>• Mental injury</td>
<td></td>
<td></td>
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<td>A child in care is not subjected to any form of neglect, including:</td>
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<td></td>
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<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>
<td></td>
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</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
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- Medications (N/A)
- 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

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: Stored near exit on staircase railing

Item Specification (if needed):
- 1 carrying case (tote bag), 1 flashlight, 4 extra AA batteries, 1 first aid kit, 1 thermometer, no specific meds only general medicine, 1 canned food, 2 dried food, 1 blanket, 1 pk of wipes, 4 diapers, 2 outfits, folder w/EPP and ECMA docs, 1 toy book, 1 toy, 1 pair of scissors, 1 roll of duct tape, and 1 box of sealing plastic
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

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 pick up the child and grab the ERTG and head to the basement (1 door 2 windows). The provider will use the sealing plastic and tape to secure the door and window if the need should arise. The provider will immediately call the parent when the emergency occurs and after.

Evacuation Procedures
Primary: The provider will account for the child, pick her up and grab the ERTG, and head to the provider's vehicle. The provider will secure the child in her rear-facing car seat and [redacted]. The provider [redacted] upon entry the provider will [redacted] (1 door 2 windows) for shelter. The provider will immediately call the parent before and after with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, pick her up and grab the ERTG, and head to the provider's vehicle. The provider will secure the child in her rear-facing car seat and [redacted]. The provider [redacted] upon entry the provider will [redacted] (1 door 3 windows) for shelter. The provider will immediately call the parent before and after with emergency updates.

Care Hours:
[blank]

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 Bauer</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 09/14/2023</td>
<td>Date: 09/08/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 10/05/2022  
**Time In:** 1:45PM  
**Time Out:** 2:10PM  
**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:** Bauer  
- **Provider ID #:**  
- **Email:**

### Care Location Inspected

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

### 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>04/24/2022</td>
<td>5 Months</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**  
  - **Certificate Submitted**

#### 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/N</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>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
<td></td>
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</tbody>
</table>

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

*MSDE OCC Informal Care Inspection Checklist*  
*Page 1 of 3*  
*Revised 10/2021*
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</th>
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</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
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<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></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>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</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, Bitting, 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>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.

- 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:  Close to front door

Item Specification (if needed):
5 shirts, 5 pants, shorts, Sox, bibs, 9 diapers, Box of wipes
2 extra 48 batteries, formula, baby food carrots, cereal, berry mixed
Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves,
2 16oz Water

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

Emergency Documents

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

Planning and Maintenance

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

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 Milani the ERTB and head to the dining room which has one 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 parents once they are secure.

Evacuation Procedures:
The provider will gather the vehicle where she will secure the seats before driving to the primary evacuation location which is provided. Once at the location, the provider will gain entry with the key and head to the basement that has two 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 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 the provider's house. The provider will gather the vehicle where she will secure the car seats before driving to the alternate evacuation location. Once at the location, the provider will gain entry with the spare key and head to the basement that has two 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 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: Shirley Bauer</td>
<td>Printed Name: [Name]</td>
</tr>
<tr>
<td>Signature: [Signature]</td>
<td>Signature: [Signature]</td>
</tr>
<tr>
<td>Date: 10/6/22</td>
<td>Date: 10/5/2022</td>
</tr>
<tr>
<td>Phone: [Phone]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Demetrius
- **Last Name:** Benjamin-Frazier
- **Provider ID:** 505206
- **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></td>
<td>06/04/2012</td>
<td>10</td>
<td>No, at school</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?**
  - Standard Met Y/N: Y
  - Comments/Notes: Relative Informal Care - Certificate Submitted

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

- **Is in good repair:**
  - Standard Met Y/N: Y

- **Is free of insect or rodent infestation:**
  - Standard Met Y/N: Y

- **Is well-lit and well-ventilated:**
  - Standard Met Y/N: Y

- **Has hot and cold running water:**
  - Standard Met Y/N: Y

- **Has a working inside toilet:**
  - Standard Met Y/N: Y

- **Has utilities for cooking, lighting and heating:**
  - Standard Met Y/N: Y

- **Has a working and safe heating system:**
  - Standard Met Y/N: Y

- **Has a working refrigerator and stove:**
  - Standard Met Y/N: Y

- **Has a working telephone:**
  - Standard Met Y/N: Y

- **Has operational smoke detector(s):**
  - Standard Met Y/N: Y

- **Has first aid kit/supplies:**
  - Standard Met Y/N: Y

- **Has protective coverings on any electrical outlet that is accessible to children:**
  - Standard Met Y/N: Y

- **Tested hot water and observed steam**

- **Provider tested both cooling & heating on thermostat**

- **Phone call made to test proper function**

- **Hydrogen Peroxide, bandaids**

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

- **Sharp or pointed items:**
  - Standard Met Y/N: Y

- **Medications of any kind:**
  - Standard Met Y/N: Y

- **Matches, lighters and flammable products:**
  - Standard Met Y/N: Y

- **Alcoholic beverages:**
  - Standard Met Y/N: Y

- **Guns:**
  - Standard Met Y/N: Y

- **Cleaning agents:**
  - Standard Met Y/N: Y

- **Knife was moved to highest cabinet above stove**

- **Corrective Action: Lock added to medicine cabinet**

- **Does not own**

- **Does not own**

- **Corrective Action: Lock added to cabinet with cleaning agents**
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Other than medications and cleaning solutions</td>
</tr>
</tbody>
</table>

- All areas of the home are kept clean, including diapering area. **Y**
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. **Y**
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. **Y** No diaper age children in care
- 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

<table>
<thead>
<tr>
<th>Standard Met</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 **Y**
  - Any sexual abuse
  - Mental injury
- A child in care is not subjected to any form of neglect, including:
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; **Y**
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.
- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child's physical needs
    - 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
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- Bottled water
- Non-perishable food
- Diapers N/A
- 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/plastic bags

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

<table>
<thead>
<tr>
<th>Blanket(s)</th>
</tr>
</thead>
</table>

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):**  
- 4 16oz bottles of water, each  
- Each of chicken noodle soup, chef Boyardee lasagna, Ramen noodles, Band-aids, gauze, tape, scissors, tweezers,  
- Gloves, skin wipes, burn ointment, splinter probes, emergency blanket, bandages wound dressing, 2 outfits (shirts & pants), EPP & ECMA docs in folder, 2 books, 1 flashlight, 5 extra AA batteries  

**Items to review on 02/03/2023 if needed:** Reviewed & Corrected on 02/03/2023  

Electrical outlet covers – corrected all outlets covered or not in use. Lock on cleaning agents under sink – added locks to both the kitchen and  

bathroom cabinets w/ cleaning products & medicines. Observe large knife – moved to highest kitchen cabinet above the stove. First aid for the  
home – first aid kit stored in bathroom wall cabinet, move Hydrogen peroxide, rubbing alcohol and Lysol to Kitchen – moved to bathroom and  
bathroom cabinets with locks, Flash light and extra batteries – added to ERTG, Clothes – 1 t shirt, underwear & 2 pants, Book or game – 2 books,  
EPP & ECMA – both set of forms in folder in ERTG, Hot water – observed and tested the hot water and observed steam  

**Emergency Documents**  

- Informal Provider Emergency Preparedness Plan (the 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:** Dometrius  

**Last Name:** Benjamin-Frazier  

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 ERTG and ____ and shelter in the bathroom. The room has one door and no 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 in the bathroom.  

**Evacuation Procedures:**  

The provider will grab the emergency bag and ____ and proceed to the designated path that has been established with ____ and walk  

to the primary evacuation location, which is ____ located within a 10 minute walk. Once at the location, the provider will shelter in the ____ no window one double door. The provider will call the parent 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 ____ The provider  

will grab the emergency bag, get ____ inside to either catch a bus or an Uber. If traveling by Uber, the provider will make sure ____ secured in a seat belt. Once at the location, the provider will inquire as to where to shelter. The provider will call the  
parents before leaving the care location and immediately 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>
</table>

<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Printed Name: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dometrius Benjamin-Frazier</strong></td>
<td><strong>____</strong></td>
</tr>
<tr>
<td><strong>Date:</strong> 02/03/2023</td>
<td><strong>Phone:</strong> 1-877-227-0125</td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
<td><strong>____</strong></td>
</tr>
<tr>
<td><strong>____</strong></td>
<td><strong>____</strong></td>
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</tbody>
</table>
### Informal Care

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

**Provider Information**

| First Name: | Barbara |
| License #: | [Redacted] |
| Last Name: | Bennett |
| Provider ID: | NOT IN CCATS |
| 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>01/15/2016</td>
<td>5 / N</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

<table>
<thead>
<tr>
<th>Basic Health and Safety Training Completed?</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Relative Informal Care</td>
</tr>
</tbody>
</table>

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

- Is in good repair: Y
  - Common areas were clean: living room and kitchen
- Is free of insect or rodent infestation: Y
  - Areas well lit – multiple windows and light fixtures
- Is well lit and well-ventilated: Y
  - Tested the shower and sink, steamed the mirrors
- Has hot and cold running water: Y
- Has a working inside toilet: Y
  - Provider flushed the toilet
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Sharp knives in knife holder on the back of the countertop</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored on the top level of the bathroom shelf above the toilet? Does it need a lock?</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Moved all cleaning items to higher cabinet spaces where the child could not reach</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

- 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:
  - 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
**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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Checkmark</th>
<th>Item</th>
<th>Checkmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>✓</td>
<td>Bottled water</td>
<td>✓</td>
</tr>
<tr>
<td>Batteries</td>
<td>✓</td>
<td>Non-perishable food</td>
<td></td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>✓</td>
<td>Diapers (N/A)</td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td>✓</td>
<td>Change of clothes</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>✓</td>
<td>Blanket(s)</td>
<td></td>
</tr>
</tbody>
</table>

**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:**

1. Flashlight
2. Extra Batteries
3. First Aid Kit
4. Blanket
5. Thermometer
6. Duct Tape
7. Roll of Sealing Plastic
8. Outfit (Jeans/Shirt)
9. Asthma Pump/Tylenol
10. Bottled Water
11. Cans of Food
12. No Diapers (N/A)
13. Small Suitcase (Carrying Case)
14. EPP and ECMA Documents in Folder
15. Special Toys
16. Hardware Scissors

**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: Small Suitcase in the living corner near front door.

**Shelter In-Place:** Get the kit, grab the child, lock all the doors, and go to the basement (1 window and 1 door), contact the parent and emergency contacts when the emergency begins until the emergency ends.

**Evacuation Location (Primary):** Grab the kit, and the kid and put him in the booster seat of the car and buckle him in, drive to her house, go...
**Informal Care**

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

**Provider Information**

- **First Name:** Shaniqua
- **Last Name:** Bentley
- **Provider ID #:** 501073
- **Email:**

**Care Location Inspected**

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

**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 / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5/16/2022</td>
<td>5 Months / No With mom</td>
</tr>
<tr>
<td></td>
<td>3/13/2016</td>
<td>6 / School</td>
</tr>
<tr>
<td></td>
<td>2/10/2012</td>
<td>10 / School</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><strong>Basic Health and Safety Training Completed?</strong> Y</td>
<td>Certificate Submitted</td>
</tr>
</tbody>
</table>

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

- Y 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

**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><strong>Sharp or pointed items</strong> Y</td>
<td>Upper Cabinet</td>
</tr>
<tr>
<td><strong>Medications of any kind</strong> Y</td>
<td>None</td>
</tr>
<tr>
<td><strong>Matches, lighters and flammable products</strong> Y</td>
<td>None</td>
</tr>
<tr>
<td><strong>Alcoholic beverages</strong> Y</td>
<td>None</td>
</tr>
<tr>
<td><strong>Guns</strong> Y</td>
<td>Under kitchen sink cabinet needs lock</td>
</tr>
<tr>
<td><strong>Cleaning agents</strong> Y</td>
<td>Other than medications and cleaning solutions</td>
</tr>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met Y/N</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</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>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. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</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>
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</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>
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<tr>
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<td>A child in care is not subjected to mistreatment, including:</td>
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<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
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<td>• Spanking, Biting, Hitting, Shaking</td>
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<tr>
<td>• Any other means of physical discipline</td>
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<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<td></td>
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<tr>
<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>
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<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>
</tbody>
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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

MSDE OCC Informal Care Inspection Checklist Page 2 of 4 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: By the front door**

**Item Specification (if needed):**
- 26 AA batteries
- 9 diapers, box of wipes, can mixed vegetables, 1 cans corn, 2 baked beans, 2 can tuna, 2 chicken noodle soup, 7 baby food packets, mixed 4 16oz water bottles,
- 2 Onesies, Onesie under wares, 2 shorts, 6 pants, 4 shirt, 7 under wares, 2 socks
- Alcohol wipes, tape, gauze, gloves, band aids, thermal blankets, 4 books, teething toy, rattle

**Items to review on 11/09/2022 if needed:** Observed 11/09/2022
- Cabinet under kitchen sink needs lock,
- First aid ointment, Hydrogen peroxide, Emergency papers in the bag

**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:** Carrier

**Shelter In Place Procedure:**
The provider will grab the ERTB, strap the baby to her, gather the other two children and head to the extra room in the basement. The room has 4 small windows and two doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will text the parent before, during and after sheltering.

**Evacuation Procedures:**
The provider will place the baby in the stroller, grab the emergency bag and put them under the stroller, the children will hold onto the stroller as they walk to the primary evacuation location. If for some reason they fall, the provider will secure the baby in rear facing car seat, the 6 year old in toddler booster seat and the older child in their seatbelts, before being driven to the primary evacuation location. Provider will call [Redacted]. Once at the location, they will shelter in the basement which has no windows and one door.

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. The provider will put the baby in the stroller, put the emergency bag under the stroller, who will also be carrying the toddler seat. The provider will secure the baby in car seat, 6 year old in toddler seat and the older child in their seatbelts, before being driven to the location. The provider will call the parents of the care location, to let her know they are on their way. They will shelter in the basement that has one windows and two 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, call 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.

**PROVIDER**
Printed Name: [Redacted]
Signature: [Redacted]
Date: 11/09/2022

**INSPECTOR**
Printed Name: [Redacted]
Signature: [Redacted]
Date: 11/09/2022
Phone: 1-877-227-0125

---

MSDE OCC Informal Care Inspection Checklist
Page 3 of 4
Revised 10/2021
**Informal Care**

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

**Provider Information**

- **First Name:** Esther
- **Last Name:** Benyowitz
- **Provider ID:** 441671
- **Email:**

**Care Location Inspected**

- **Address:**
- **City:**
- **County:**
- **State:**
- **Zip Code:**

**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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/3/2023</td>
<td>1</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>3/17/2021</td>
<td>3</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>7/20/2019</td>
<td>4</td>
<td>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.

**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 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**

- Y

MSDE OCC Informal Care Inspection Checklist 2020-03-26
All areas of the home are kept clean, including diapering area. | Y |
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y |
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y |
Diapering procedures are followed. | Y |
Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:  
- Toileting; 
- Diapering; 
- Before food preparation and eating; 
- After playing outdoors; and 
- At other times when necessary to prevent the spread of disease. | Y |

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</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 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
- Batteries
- Portable First Aid Kit
- Thermometer
- Medications N/A
- 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

- Bottled water
- Non-perishable food
- Diapers
- Change of clothes
- Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? YES

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

Location of Emergency Ready to go Pack: FRONT HALL CLOSET NEAR FRONT DOOR

Item Specification (if needed):
- LARGE DUFFLE BAG
- BAG OF DIAPERS AND WIPES
- 1 LARGE BLANKET 2 SMALLER BLANKETS
- PROTEIN BARS, CANNED TUNA(2), CANNED CORN, JAR OF PEANUT BUTTER
- BOOKS
- WATER BOTTLES(4)
- DUCT TAPE, SEALING PLASTIC AND SCISSORS

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: Esther
Last Name: Benyowitz

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 the ERTG from the front hall closet bag. Shelter (1 door(s) 0 window(s)). The provider will seal the door using the supplies in the emergency bag and call/text the parent after securing the children.

Evacuation Procedures:

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in their rear facing/forward facing car seats and contact the parent. The Provider will ask the parent where she will shelter. The Provider will contact the parent upon arriving at the new location and after the emergency is over.

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in their rear facing/forward facing car seats and contact the parent before. The Provider will ask the parent where she will shelter. The Provider will call/text the parent upon arriving at the new location and after securing the children.

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: Esther Benyowitz</td>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
<td>Signature: [REDACTED]</td>
</tr>
<tr>
<td>Date: 4/18/2024</td>
<td>Date: 4/18/2024</td>
</tr>
<tr>
<td>Phone: [REDACTED]</td>
<td>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:** 3/23/2023
**Time In:** 3:30 PM
**Time Out:** 4:22 PM
**Result:** Failed Needs Follow Up

**Inspection Date:** 3/27/2023
**Time In:** 3:00 PM
**Time Out:** 3:13 PM
**Result:** Passed

### Informal Care

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

### Provider Information

- **First Name:** Esther
- **Last Name:** Benyowitz
- **Provider ID #:** 441671
- **Email:**
- **Care Location Inspected:**
  - Street Address:
  - City: [redacted]
  - County: [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 / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/29/2019</td>
<td>3 / No, with parents</td>
<td></td>
</tr>
<tr>
<td>3/17/2021</td>
<td>2 / No, with parents</td>
<td></td>
</tr>
<tr>
<td>1/3/2023</td>
<td>2 Mos / No, with parents</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:

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

#### 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

#### 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
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**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>Upper Cabinets</td>
<td></td>
</tr>
<tr>
<td>Top of cabinet</td>
<td></td>
</tr>
<tr>
<td>Upper cabinet</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Locked under the sink</td>
<td></td>
</tr>
<tr>
<td>Other than medicines and cleaning solutions</td>
<td></td>
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</tbody>
</table>

**Return to:** ccs.informalproviders@maryland.gov
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.

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<td>- Putting pepper or other spicy or distasteful items in a child’s mouth</td>
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<td>- Requiring a child to stand on one foot as punishment</td>
<td></td>
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<tr>
<td>- Tyng child to a cot or other equipment</td>
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<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>
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</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
- Batteries for Flashlight
- 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)? 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: Front coat closet

Item Specification (if needed):
3 AAA batteries, 1 OJ, 3 pants, 3 shirts, 7 diapers, pack of wipes, 2 blankets
3 16oz bottles of water, 2 can each of corn, peanut butter, 2 packs of rice cakes, 2 protein bars, chick peas, Formula,
Gloves, hand sanitizer, gauze, tweezers, tape, band aids, ointment, alcohol wipes

Items to review on 3/27/2023 if needed: Observed on 3/27/2023 at 3:00pm

Smoke detector alarm,

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: Esther
Last Name: Benyowitz

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 ERTB from hallway closet, gather the children and head to hallway bathroom. The room has one door
And no 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 emergency bag and carry it on her shoulder, carry the babies with the 3 year old walking and proceed to the provider's vehicle where she will secure 2 month old in rear facing car seat, 2 year old and 3 year old in front facing car seat, before driving to the primary evacuation location, which is 7 mile market. Once at the location the provider will ask to be directed to a shelter location. The provider will call the parents before leaving the shelter. If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is 7 mile market. The provider will grab the emergency bag, Gather the children and proceed to the provider’s vehicle where she will secure 2 month old in rear facing car seat, 2 year old and 3 year old in front facing car seat, before driving to the alternate evacuation location. Once at the location provider will ask to be directed to a shelter room. The provider will call the parents before leaving the care location, if time allows, and then 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: Esther Benyowitz</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 3/23/2023</td>
<td>Date: 3/23/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Informal Care

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

Provider Information
First Name: Robin
Last Name: Berkley
Provider ID: 541070
Email: [Redacted]

Care Location Inspected
Street Address: [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>5/29/2014</td>
<td>9</td>
<td>N</td>
</tr>
<tr>
<td>7/12/2017</td>
<td></td>
<td>6</td>
<td>N</td>
</tr>
</tbody>
</table>

Safety of the Home

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

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

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

Standard Met Y/N | Comments/Notes Corrective Action/Timeframe if needed
------------------|--------------------------------------------------
Y                 | Note: Cell or Home Phone
Y                 | Medication moved to a higher location in bedroom on top of wardrobe.
<table>
<thead>
<tr>
<th>Standards</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td></td>
<td>No diaper aged children in care.</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>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>
<tr>
<td>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</td>
<td></td>
<td></td>
</tr>
<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, Bitting, 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>
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<td></td>
</tr>
<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
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<tr>
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<tr>
<td>- Putting pepper or other spicy or distasteful items in a child's mouth</td>
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<td></td>
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<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>
</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.

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
- Bottled water
- Batteries
- Non-perishable food
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
<table>
<thead>
<tr>
<th>Item Specification (if needed):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 4 Canned meals</td>
</tr>
<tr>
<td>• 2 Bottled Waters</td>
</tr>
<tr>
<td>• No medications needed</td>
</tr>
<tr>
<td>• Book for children</td>
</tr>
</tbody>
</table>

**To be observed for compliance on 2/29/2024 - Reviewed on 2/29/2024:***
- Cleaning Items moved to an higher location
- ERTG Bag Items
- Shelter in Place and Evacuation procedures

**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 Robin | Last Name Berkley

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, whom are typically in the same space as the provider, grab the bag from the front door and go into the basement (2 doors 2 small windows). The Provider will contact the Parent once she and the children are safe and settled in the basement.

**Evacuation Procedures:**
The Provider will gather the children, whom are typically in the same space as the provider, grab the bag from the front door and leave out of the front door. The provider will secure the children in their seat belts and head to [specific location] (2 doors 1 large Bay window). The Provider will contact the Parent and the children's uncle prior to leaving the care location.

The Provider will gather the children, whom are typically in the same space as the provider, grab the bag from the front door and leave out of the front door. The provider will secure the children in their seat belts and head to [specific location] (2 doors 3 windows). The Provider will contact the Parent and the children's uncle prior to leaving the care 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.

**PROVIDER**
Printed Name: Robin Berkley
Signature: [signature]

**INSPECTOR**
Printed Name: [redacted]
Signature: [signature]

MSDE OCC #03-26
**Maryland State Department of Education/Office of Child Care**  
**Child Care Scholarship Program**  
**INFORMAL CARE**  
**INSPECTION CHECKLIST**

<table>
<thead>
<tr>
<th>Inspection Date: 10/19/2021</th>
<th>Time In: 3:28 pm</th>
<th>Time Out:</th>
<th>Result: Passed if returned by 12:00 pm 10/20/2021</th>
</tr>
</thead>
</table>

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

**Provider Information**  
First Name: Melanie  
Last Name: Berryman  
Provider ID: Not in CCATS  
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>6/24/20</td>
<td>1 year</td>
<td>/Y</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
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<td>[Redacted]</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</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>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**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

**MSDE OCC Informal Care Inspection Checklist 2020-07-26**  
Page 1 of 3
- Guns
  - Not kept in the home.
- Cleaning agents
  - Locked in kitchen cabinet under sink.
- Poisonous substances
  - Not kept in the home.

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Condition</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>The master bedroom kept clean.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Ties up in a shopping bag and thrown in the trash can located in the kitchen.</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>Checked half an hour or less in order to toilet train.</td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td>Carries hand sanitizer gel in her purse.</td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
<td></td>
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<tr>
<td>- Diapering;</td>
<td></td>
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<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>Condition</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>
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<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>
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<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
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</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
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<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.

### 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

Page 2 of 3
Batteries  ☑️ Non-perishable food  ☑️ Backpack(s) or carrying case(s)
Portable First Aid Kit  ☑️ Diapers  ☑️ Consider special toys or games
Thermometer  ☑️ Change of clothes  ☑️ Scissors, tape & sealing plastic
Medications  ☑️ Blanket(s)

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

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

**Location of Emergency Ready to go Pack:** Kept in the providers bedroom.

**Item Specification (if needed):**
- Large yellow flashlight
- Blue long sleeve top and bottom. Cheetah print top and black tights.
- 6 diapers
- Packing tape, large scissors, 3 large trash bags
- Pink blanket
- First Aid Kit: Cold Compress, Bandages, q tips, tape, gauze, Neosporin and scar cream
- 3 16.9 oz waters
- 2 cans of ravioli
- 2 D Batteries
- Rattle toy

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

**Planning and Maintenance**

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

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

**Shelter In Place Procedures:**
The Provider will grab Noelle go to the provider’s bedroom (1 door 1 large Window) and lock the door. The ERTG Pack is already located in this room. The provider will contact the parent after contacting emergency services once secured.

**Evacuation Procedures:**
The Provider will grab the ERTG Pack and Noelle, secure Noelle in a car seat and drive to the providers daughters home. The provider will gain entry to the home using her spare key where they will shelter in the bathroom (1 door 0 windows). The provider will communicate with the parent during the emergency. If the provider cannot shelter at this location the provider will grab Noelle and the ERTG Pack and take Noelle to her mother’s home. The provider will knock in order to gain entry. If able to gain access to the home the provider will locate in the bedroom (1 door 1 large Window). The provider will remain in constant contact with the parent throughout the emergency to establish a meeting point once it is safe to do so.

**Signatures & Date**

Acknowledgement: 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: Melanie Berryman Gordon</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 10/19/21</td>
<td>Date: 10/19/2021</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Inspection Date: 2/15/2024
Time In: 9:08am  Time Out: 10:01am  Result: Passed

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

Provider Information
First Name: Cheryl  Last Name: Birdow  Provider ID #: [Redacted]
Email: [Redacted]

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

Name of Children in Care (add pages if needed)  Scholarship  Date of Birth  Age  /  Present (Y/N)
[Redacted]  2/28/2012  11  /N
[Redacted]  2/28/2012  11  /N
[Redacted]  9/15/2016  7  /N

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

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

Home is free of health and safety hazards:
Standard Met Y/N  Comments/Notes  Corrective Action /Timeframe if needed
Y
• 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 telephane
• Has operational smoke detector(s)
• Has first aid kits/supplies
• Has protective coverings on any electrical outlet that is accessible to children

Harmful items are stored appropriately and away from children:
Standard Met Y/N  Comments/Notes  Corrective Action /Timeframe if needed
Y
• Sharp or pointed items
• Medications of any kind
• Matches, lighters and flammable products
• Alcoholic beverages
• Guns
<table>
<thead>
<tr>
<th><strong>GENERAL CLEANLINESS STANDARDS</strong></th>
<th><strong>Standard Met</strong></th>
<th><strong>Comments/Notes</strong></th>
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</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
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<th><strong>Standard Met</strong></th>
<th><strong>Comments/Notes</strong></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 • Any sexual abuse • Mental injury</td>
<td></td>
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<td>A child in care is not subjected to any form of neglect, including:</td>
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<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>
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<td></td>
</tr>
<tr>
<td>• 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</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your</td>
<td></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 that the items are clean, organized, and usable. Comment and note below if needed.

- Flashlight
- Bottled water
- Folded or binder for EPP documents
- Batteries
- Non-perishable food
- Backpack(s) or carrying case(s)
Items in the Disaster Supply Kit are clear, organized, and usable (Y/N): Y

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

Location of Emergency Ready-to-Go Pack: Kept near front door

Item Specification (if needed):
- 3 blankets
- 3 outfits
- No diapers
- Ball, flash card
- No medication
- 4 bottles of water
- 3 chef boyardi chicken and rice, beefaroni and spaghetti
- Roll of Garbage bags

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 Cheryl
Last Name Birdow

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

Shelter in Place Procedures:
The Provider will gather the children. The provider will grab one bag while the children will grab the other and go into the laundry room (1 window 1 door) and shut the door. The provider would be on the phone the entire time with the parent.

Evacuation Procedures:
The Provider will gather the children. The provider will grab one bag while the children will grab the other and go to the vehicle. The children would be secured in the seat belts and the Provider would drive. She would have the children secured. Once there they will be there (1 door 1 large window). The provider would be on the phone with the parent providing updates.

The Provider will gather the children. The provider will grab one bag while the children will grab the other and go to the vehicle. The children would be secured in the seat belts and the Provider would drive. She would be there prior to leaving. Once there they will be there (1 door 1 large window). The provider would be on the phone with the parent providing updates.

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: Cheryl</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist 2020-03-26  Page 3 of 4
### Informal Care Checklist

**Inspection Date:** 04/13/2023  
**Time In:** 3:30PM  
**Time Out:** 4:45PM  
**Result:** PASSED

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

**Provider Information**

- **First Name:** Cheryl  
- **Last Name:** Birdow  
- **Provider ID:** 357957  
- **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></td>
<td>(02/28/2018)</td>
<td>11yr./Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(02/28/2012)</td>
<td>11yr./Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(09/15/2016)</td>
<td>6yr./Y</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.

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
<td>Relative Informal Care – Certificate Submitted</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>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Outbound call made to provider’s phone</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide, Ointment moved to high level shelf in hallway closet</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>All outlets were occupied or covered</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
</tr>
<tr>
<td>Standard Met</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

**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>

**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>

**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

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021
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 the living room corner  

Item Specification (if needed):  
- 1 flashlight, 3 extra D batteries, roll of trash bags, 3 duffle bags (carrying case), 3 blankets, 1 thermometer, balls/card games, 1 first aid kit, 3 outfits (top/bottom), 3 canned foods, 6 bottled waters, 1pk of wipes, folder w/EPP and ECMA per child, no spec med/s, 1 pair of scissors, and 2 rolls of duct tape  

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

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

Planning and Maintenance:  
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  
First Name: Cheryl  
Last Name: Birdow  

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.  
Shelter in Place Procedure:  
The provider will gather the children and the ERTG and call the parent and call 911 if needed go into [redacted] (1 door 1 window) interior closet (1 door 0 windows). If the need should arise the provider would use the sealing plastic and tape to secure the door. She would then call the parent again once the emergency has ended.  

Evacuation Location(s) Procedures:  
Primary: The provider will account for the children and ERTG call the parent, and head to the [redacted] provider and children will either walk there or drive. If they drive the provider will secure the youngest child in their booster seat and the older children in their car seat belts. Upon arrival, the provider will call [redacted] to inform her they are on the way. Provider and children will shelter in the living room (1 door 1 window) and stay there until it is safe to leave. Provider will call the parent once the emergency has ended.  

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and walk to the alternate [redacted] The provider will call the parent and inform them of the emergency, and then call [redacted] to gain access into the home. The provider and children will take shelter in the living room (1 door 1 window). The provider will call the parent and stay in the location until the emergency has ended.  

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: Cheryl Birdow</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 4/18/23 Phone: [redacted]</td>
<td>Date: 04/13/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name: Cheryl  
Last Name: Birdow  
Provider ID #:  
Provider ID: 357957  
Email: 

**Care Location Inspected**

Street Address:  
City  
County  
State  
Zip Code  
Address Verified? Yes

<table>
<thead>
<tr>
<th>Name of Children in Care (add pages if needed)</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>02/28/2012</td>
<td>10</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02/28/2012</td>
<td>10</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>09/15/2016</td>
<td>5</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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home is free of health and safety hazards:</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>- Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has hot and cold running water</td>
<td>Y</td>
<td>Steam Observed</td>
</tr>
<tr>
<td>- Has a working inside toilet</td>
<td>Y</td>
<td>Flush Observed</td>
</tr>
<tr>
<td>- Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Burners operational</td>
</tr>
<tr>
<td>- Has a working and safe heating system</td>
<td>Y</td>
<td>Observed</td>
</tr>
<tr>
<td>- Has a working refrigerator and stove</td>
<td>Y</td>
<td>Light turned on</td>
</tr>
<tr>
<td>- Has a working telephone</td>
<td>Y</td>
<td>Call observed</td>
</tr>
<tr>
<td>- Has operational smoke detector(s)</td>
<td>Y</td>
<td>Alarm sounded</td>
</tr>
<tr>
<td>- Has first aid kit/supplies</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>Covered if not in use or behind furniture</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>
</tr>
</thead>
<tbody>
<tr>
<td>- Sharp or pointed items</td>
<td>Y</td>
<td>Where child cannot reach</td>
</tr>
<tr>
<td>- Medications of any kind</td>
<td>Y</td>
<td>High cabinet in kitchen</td>
</tr>
<tr>
<td>- Matches, lighters and flammable products</td>
<td>Y</td>
<td>Matched up high</td>
</tr>
<tr>
<td>- Alcoholic beverages</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>- Guns</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>- Cleaning agents</td>
<td>Y</td>
<td>Moved to a high shelf in the linen closet.</td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</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>
</tr>
</thead>
<tbody>
<tr>
<td>Y</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
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Portable First Aid Kit
- Diapers
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games

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: Living room by the front door

Item Specification (if needed):
2 D Batteries
Bandages, Tape Gauze, wipes, wipes
6 Shirts, 3 pants, 4 pairs of pants, 3 blankets
4 water bottles, 6 cans Chef Boyardees
Card games, balls,

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

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

Planning and Maintenance

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

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

Shelter in Place Procedure:
The provider will grab the children and emergency go back and walk back to the large walk in closet in the master bedroom. Provider will call the parent when once secure.

Evacuation Procedures:
The provider will gather the children and grab the emergency to go bag and walk 12345th house which is the primary emergency location and is a short walk. Provider will call parents right away to let parent know before and after the emergency. If they cannot go to primary evacuation location, they will walk over to 23456th the alternate evacuation location, which is down the street from providers residence. Provider will call the parent before and after the emergency.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Cheryl I Birdaw</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 4/13/2022</td>
<td>Date: 04/13/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Informal Care

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

**Provider Information**

- **First Name:** Leilani
- **Last Name:** Biscoe
- **Provider ID:** 502564
- **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>(08/12/2010)</td>
<td>12yr.</td>
<td>N</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>(10/29/2018)</td>
<td>4yr.</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?** Yes

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

<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>

- **Is in good repair**
- **Is free of insect or rodent infestation**
- **Is well-lighted 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 a working 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 Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<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**

<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>

- **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**

**Comments/Notes**

- **Corrective Action / Timeframe if needed**
- **Y** - Yes, **N** - No, **D** - Discussed, **n/a** - Not Applicable
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y</th>
<th>No diaper age children in care</th>
</tr>
</thead>
<tbody>
<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>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:
- Toileting;
- Diapering;
- Before food preparation and eating;
- After playing outdoors; and
- At other times when necessary to prevent the spread of disease.

| CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS | Standard Met Y/N | Comments/Notes Corrective Action / Timeframe if needed |
| 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 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: | 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.

---

**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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>bottled water</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>Non-perishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers (N/A)</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
</tbody>
</table>

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: Stored on the top shelf of laundry room

Item Specification (if needed):
- 1 flashlight, 3 extra D batteries, 1 thermometer, no specific medications, 12 pk of mini waters, 6 canned foods, 5 pk of tuna and 1
  box of crackers, 1 first aid kit, 1 small blanket, 2 duffle bags (carrying case), 2 card games, 1 pair of scissors, 2 rolls of duct tape,
  1 roll of sealing plastic, folder w/ EPP and ECMA, 1 outfit per child w/ underwear

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

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

Planning and Maintenance

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

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

Shelter in Place Procedure:
The provider will account for the children in care and grab the ERTG and head into the spare bedroom (2 door 2 windows) on first floor
adjunct to the kitchen. The provider will use the plastic sealing and duct tape to seal the doors and windows if the need should arise. The
provider will call the parent once they are secured in the location.

Evacuation Procedures:

Primary: The provider will call the parent and inform them of the emergency and then contact: [redacted] of the
evacuation location. The provider will then perform a head count for each child and gather the emergency bags, and head to the vehicle.
The smaller child will be secured in a car seat by the provider and older child in the car seat belt. They will also be accompanied by
since the provider only has a permit. The provider will [redacted] for them to [redacted] and they will go into the [redacted]
(1 door 1 window).

Alternate: If they could not access the primary location, the provider will call and text the parent and gather the children and ERTG bags
and head into the vehicle. Smaller child will be secured in the car seat and older child in car seat belt both by the provider [redacted] will
also accompany them to the location. The provider will call [redacted] to gain access: [redacted] The provider will perform a
head count and she and the children will go into the [redacted] 1 door 2 windows).

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: Lelani Biscoe</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 03/17/2023</td>
<td>Phone: [redacted]</td>
</tr>
<tr>
<td></td>
<td>Data: 03/16/2023</td>
</tr>
</tbody>
</table>

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

**Inspection Date:** 10/10/2023  
**Follow-up Inspection Date:** 10/11/2023  
**Time In:** 10:30 AM  
**Time In:** 3:00 PM  
**Time Out:** 11:47 AM  
**Time Out:** 3:15 PM  
**Result:** Follow-up Required.  
**Follow-up Result:** PASSED

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

#### Provider Information

- **First Name:** Tyshere  
- **Last Name:** Bland  
- **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)

<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>(11/03/2021)</td>
<td>1yr</td>
<td>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] Yes

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

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Tested by provider and steam observed via the kitchen faucet</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating – utility bill previously submitted</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Outbound call made by informal team to provider’s phone</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>First aid kit stored in kitchen drawer</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<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>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Moved to knife holder on back of counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in container on high shelf of the kitchen cabinet</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Change station in the living, parent brings changing bag when child is dropped off</td>
</tr>
<tr>
<td>Y</td>
<td>Taken out daily via trash can</td>
</tr>
</tbody>
</table>

### 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, 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

### 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
- ☑️ Backpack(s) or carrying case(s)
- ☑️ Diapers
- ☑️ Folder or binder for EPP documents
- ☑️ Consider special toys or games
<table>
<thead>
<tr>
<th>Thermometer</th>
<th>Change of clothes</th>
<th>Heavy Duty Scissors, duct tape/ packing tape &amp; sealing plastic/trash bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications (N/A)</td>
<td>Blanket(s)</td>
<td></td>
</tr>
</tbody>
</table>

**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 living room near exit**

**Item Specification (if needed):**
- 1 flashlight, 1 first aid kit, 2 thermometers, 1 pair of scissors, 2 bottled waters, 2 canned foods, 2 diapers and 1 pk of wipes, 1 large blanket, 1 roll of duct tape, 4 heavy duty trash bags, no specific medications, 1 pk of AA batteries, 1 outfit (top/bottom), 1 toy book, folder w/ EPP and ECMA docs
- Items to be reviewed on 10/11/2023: Corrected & Reviewed on 10/11/2023
- Lock for kitchen cabinet with cleaning products
- ERTG Missing Items: Additional Batteries, Change of Clothes, Folder of ECMA docs, Backpack/Tote for all items in ERTG, toy or game

**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: Tyshere
- Last Name: Bland

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 grab the child and ERTG and carry them into the kitchen area (1 door 0 window). The provider will use the sealing plastic and tape to seal the door if the need arises. There are no windows or vents to be sealed. Once secured the provider will call the parent with emergency updates.

**Evacuation Procedures**
- **Primary:** The provider will grab the child and ERTG and place them in a baby carrier with child in arms. Upon arrival the provider will reach out to [redacted] who will escort the provider and child to [redacted] 2 doors 0 window. Once secured the provider will call the parent with emergency updates.
- **Alternate:** If they could not access the primary location, the provider will grab the child and ERTG and drive to the [redacted]. The provider will ensure the child is secured in their forward-facing car seat. Upon arrival the provider will receive instruction from [redacted] on where to shelter specifically. Once secured the provider will call and 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: Tyshere Bland</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 10/11/2023</td>
<td>Date: 10/11/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Informal Care

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

<table>
<thead>
<tr>
<th>Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: Regina</td>
<td>Last Name: Blount</td>
</tr>
<tr>
<td>Provider ID #:</td>
<td>Provider ID: 419825</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Location Inspected</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

**Address Verified?:** Yes

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

<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></td>
<td>9/29/12</td>
<td>9 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6/30/17</td>
<td>4 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12/14/19</td>
<td>2 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10/29/21</td>
<td>6 mos</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
  - N/A

**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 Temp. tested with thermometer. 105.7 degrees
- Has a working inside toilet
  - Y Flush observed
- Has utilities for cooking, lighting and heating
  - Y Temp turned up
- Has a working and safe heating system
  - Y All burners and refrigerator operational
- Has a working refrigerator and stove
  - Y Outbound call made
- Has a working telephone
  - Y Test button pressed
- Has operational smoke detector(s)
  - Y Gauze, Bandages, Alcohol pads
- Has first aid kit/supplies
  - Y 6 outlet covers

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

- Sharp or pointed items
  - Y On the wall high up
- Medications of any kind
  - Y In a cabinet on a high shelf
- Matches, lighters and flammable products
  - Y Not kept in the home.
- Alcoholic beverages
  - Y Not kept in the home.
- Guns
  - Y Not kept in the home.
- Cleaning agents
  - Y Under a locked cabinet in the bathroom
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapers kept clean and</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:
- Tolleting;
- 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>Used correctly</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
- ✔ Folder or binder for EPP documents
- ✔ Batteries
- ✔ Non-perishable food
- ✔ Backpack(s) or carrying case(s)
- ✔ Portable First Aid Kit
- ✔ Diapers
- ✔ Consider special toys or games
- ✔ Thermometer
- ✔ Change of clothes
- ✔ Heavy Duty Scissors, Duct Tape/
**Informal Care**

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

**Provider Information**

- **First Name:** Regina  
- **Last Name:** Blount  
- **Provider ID:** 419825  
- **Email:**

**Care Location Inspected**

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

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>9/29/2012</td>
<td>9</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>6/30/2017</td>
<td>4</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>12/14/2019</td>
<td>2</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>10/29/2021</td>
<td>5 months</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?** N/A

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

- Is in good repair: Y
- Is free of insect or rodent infestation: Y  
  - No insects or rodents observed.
- Is well-lit and well-ventilated: Y  
  - Well lit with natural light and indoor lighting.
- Has hot and cold running water: Y  
  - Observed thermometer reading on high
- Has a working inside toilet under sink: Y  
  - Cabinet under sink child lock observed
- Has utilities for cooking, lighting and heating: Y  
  - Stove burners observed
- Has a working and safe heating system: Y  
  - Turned up from 78 to 79 degrees
- Has a working refrigerator and stove: Y  
  - Refrigerator light and frozen food observed
- Has a working telephone: Y  
  - House phone. Outbound call observed.
- Has operational smoke detector(s): Y  
  - Test button pressed. The alarm sounded.
- Has first aid kit/supplies: Y  
  - Gauze, band aids, alcohol wipes
- Has protective coverings on any electrical outlet that is accessible to children: Y  
  - 14 outlets with covers.

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

- Sharp or pointed items: Y  
  - Up high on the wall
- Medications of any kind: Y  
  - Upper cabinet
- Matches, lighters and flammable products: Y  
  - None in the house
- Alcoholic beverages: Y  
  - None in the house
- Guns: Y  
  - None in the house
- Cleaning agents: Y  
  - Locked under bathroom sink
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Other than medications and cleaning solutions</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 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 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, 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 clean, organized, and usable. Comment and note below if needed.

- **Flashlight**
- **Bottled water**
- **Folder or binder for EPP documents**
- **Batteries for Flashlight**
- **Non-perishable food**
- **Backpack(s) or carrying case(s)**
- **Portable First Aid Kit**
- **Diapers**
- **Consider special toys or games**
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 a closet off the family room.

Item Specification (if needed):

Band-Aids, aspirin, ointment, alcohol wipes cold compress, gauze tweezers, safety pins, adhesive tape, tongue depressors, 10 diapers, 3 under wares, 4 onesies for the baby, 3 tops, 3 pants
3 large blankets,
Crackers, 6 8oz. waters bottles, goldfish, granola bars, 4 chef Boyardee spaghettios
Dice game, drawing pad, word games, crayons
Emergency medication form she had
Items to review on Monday 02/28/2022 if needed:

Flash light did not turn on and there were no extra batteries

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will Call mom first then gather the children and place them in a large closet. Make sure the windows and doors are locked. Tape the windows with duct tape and trash bag. The emergency bag will already be in the closet.

Evacuation Procedures:
The provider will gather the children, grab the stroller and secure the 2 children in the stroller and go [Redacted] Call the parent before leaving the house.

Alternate Location:
The provider will call. The provider will [Redacted] The provider will gather the three children and exit the house and [Redacted] where the children will be secured in their car seats and seat belt before heading to [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:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

| First Name: Emiko | Last Name: Bowens | Provider ID: 516800 |

**Care Location Inspected**

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
<th>County:</th>
<th>State</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

**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>12/11/2021</td>
<td>1yr.</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:**

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

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

- Is in good repair
- Y
- All areas were clean
- Is free of insect or rodent infestation
- Y
- No evidence of infestation
- Is well-lit and well-ventilated
- Y
- All lights were turned on and natural window lighting
- Has hot and cold running water
- Y
- Tested by provider and observed on camera
- Has a working inside toilet
- Y
- Flushed by provider and observed
- Has utilities for cooking, lighting and heating
- Y
- Thermostat tested by provider for cooling & heating
- Has a working and safe heating system
- Y
- Tested by provider and observed
- Has a working refrigerator and stove
- Y
- Outbound call made to provider’s phone
- Has a working telephone
- Y
- Tested by provider and observed
- Has operational smoke detector(s)
- Y
- Medical Supplies in hallway closet (Band-aids, gauze, alcohol wipes, and ointment) and first aid kit stored in hallway closet
- Has first aid kit/supplies
- Y
- All outlets were occupied or covered
- Has protective coverings on any electrical outlet that is accessible to children
- Y

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>Stored in knife holder on back of kitchen counter</td>
</tr>
</tbody>
</table>
- Sharp or pointed items
- Y
- Stored in locked bathroom drawer and high shelf in hallway closet
- Medications of any kind
- Y
- Does not own
- Matches, lighters and flammable products
- Y
- Moved to locked kitchen cabinet and high level kitchen shelf
- Alcoholic beverages
- Y
- Does not own
- Guns
- Y
- Cleaning agents
- Y
- Cleaning agents in locked kitchen cabinet and higher shelf in hallway closet
- Poisonous substances
- Y
- Does not own
## 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 provider's bedroom</td>
</tr>
<tr>
<td>Y</td>
<td>Diapers taken out daily using a small trash can</td>
</tr>
<tr>
<td>Y</td>
<td>All diapering supplies available with changing pad</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.

## 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 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, 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 clean, organized, and useable. Comment and note below if needed.

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

**Item Specification (if needed):**
- 2 flashlights, 6 extra AAA batteries, 1 first aid kit, 1 thermometer, no spec meds, 4 bottled waters, 2 canned foods, 3 dried foods, 1 duffle bag (carrying case), 1 pk of wipes, 6 diapers, 2 outfits (top/bottom), wash cloths & baby supplies, 1 blanket, a few toys, 1 roll of duct tape, 4 trash bags, and folder w/ EPP and ECMA docs

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

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

**Planning and Maintenance**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Emiko</em></td>
<td><em>Bowens</em></td>
</tr>
</tbody>
</table>

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, lock front and back doors and/or windows. The provider will grab the ERTC bag and head to the living room area (1 door 3 windows). If the need should arise the provider will use the sealing plastic and tape to secure the doors and windows. Once everything is secured the provider will call or text the parent.

**Evacuation Procedures**

**Primary:** The provider will account for the child and grab the ERTC and car seat. The provider and child will go to the vehicle of the pickup relative and secure the child in their rear-facing car seat and be driven to the evacuation location. Upon arrival the provider has key access to the parent’s home. Upon entry they would shelter in living room (1 door 1 window). The provider will call or text the parent before and after they are settled at the location.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTC and car seat. The provider and child will go to the vehicle of the pickup relative and secure the child in rear-facing car seat and be driven to the location. Upon arrival the provider has key access to [Redacted] Upon entry they would go into the living room (1 door 0 windows). The provider will call or text the parent before and after the emergency is over.

**Care Hours:**

[Redacted]

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 8 June 2023</td>
<td>Date: 06/06/2023</td>
</tr>
</tbody>
</table>

[Redacted] Phone: [Redacted]

Phone: 1-877-227-0126
**Informal Care**

**Inspection Date:** 04/06/2023  
**Time In:** 10:30AM  
**Time Out:** 11:39AM  
**Result:** PASSED

**Provider Information**
- **First Name:** Kathy  
- **Last Name:** Bowen  
- **Provider ID:** 511502  
- **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)  
- **Scholarship:** [Redacted]  
- **Date of Birth:** (07/19/2022)  
- **Age:** 8mos.  
- **Present (Y/N):** Y

**Safety of the Home**

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

**Health and Safety Training:**
- **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 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**
- **Standard Met Y/N**
- **Comments/Notes Corrective Action / Timeframe if needed**

**MSDE OCC Informal Care Inspection Checklist**  
Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y</th>
<th>Diapering area in child’s bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Diapers are thrown away daily in diaper genie</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>All additional diapering needs in storage holder in child’s bedroom</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>
<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**

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

Item Specification (if needed):
- 1 duffle bag (carring case), 3 bottled waters, 6 canned foods, 3 baby foods, 1 first aid kit, 1 pair of scissors, 1 roll of trash bags, 1 roll of duct tape, no spec med, 4 diapers/1pk of wipes, 2 toys, 1 outfit (top/bottom/socks), 1 med blanket, folder w/ EPP & ECMA, 1 flashlight, 1 thermometer.

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

Emergency Documents

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

Planning and Maintenance

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

First Name: Kathy
Last Name: Bowen

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 and grab the emergency bag and head into [location] (1 door 0 windows). The provider will ensure the door is sealed with sealing plastic and tape. Provider will call or text the parent to inform her of the emergency.

Evacuation Location(s) Procedures:

Primary: The provider will account for the child and ERTG and carry them to her vehicle. She will ensure the child is secured in her rear-facing car seat and then call or text the parent to inform them an emergency has occurred and where they are going. She will drive to the [location] and upon entry be instructed by the staff of where to locate for shelter. Provider will call or text the parent with updates once they are secured.

Alternate: If they could not access the primary location, the provider will gather the child and ERTG and carry them into her vehicle. She would secure the child in her rear-facing car seat. The provider would drive to [location] and call the parent to inform them of the change. The provider has a spare key to the home, upon entry they would go into the bathroom (1 door 0 windows), she will call or text the parent once they are secured.

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: Kathy Bowen</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 04/06/2023</td>
<td>Phone: 1-677-227-0125</td>
</tr>
</tbody>
</table>
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 4/16/2024
Time In: 10:30am
Time Out: 11:30am
Result: Passed

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

Provider Information
First Name: Michelle
Last Name: Bowens
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)
<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/13/2022</td>
<td>17 mos. /N</td>
</tr>
<tr>
<td></td>
<td>7/13/2013</td>
<td>10 /N</td>
</tr>
<tr>
<td></td>
<td>9/18/2011</td>
<td>12 /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? 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 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 continues with various standards and their compliance notes.
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:  
- Tolleding;  
- Diapering;  
- Before food preparation and eating;  
- After playing outdoors; and  
- At other times when necessary to prevent the spread of disease.

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</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></td>
<td></td>
</tr>
<tr>
<td>- Physical injury</td>
<td>Y</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 subject to any form of neglect, including:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - 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  
- Non-perishable food  
- Portable First Aid Kit  
- Diapers  
- Portable First Aid Kit  
- Change of clothes  
- Thermometer  
- 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 N/A  
- Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? YES

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

Location of Emergency Ready-to-Go Pack: KEPT IN A LOCKED CLOSET NEAR THE FRONT DOOR

Item Specification (if needed):
- LARGE BACKPACK
- 3 LARGE BOTTLES
- CANNED SOUP AND APPLE SAUCE
- 4 DIAPERS
- LARGE BLANKET
- STUFFED ANIMAL AND COCOMELON TOY PHONE
- SIPPY CUP

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: Michelle Last Name: Bowens

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 do a headcount to verify that they are all there. She would grab the ERTGB (2 doors 1 window). The Provider will seal the bedroom windows and doors from the air outside and contact the parents to inform them of the emergency. The Provider would ensure to keep the children calm and away from all windows.

Evacuation Procedures:
The Provider will gather the children and do a headcount to verify that they are all there. She would grab the ERTGB and ensure that the children hold hands walking to the car. The youngest child would be in a rear facing car seat with the oldest children and the Provider being secured in the seat belts. Prior to relocation the Provider will contact the Parents to keep them informed. The Provider will drive to the Provider and children will (2 doors 1 window). The Provider will seal from the air outside and contact the parents during and after the emergency to keep them updated. The Provider would ensure to keep the children calm and away from all windows.

The Provider will gather the children and do a headcount to verify that they are all there. She would grab the ERTGB and ensure that the children hold hands walking to the car. The youngest child would be in a rear facing car seat with the oldest children and the Provider being secured in the seat belts. Prior to relocation the Provider will contact the Parents to keep them informed. The Provider will (1 door 1 window). The Provider will seal the bedroom windows and doors from the air outside and contact the parents during and after the emergency to keep them updated. The Provider would ensure to keep the children calm and away from all windows.

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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<tbody>
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<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

MSDE GCC Informal Care Inspection Checklist 2020-03-26 Page 3 of 4
**Maryland State Department of Education/Office of Child Care**  
**Child Care Scholarship Program**  
**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 3/19/2024  
**Follow Up Inspection Date:** 3/20/2024  
**Time In:** 1:30pm  
**Time Out:** 3:00pm  
**Result:** Follow Up Scheduled  
**Final Result:** Passed

### Informal Care

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

### Provider Information

**First Name:** Duprena  
**Last Name:** Boyd  
**Provider ID #:**  
**Provider ID:** 540230  
**Email:** 

### Care Location Inspected

**Street Address:** 
**Address Verified:** Yes  
**City:** 
**County:** 
**State:** 
**Zip Code:** 

### 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</th>
<th>(Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5/19/2023</td>
<td>10 mos./ Y</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.  
**Y** - Yes, **N** - No, **D** - Discussed, **n/a** - Not Applicable  
**Additional pages may be used for comments.**

#### Health and Safety Training:

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

**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/N</td>
<td>Corrective Action / Timeframe if needed</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

- 4 covers added

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

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

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

**A door and lock was added to the alcohol cabinet.**  
**Does not own.**

---

**GENERAL CLEANLINESS STANDARDS**

- 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. 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>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
</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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>Bottled water</td>
</tr>
<tr>
<td>Batteries</td>
<td>Non-perishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td>Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td>Consider special toys or games</td>
<td>Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</td>
</tr>
</tbody>
</table>

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:

Item Specification (if needed):
- Large tote
- 3 Single use rescue blankets.
- 2 bottled water
- Cereal, Tuna, Canned Sardines
- One pack of diapers
- Plastic sheeting, large black scissors and packing tape.
- 2 spare batteries

To be observed for compliance on 3/20/2024: Observed
- Operational Smoke Detector
- Outlet Covers on top floor and 1st level and basement.
- Cleaning products moved or locked away in the kitchen
- Cleaning products in the basement
- Alcohol on the shelf in the dining area
- Medication in drawer in Providers room
- Emergency Care and Medication Authorization form

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: Duprena
Last Name: Boyd

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

Shelter In Place Procedures:
The Provider will gather the child and head to the [redacted] (1 door 0 windows). The Provider will contact the Parent when secured.

Evacuation Procedures:
The Provider will take the tote to the car and then secure the child in the car seat within the vehicle. The Provider would drive to the [redacted] (1 door 1 door). The Provider will contact the parent on the way to the evacuation location.

The Provider will take the tote to the car and then secure the child in the car seat within the vehicle. The Provider would drive to the [redacted] and receive assistance on where to shelter upon arrival. The Provider will contact the parent on the way to the evacuation location.

CARE HOURS:
[redacted]

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Duprena Boyd</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 3/22/2024 Phone: [redacted]</td>
<td>Date: 3/20/2024 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Informal Care

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

**Provider Information**
- **First Name:** Chrystal
- **Last Name:** Boykins
- **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)**

<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>5/18/2022</td>
<td>2/</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>11/22/2019</td>
<td>4/</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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
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<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
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<td></td>
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<th>Home is free of health and safety hazards:</th>
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<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
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<td>Has first aid kit/supplies</td>
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<table>
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<th>Harmful items are stored appropriately and away from children:</th>
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<td>Cleaning agents</td>
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<td>Poisonous substances</td>
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**GENERAL CLEANCEINESS STANDARDS**

<table>
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<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Standard Met Y/N</th>
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<tbody>
<tr>
<td></td>
<td>Y</td>
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</table>
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

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<tr>
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<td></td>
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<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>
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<td>- Requiring a child to stand on one foot as punishment</td>
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<tr>
<td>- Tying child to a cot or other equipment</td>
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</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

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
- Blanket(s)

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

**Location of Emergency Ready-to-Go Pack:** In the living room

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

**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 Chrystal</th>
<th>Last Name Boykins</th>
</tr>
</thead>
</table>

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

**Shelter In Place Procedures:**

The Provider will contact the parent and 911 to inform them of the emergency. She will then count the children before picking up the youngest, grabbing the oldest child and carrying the emergency bag [mask] (1 door 3 windows). The Provider would shut, lock and seal the windows and doors. The Provider would follow up with the Parent once secured and after the emergency is over.

**Evacuation Procedures:**

The Provider would pick up the youngest child and the emergency back and hold the hand of the oldest child while walking to the vehicle. The Provider would secure the youngest child in their rear facing car seat while the oldest would be in her car seat. The Provider would drive to [mask] (1 door 2 windows). Once in the home they would update the parent after they are secured and after the emergency is over.

The Provider would pick up the youngest child and the emergency back and hold the hand of the oldest child while walking to the vehicle. The Provider would secure the youngest child in their rear facing car seat while the oldest would be in her booster seat. The Provider would drive to [mask] (1 door 3 windows). Once in the home they would update the parent after they are secured and 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>
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</thead>
<tbody>
<tr>
<td>Printed Name: Chrystal Boykins</td>
<td>Printed Name: [mask]</td>
</tr>
<tr>
<td>Signature: [mask]</td>
<td>Signature: [mask]</td>
</tr>
<tr>
<td>Date: 6/23/2024 Phone: [redacted]</td>
<td>Date: 6/25/2024 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

**First Name:** Chrystal  
**Last Name:** Boykins  
**Provider ID #:** 510722  
**Email:**

**Care Location Inspected**

**Street Address:**

**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>(05/18/2022)</td>
<td>10mos.</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</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Relative Informal Care – Certificate Submitted</td>
</tr>
</tbody>
</table>

**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>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>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>First aid kit stored in upstairs in providers bedroom</td>
</tr>
<tr>
<td>Y</td>
<td>All outlets were occupied or covered</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in storage bag in high kitchen cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Stored on high shelf in kitchen pantry</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>All cleaning agents stored under kitchen with lock</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All areas of the home are kept clean, including diapering area. | Y | Diapering area in playroom room and provider's room.  
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Diapers are thrown every daily in garbage trash bin.  
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y |  
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. | 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  
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 the items are clean, organized, and usable. Comment and note below if needed.  
- Flashlight  
- Batteries for Flashlight  
- Portable First Aid Kit  
- Thermometer  
- Medications (N/A)  
- 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: Stored in living room closet near exit

Item Specification (if needed):
- 1 duffle bag (carrying case), 5 canned foods, 2 bottled waters, 3 flashlights, 1 flashlight, 1 pk of AA batteries, 1 first aid kit, no spec. med., 3 diapers/1 pk of wipes, 1 large blanket, folder w/ EPP and ECMA, 1 toy, 1 roll of duct tape, 3 heavy duty trash bags, 1 outfit (top/bottom) and 1 pair of scissors

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

Emergency Documents
- xx/xx/xxxx

Planning and Maintenance

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

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 and grab the emergency bag, provider will ensure all doors and windows are locked in the home. The provider and child will head to [redacted] (1 door 3 windows), where the provider will use sealing plastic and tape to secure all areas if needed. Once secured, the provider will call the parent and 911 if needed.

Primary: The provider will account for the child and ERTG and carry them to her vehicle. She will ensure the child is secured in her rear-facing car seat. Then drive to [redacted]. The provider has key access into the home, upon entry they would enter into the master bedroom (1 door 2 windows). The provider would call the parent before, during and after the emergency.

Alternate: If they could not access the primary location, the provider will gather the child and ERTG and carry them into her vehicle. She would secure the child in her rear-facing car seat. They would head to [redacted] and would enter with provider’s key access. Upon entry the provider and child would shelter in the living room (1 door 3 windows). The provider will call the parent 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:</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 04/04/2023</td>
<td>Date: 04/04/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
## Informal Care Checklist

**Type of Care:**
- Non-relative Informal Provider Care
- Relative Informal Provider Care

**Provider Information**
- **First Name:** Charlene
- **Last Name:** Briscoe
- **Provider ID:** 4630001
- **Email:** 

**Care Location Inspected**
- **Address:** 
- **City:** 
- **County:** 
- **State:** 
- **Zip Code:** 

**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>06/24/2016</td>
<td>6yr</td>
<td>No, at school</td>
</tr>
<tr>
<td></td>
<td></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.

**Y** = Yes, **N** = No, **D** = Discussed, **NA** = Not Applicable

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

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

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Free of insect or rodent infestation</td>
<td>Y</td>
<td>No sign of insects or rodents</td>
</tr>
<tr>
<td>Well lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Hot and cold running water</td>
<td>Y</td>
<td>Steam observed</td>
</tr>
<tr>
<td>A working inside toilet</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Gas stove operational</td>
</tr>
<tr>
<td>A working and safe heating system</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>A working refrigerator and stove</td>
<td>Y</td>
<td>Observed light coming on when opened</td>
</tr>
<tr>
<td>A working telephone</td>
<td>Y</td>
<td>Called provider on cell phone</td>
</tr>
<tr>
<td>A working telephone</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Operational smoke detector(s)</td>
<td>Y</td>
<td>Hand-Aids,氨酸</td>
</tr>
<tr>
<td>First aid kit/supplies</td>
<td>Y</td>
<td>In use or behind furniture</td>
</tr>
<tr>
<td>Protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Back of counter top</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>None in the house</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None in the house</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>None in the house</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**MSDE OCC Informal Care Inspection Checklist**

Page 1 of 3

**Date:** 05/04/2022

**Results:** Passed if returned by 5PM on 05/04/2022
<table>
<thead>
<tr>
<th>Potentially hazardous substances</th>
<th>Other than medications and cleaning solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td><strong>Standard Met / Y/N</strong></td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</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>Child is changed immediately when a soiled or wet diaper, clothing or bedding is noted.</td>
<td>Y</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands are washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
</tr>
<tr>
<td>Tethering</td>
<td></td>
</tr>
<tr>
<td>Diapering</td>
<td></td>
</tr>
<tr>
<td>Before food preparation and eating</td>
<td></td>
</tr>
<tr>
<td>After playing outdoors, and</td>
<td></td>
</tr>
<tr>
<td>At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></th>
<th><strong>Standard Met / Y/N</strong></th>
<th><strong>Comments/Notes</strong></th>
<th><strong>Corrective Action / Timeframe if needed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to any form of neglect, including:</td>
<td>Y</td>
<td></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 the child's health or welfare is harmed or placed at substantial risk of harm;</td>
<td></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>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to mistreatment, including:</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not attending to a child's physical needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing a child's mouth with soap</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tying child to a cot or other equipment</td>
<td></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>
<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 Dispersive Supply Kit (including needed medications) and Emergency Documents.

**Disaster Supply Kit**

**Instructions:** 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
- [ ] 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

MSDC OCC Informed Care Inspection Checklist

Page 2 of 3

Revised 10/2021
<table>
<thead>
<tr>
<th>Emergency Documents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Informal Provider Emergency Preparedness Plan (this completed form)</td>
<td></td>
</tr>
<tr>
<td>2) Authorization for emergency medical care</td>
<td></td>
</tr>
</tbody>
</table>

**Planning and Maintenance**

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

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

**Shelter In Place Procedure:**

- Grab the emergency bag that is on top of the stairs, get [Redacted] to the basement bathroom that has no windows and one door. Provider will call the parent once they are secured in the shelter.

**Evacuation Procedures:**

- and the emergency bag and other walk or drive if driving provider will get [Redacted] booster seat and secure her in the vehicle before driving to the emergency location. Provider will call parent once secure at the location. If they could not drive to the school the Alternate location is Wayland Village Senior Center which is a 5 minute drive. The provider will get Ashlyn secured her booster seat before driving to the emergency location. Provider will notify parent once secure at the location.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Charlene Briscoe</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 5/4/22</td>
<td>Date: 05/04/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care Inspection Checklist**

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

**INFORMAL CARE INSPECTION CHECKLIST**

- **Inspection Date:** 07/06/2023
- **Time In:** 2:30PM
- **Time Out:** 3:38PM
- **Result:** PASSED

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

**Provider Information**
- **First Name:** Jacqueline
- **Last Name:** Brooking
- **Provider ID:** 518292
- **Address:** [Redacted]
- **City:** [Redacted]
- **County:** [Redacted]
- **State:** [Redacted]
- **Zip Code:** [Redacted]

**Name of Children in Care**

<table>
<thead>
<tr>
<th>Name of Children in Care (add pages if needed)</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(09/09/2014)</td>
<td>8yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(09/13/2017)</td>
<td>5yr. / Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(09/15/2018)</td>
<td>4yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(09/22/2019)</td>
<td>3yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(08/31/2020)</td>
<td>2yr. / N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

**Health and Safety Training:**

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

**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 kits/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

---

MSDE-OCC Informal Care Inspection Checklist

Page 1 of 3  Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cleaning products stored on two high shelves in laundry room</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapering area organized in play pen carrier</td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

<table>
<thead>
<tr>
<th>A child in care is not subjected 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;</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A child in care is not subjected to mistreatment, including:</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hitting, Shaking</td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
</tr>
<tr>
<td>Not attending to a child's physical needs</td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
</tr>
<tr>
<td>Washing a child's mouth with soap</td>
<td></td>
</tr>
<tr>
<td>Putting pepper or other spicy or distasteful items in a child's mouth</td>
<td></td>
</tr>
<tr>
<td>Requiring a child to stand on one foot as punishment</td>
<td></td>
</tr>
<tr>
<td>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.

**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
- Bottled water
- Non-perishable food
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

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

Item Specification (if needed):
- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds (gen. cough medicine inc.), 6 bottled waters, 6 canned foods, 6 diapers and 1 pk of wipes, 5 outfits (top/bottom), 2 blankets, 4 toys, 1 pair of scissors, 1 roll of duct tape, 1 pk of sealing plastic, Folder w/ EPP and ECMA per child

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

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
- First Name: Jacqueline
- Last Name: Brooking

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

Shelter In Place Procedure:
The provider will gather the children and ERTG and go into the [Redacted]. The provider will use the sealing sheeting and tape to seal the door, window and vents if needed. The provider will call and text the parent before, during and after the emergency.

Evacuation Procedures
Primary: The provider will account for the children, grab the ERTG bag with the carry-on wagon, the provider will use the hand-holding wheels to secure all children together. They will walk down the steps to the provider’s vehicle, the provider secure each child in their appropriate seating (oldest in car seat belt, 2nd oldest in booster seat, middle child in forward-facing car seat/booster seat, and 2 youngest children in rear-facing car seats). They will drive to the [Redacted] upon arrival the provider has key access for entry. The provider and children will go into the bathroom (1 door 0 windows) for shelter. Once secured the provider will call and text the parent throughout the emergency.

Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and then use the hand-holding wheels to secure all children together. They will walk down the steps to the provider’s vehicle, the provider secure each child in their appropriate seating (oldest in car seat belt, 2nd oldest in booster seat, middle child in forward-facing car seat/booster seat, and 2 youngest children in rear-facing car seats). They will drive to the [Redacted] upon arrival the provider has key access for entry. The provider and children will go into the basement (1 door 0 windows) for shelter. Once secured the provider will call and text the parent throughout the emergency.

Care Hours:
- M-F
- 7:00am-5:00pm

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.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 07/06/2023</td>
<td>Date: 07/06/2023</td>
</tr>
<tr>
<td>Phone: 1-877-227-0125</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3

Revised 10.2021
**INFORMAL CARE INSPECTION CHECKLIST**

**Examiner:**

**Date:** 4/17/2024

**Time In:** 1:52 pm  
**Time Out:** 3:10 pm  
**Result:** Passed

**Type of Care:**
- [ ] Non-relative Informal Provider Care
- [x] Relative Informal Provider Care

**Provider Information**
- **First Name:** [Redacted]  
- **Last Name:** Brookins  
- **Provider ID:** 485685
- **Email:** [Redacted]

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

**Name of Children in Care**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/24/2018</td>
<td>5</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>11/10/2020</td>
<td>3</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>1/18/2023</td>
<td>1</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>2/4/2022</td>
<td>2</td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>

**Safety of the Home**

**Basic Health and Safety Training Completed?**

- [y] Yes

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

- [y] 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/services
- [y] Has protective coverings on any electrical outlet that is accessible to children

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

- [y] 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

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
</table>

[Link to full checklist page 1 of 3]
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>
| Diapering 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 |

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</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. | 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.

<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</td>
<td>Non-perishable food</td>
<td>Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers</td>
<td>Consider special toys or games</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
<td>Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist 2020-03-26 Page 2 of 3
Location of Emergency Ready to go Pack: KEPT IN CLOSET ON THE FIRST FLOOR

Item Specification (if needed):
- LARGE DUFFLE BAG
- SCISSORS, DUCT TAPE AND SEALING PLASTIC
- 1 EXTRA LARGE FLEECE BLANKET
- CHEF BOYARDEE
- WATERS
- DIAPERS AND WIPES
- TOY CONTROLLER AND OTHER TOYS.
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: Amperita
Last Name: Brookin

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 older two children, carry the younger two children and the ERTG bag. She will [blackened] (1 door(s) 0 window(s)). The provider will contact the parent after they are secured.

Evacuation Procedures:
The Provider will gather the older children, carry the youngest child and hold the second youngest child's hand and carry the emergency bag to the car. The Provider will secure the children(ren) in their rear facing, forward facing and car seat belts and contact the parent before relocating to [blackened] (1 door(s) 3 window(s)). The Provider will contact the parent via text and call after they are secured.

The Provider will gather the older children, carry the youngest child and hold the second youngest child's hand and carry the emergency bag to the car. The Provider will secure the children(ren) in their rear facing, forward facing and car seat belts and contact the parent before relocating to [blackened] where she will shelter in [blackened] (1 door(s) 2 window(s)). If this location is unavailable the Provider will [blackened] (1 door(s) 1 window(s)). The Provider will contact the parent via text and call after they are secured.

CARE HOURS:
[blackened]

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: Amperita M. Brookin</td>
<td>Printed Name: [blackened]</td>
</tr>
<tr>
<td>Signature: [blackened]</td>
<td>Signature: [blackened]</td>
</tr>
<tr>
<td>Date: 4-17-24</td>
<td>Date: 4/17/2024</td>
</tr>
<tr>
<td>Phone: [blackened]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Amperita  
- **Last Name:** Brookins  
- **Provider ID #:** [Redacted]  
- **Provider ID:** 485686

**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>(08/23/2010)</td>
<td>12yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(02/04/2022)</td>
<td>1yr. / Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12/24/2018)</td>
<td>4yr. / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11/10/2010)</td>
<td>2yr. / 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.  

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

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?** Y  
  - **Comments/Notes:** Relative Informal Care – Certificate Submitted

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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Thermostat tested by provider for cooking &amp; heating</td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Outbound call made to provider's phone</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>First aid kit stored in basket in living room</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>All outlets covered or occupied</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Stored in high cabinet in bathroom</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Stored in garage will move high</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>All stored in locked cabinets or closets</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Outside in the shed</td>
</tr>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Diaper supplies stored in basket in living room</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Thrown away daily as needed</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. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td>Diaper supplies stored in basket in living room</td>
</tr>
<tr>
<td>- Toiletting;</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>
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<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
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<tr>
<td>- At other times when necessary to prevent the spread of disease</td>
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<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
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</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
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</tr>
<tr>
<td>- Physical injury</td>
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<td>- Any sexual abuse</td>
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<tr>
<td>- Mental injury</td>
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<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>
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<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>
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<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
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<td>- Spanking, biting, hitting, Shaking</td>
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<tr>
<td>- Any other means of physical discipline</td>
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</tr>
<tr>
<td>- Not attending to a child's physical needs</td>
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<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
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<td>- Washing a child's mouth with soap</td>
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<tr>
<td>- Putting pepper or other spicy or distasteful items in a child's mouth</td>
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<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
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<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:

- Flashlight
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Portable First Aid Kit
- Diapers
- Thermometer
- Change of clothes
- Medications
- Blanket(s)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
- Consider special toys or games
Items in the Disaster Supply Kit are clean, organized, and usable (YN)? Y

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

Location of The Emergency Ready to go Pack: Closet near exit door

Item Specification (if needed):
- 1 large blanket, 1 first aid kit, sippy cup for baby, 1 roll of duct tape, 1 thermometer, 1 flashlight, 1 pk of AAA batteries, 3 diapers/1 pk of wipes, 4 canned foods, 1 baby meal, 7 bottled waters, no spec, meds, 1 roll of trash bags, 4 outfits (top/bottom), 1 pair of scissors, folder w/ EPP and ECMA for ea. Child, 3 toys, and 1 book

Items to be reviewed on xx/xx/xxxx:

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: Ampereita
Last Name: Brookins

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

Shelter In Place Procedure:
The provider will gather the children and grab the ERTG and head to [specific location] (1 door 0 windows) and seal the door with the sealing plastic and tape if needed. The provider will contact each parent by call, text or email after everyone is secured in the location.

Evacuation Location(s) Procedures:
Primary: The provider will account for the children and ERTG and head to her vehicle with the children. She would secure the baby in the rear-facing car seat, two toddler children in their front-facing car seat, and the oldest child in their car seat belt. The provider will call the parents while they are in the car to the evacuation location. [specific location] The provider has key access, upon entry the provider and children will shelter in the living room (1 door 2 windows). Once they are secured the provider will contact the parents by call, text or email.

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and go the providers vehicle. The provider will secure the baby in the rear-facing car seat, two toddler children in their front-facing car seat, and the oldest child in their car seat belt. She will call the parents once they are all secured in the vehicle. They will head to [specific location] the provider will call [specific number] for home access. Upon entry the children and provider will shelter in the living room (1 door 1 window). The provider call or text each parent until the emergency has ended.

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: Ampereita M. Brookins</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 4-17-23</td>
<td>Date: 04/17/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name:  [Redacted]  Last Name:  Brokkins  Provider ID #:  485685  

**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>(08/23/2010)</td>
<td>11yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(02/04/2022)</td>
<td>2 mos.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(12/24/2018)</td>
<td>3yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(11/19/2020)</td>
<td>1yr.</td>
<td>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.  

**Health and Safety Training:**

Basic Health and Safety Training Completed?  Y  Relative Informal Care

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

- Is in good repair  Y  Standard Met  Y/N  Comments/Notes: Home was very clean and organized
- Is free of insect or rodent infestation  Y
- Is well-lit and well-ventilated  Y
- Has hot and cold running water  Y  Standard Met  Y/N  Comments/Notes: Steam observed and shower test by provider
- Has a working inside toilet  Y  Standard Met  Y/N  Comments/Notes: Observed provider flush toilet
- Has utilities for cooking, lighting and heating  Y
- Has a working and safe heating system  Y  Standard Met  Y/N  Comments/Notes: Observed and tested by provider
- Has a working refrigerator and store  Y
- Has a working telephone  Y
- Has operational smoke detector(s)  Y  Standard Met  Y/N  Comments/Notes: Tested both smoke detectors on both levels
- Has first aid kits/supplies  Y  Standard Met  Y/N  Comments/Notes: Stored in storage bin on the lower level
- Has protective coverings on any electrical outlet that is accessible to children  Y  Standard Met  Y/N  Comments/Notes: All outlets were covered or occupied

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

- Sharp or pointed items  Y
- Medications of any kind  Y  Standard Met  Y/N  Comments/Notes: Stored in high level cabinet in the bathroom
- Matches, lighters, and flammable products  Y  Standard Met  Y/N  Comments/Notes: Lighters in kitchen cabinet with locks
- Alcoholic beverages  Y  Standard Met  Y/N  Comments/Notes: Does not have any at this time, if they did the beer would be stored in the fridge
- Guns  Y  Standard Met  Y/N  Comments/Notes: Does not own
- Cleaning agents  Y  Standard Met  Y/N  Comments/Notes: Stored under kitchen and bathroom sink with locks
- Poisonous substances  Y  Standard Met  Y/N  Comments/Notes: Stored in the shed and not in the home

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met  Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack will be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit and Emergency Documents.

Disaster Supply Kit

Instructions: 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 stable. Continue and note below if needed.

- Fire extinguisher
- First aid kit
- Batteries for flashlight
- Non-porous food
- Disinfectant wipes
- Change of clothes
- Blankets
- Duct tape
- Heavy duty scissors
- Rubber gloves
- Filled water
- Folder or binder for BPP Documents
- Backpack(s) or carrying case(s)
- Container special toys, games

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, halfway closer near exit.

Emergency Documents

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

Planning and Maintenance

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

First Name
Last Name
Item Specification (if needed):
1 first aid kit, 5 bottled water, 3 canned foods, 1 baby formula w/bottle, diapers w/wipes for 2mos & 1yr old, 1 thermometer, no medications for any of the children, 1 flashlight, 3 extra AA batteries, 1 outfit per child (4 total), 1 pair of heavy-duty scissors, duct tape and sealing plastic (trash bags), 3 toys and 1 book, binder w/EPP & ECMA forms for all children.

Shelter-in-Place Procedure:
Provider will go into the [redacted] after gathering the children and the grabbagging emergency bag, (1 door 0 windows). Once they are sheltered in place, she would contact the parents by cellphone via call and text.

Evacuation Location Procedures:
Primary: Provider will grab the emergency to-go bag and the children, once in the vehicle she will secure three small children in their car seats and the 1yr in her seatbelt. [redacted] provider will use spare key to access, they will go into the living room (1 door 2 windows), after secured in location she will contact the parent by call or text.

Alternate: Providers will grab the emergency bag and all children, secure in car seats and seat belts, will proceed to the second location the other [redacted]. Upon arrival they will shelter in the living room (2 windows 1 door). Will contact the parent via call or text once they are settled into the location.

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

Provider
Amperita Brookins

Inspector

Printed Name
Amperita Brookins

Phone: 1-877-227-0125

Date: 05/11/2022

9-11-22
**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name: Linda</th>
<th>Last Name: Brown</th>
<th>Provider ID: 309853</th>
</tr>
</thead>
</table>

**Care Location Inspected**

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
<th>County:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

**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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(09/23/2011)</td>
<td>1yr</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(12/25/2022)</td>
<td>9mos</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.

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

**Health and Safety Training:**

**Basic Health and Safety Training Completed?**

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

**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>
</tr>
</thead>
<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
<table>
<thead>
<tr>
<th>Feature</th>
<th>Met?</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cleaning products stored on high shelves in bathroom, laundry and locked cabinet in kitchen</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Stored outside in the locked shed</td>
</tr>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Diapering area in living room</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Yes, thrown away outside daily</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>Yes changing area had a diaper bag, with all materials</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></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>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<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, Bitting, 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>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.

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Bottled water
- Non-perishable food
- Diapers
- 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 useable (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 living room behind the sofa

Item Specification (if needed):

1. Carrying case (tote bag), 1 flashlight, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 3 bottled waters, 2 cans of baby food, 3 diapers, 1 pk of wipes, 1 pk of wet wipes, 2 outfits (top/bottoms/socks), 1 pair of scissors, 1 roll of duct tape, 1 blanket, 1 roll of heavy duty trash bags, 1 pk of UNO playing cards

Items to be reviewed on 09/13/2023: Corrected and Reviewed on 09/13/2023

ERTG: ECMA does per child

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: Linda
Last Name: Brown

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 text or call the parent to inform her of the emergency. The provider will grab both children and the ERTG bag and head to the bathroom (1 door 1 window). The provider will use the sealing plastic and tape to secure the door, window, and vents if the need should arise.

Evacuation Procedures

Primary: The provider will text the parent to inform her of the emergency. The provider will account for the children and grab the ERTG, and head to the provider’s vehicle. The provider will secure the oldest child in her seat belt and the younger child in her rear-facing car seat and drive to [ ].

The provider will text the provider will go in [ ] upon entry the provider will go in [ ] (0 door 1 window) for shelter. The provider will immediately text the parent before and after with emergency updates.

Alternate: If they could not access the primary location, the provider will text the parent to inform her of the emergency. The provider will account for the children and grab the ERTG, and head to the provider’s vehicle. The provider will secure the oldest child in her seat belt and the younger child in her rear-facing car seat and drive to [ ].

The provider will text the provider will go in [ ] upon entry the provider will go in [ ] (1 door 1 window) for shelter. The provider will immediately text the parent before and after 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: Linda Brown</td>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
<td>Signature: [REDACTED]</td>
</tr>
<tr>
<td>Date: 09/13/2023</td>
<td>Date: 09/13/2023</td>
</tr>
<tr>
<td>Phone: [REDACTED]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Linda
- **Last Name:** Brown
- **Provider ID #:** [redacted]
- **Email:** [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>09/23/2011</td>
<td>11</td>
<td>No – At school</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:**

- **Standard Met Y/N:**
  - **Comments/Notes Corrective Action /Timeframe if needed:**

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

  - **Home is free of health and safety hazards:**
    - Is in good repair
    - Y
    - No sign of infestation
    - Y
    - Steam observed
    - Y
    - Flush observed
    - Y
    - Thermostat dialed up
    - Y
    - Alarm sounded
    - Y
    - Band aids, alcohol pads, gauze, tape
    - Y
    - Other than medications and cleaning solutions
    - Y

  - **Has protective coverings on any electrical outlet that is accessible to children**
    - Y

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

- **Standard Met Y/N:**
  - **Comments/Notes Corrective Action /Timeframe if needed:**

  - **Sharp or pointed items**
    - Y
    - Moved to high cabinet

  - **Medications of any kind**
    - Y
    - None

  - **Matches, lighters and flammable products**
    - Y
    - Locked or moved

  - **Alcoholic beverages**
    - Y
    - Other than medications and cleaning solutions

  - **Guns**
    - Y
    - None

  - **Cleaning agents**
    - Y

  - **Poisonous substances**
    - Y
GENERAL CLEANLINESS STANDARDS

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

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.

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

Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.

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

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.

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

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

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

Item Specification (if needed):
1 shirts, 1 pants, 1 underwear
2 extra DD batteries,
Band aids, ointment, gauze, tape, alcohol wipes, gloves,
3 16oz water bottles, 1 can tomato, cream chicken, corn and fruit cocktail

Items to review on 10/06/2022 if needed: Observed 10/06/2022

Locks under sink
Cleaning supplies in laundry room moved off floor to high shelf

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 parents, the ERTB and head to the bathroom in the basement which has one door and one window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent again once they are secure.

Evacuation Procedures:
The provider will grab the ERTG bag and proceed to the her vehicle where she will secure seatbelt before driving to the primary evacuation location. Once at the location, the provider will gain entry using a code and head to the bathroom that has no 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 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. The provider will grab the ERTG bag and proceed to the her vehicle where she will secure seatbelt before driving to the alternate evacuation location. The provider will gain entry using a spare key. They will shelter in the bathroom in the basement that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call parents again 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>Name: [Redacted]</td>
<td>Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 10-6-22</td>
<td>Date: 10-6-22</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Shelemiah  
- **Last Name:** Brown  
- **Provider ID #:**  
- **Email:**

**Care Location Inspected**

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

**Address Verified?** Yes

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/27/2018</td>
<td>3 / 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:

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

### Basic Health and Safety Training Completed?

- Y

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

- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>No sign of infestation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>Steam observed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>Electric stove lit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>Thermostat turned down</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>Provider's cell called</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>Hydrogen peroxide, Tylenol, alcohol wipes, band aids, ointment</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**  
- **Y**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>Up on top of cabinet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Revised 10/2021**
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</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>
</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                |                |

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</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. | 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Flashlight</td>
<td>☐ Bottled water</td>
</tr>
<tr>
<td>☐ Batteries for Flashlight</td>
<td>☐ Non-perishable food</td>
</tr>
<tr>
<td>☐ Portable First Aid Kit</td>
<td>☐ Diapers N/A</td>
</tr>
<tr>
<td>☐ Thermometer</td>
<td>☐ Change of clothes</td>
</tr>
<tr>
<td>☐ Folder or binder for EPP documents</td>
<td>☐ Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td></td>
<td>☐ Consider special toys or games</td>
</tr>
<tr>
<td></td>
<td>☐ Heavy Duty Scissors, duct tape/packing tape &amp; sealing plastic/trash bags</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td>Location of The Emergency Ready to go Pack:</td>
<td>Hallway Closet</td>
</tr>
<tr>
<td>Item Specification (if needed):</td>
<td>Onesie, Skirt, Shirt, Socks</td>
</tr>
<tr>
<td>2 extra AA batteries, Spring time friends Book, magic ink picture book</td>
<td></td>
</tr>
<tr>
<td>Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, gloves,</td>
<td></td>
</tr>
<tr>
<td>1 16oz water bottles, 2 cans of corn, green beans, pink salmon</td>
<td></td>
</tr>
<tr>
<td>Items to review on xx/xx/yyyy if needed:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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: Backpack carried.

Shelter In Place Procedure:
The provider will grab Giselle, the ERTB and head to the bathroom where there is one door and no windows. If the need arises, 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 [redacted] and the ERTG [redacted]. The [redacted] has no windows and one door. The provider will call the parent on the way to the evacuation location and once 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] from the care location. The provider will call parent to let her know they are evacuating. The [redacted] has two sliding doors and no windows. The provider will call the parent once 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 visits which will be conducted virtually or in-person.

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<th>PROVIDER</th>
<th>INSPECTOR</th>
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</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 01/14/22</td>
<td>Date: 09/14/2022</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
**Informal Care**

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

**Provider Information**

First Name: Shanisa  Last Name: Brown  Provider ID #: 520456

**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>(10/19/2022)</td>
<td>10mos.</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:**

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

**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

**Non-relative Informal Care – Certificate Submitted**

- All areas were clean
- No evidence of infestation
- All lights were turned on and natural window lighting
- Tested by provider and observed the ice melt in the clear glass
- Flushed by provider and observed
- Thermostat tested by provider for cooling & heating
- Tested by provider and observed
- Outbound call made by informal team to provider’s phone
- Alcohol and Band-Aids, Gauze and Gloves in hallway closet
- All outlets were covered or occupied

- Stored in knife holder on back of counter
- Stored in high cabinet in kitchen
- Stored on top of the fridge
- Does not own
- Moved to high shelf in hallway closet
- Does not own

---

MSDE OCC Informal Care Inspection Checklist Page 1 of 3 Revised 10/2021
## GENERAL CLEANLINESSSTANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Trash thrown away daily via kitchen trash can</td>
</tr>
<tr>
<td>Y</td>
<td>Diapers and wipes near changing area</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>

### 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 (NA)
- ✗ Bottled water
- ✗ Non-perishable food
- ✗ Diapers (NA)
- ✗ 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. Stored by front door exit

Item Specification (if needed):
- 1 backpack (carrying case), 2 flashlights, 1 pk of D batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled water, 2 canned foods, 4 dried foods, 1 jar of baby food, 7 diapers w/ 1pk of wipes, 1 outfit (top/bottom/undershirt), 1 large blanket, 1 puzzle, 2 books, 1 roll of duct tape, 1 pair of scissors, 2 large trash bags, and folder w/ EPP and ECMA docs
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

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 and grab the ERTG and go into the bedroom (1 door 1 window 1 vent). Once in the room the provider will lock the door and window and then use the sealing plastic and tape to seal the door, window and vent if the need should arise. The provider will call, text, or video message the parent with emergency updates.

Evacuation Procedures
Primary: The provider will account for the child, grab the ERTG and head to the provider’s vehicle. The provider will secure the child in their rear-facing car seat and drive to [REDACTED]. Before driving the provider will call [REDACTED] and the parent to declare the emergency. Upon arrival the provider will call the church again or go inside the building to receive instruction of where to shelter specifically. Once secured she will call, text or video message the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and head to the provider’s vehicle. The provider will secure the child in their rear-facing car seat and drive to the local church. Before driving the provider will call the church and the parent to declare the emergency. Upon arrival the provider will call the church again or go inside the building to receive instruction of where to shelter specifically. Once secured she will call, text or video message the parent with emergency updates. If walking the provider will secure the child in the child’s stroller alongside the ERTG and follow all the above emergency steps.

Care Hours:
M-F
7:30am-3:30pm

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shanisa Brown</td>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
<td>Signature: [REDACTED]</td>
</tr>
<tr>
<td>Date: 10/03/2023 Phone: [REDACTED]</td>
<td>Date: 09/01/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
## Informal Care

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

### Provider Information
- **First Name:** Wanda
- **Last Name:** Brown
- **Provider ID:** 518806
- **Email:**
- **Address:**
- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Care Location Inspected:** Yes
- **Address Verified:**

### Name of Children in Care (add pages if needed)
- **Scholarship:**
- **Date of Birth:** (09/19/2020)
- **Age:** 2yr.
- **Present (Y/N):** Y

## Safety of the Home

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

### 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:**
- **Standard Met Y/N:** Y
- **Comments/Notes:**
- **Corrective Action/Timeframe if needed:**

### General Cleanliness Standards
- **Standard Met Y/N:**
- **Comments/Notes:**
- **Corrective Action/Timeframe if needed:**

---

**MSDE OCC Informal Care Inspection Checklist**  
**Page 1 of 3**  
**Revised 10/2021**
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y</th>
<th>Changing station in provider's bathroom or common bathroom/child is partly potty-trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Diapers taken out daily via mini trash bin</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>All diapering supplies available near changing area</td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Toiletting;</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>Y</td>
<td></td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

**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
- 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: Stored in foyer near exit door

Item Specification (if needed):
- 1 backpack (carrying case), 2 bubbles and a few toys, folder w/ EPP and ECMA, 1 pk of diapers and wipes and ointment, 5 pkgs of dried foods, 1 blanket, 1 outfit (top/bottom), 3 bottled waters, 1 roll of sealing plastic, 2 rolls of duct tape, 1 thermometer, 1 flashlight, 1 pk of extra batteries, 1 pair of scissors, and 1 first aid kit
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

Last Name
Brown

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 and ERTG and go into the hallway bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. The provider will call, text or email the parent to give emergency updates.

Evacuation Procedures

Primary: The provider will account for the child and grab the ERTG and drive to [redacted]. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from [redacted] staff of where to shelter. The provider will call, text or email the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will gather the child and ERTG and drive to [redacted] school. The provider will secure the child in her forward-facing car seat. Upon arrival the provider will receive instruction from [redacted] of where to shelter. The provider will call, text or email the parent with emergency updates.

Care Hours:
[redacted]

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: WANDA BROWN</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 01/08/2023</td>
<td>Date: 07/14/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Stephanie  
- **Last Name:** Burton  
- **Provider ID #:**  
- **Provider ID:** 445915  
- **Email:** 

**Care Location Inspected**

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

**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</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/19/2014</td>
<td>8/23/2010</td>
<td>12</td>
<td>No, At School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/23/2010</td>
<td>12</td>
<td>No, At School</td>
<td></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. Y - Yes, N - No, D - Discussed, n/a - Not Applicable*

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
  - **Standard Met Y/N:** Y
  - **Comments/Notes:** Certificate Submitted

**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

*MSDE OCC Informal Care Inspection Checklist*  
*Page 1 of 3*  
*Revised 10/2021*
### GENERAL CLEANLINESS STANDARDS

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>Bottled water</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>Non-perishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
</tbody>
</table>
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:** At the bottom of stairs in the basement

**Item Specification (if needed):**
- 3 shirts, 1 tank top, 3 pants, 3 pairs socks, 7 Diapers and box wipes
- 12 extra AAA & batteries for 3 flash lights, tarps, 3 blankets
- Band aids, ointment, gauze, tape, alcohol wipes, ointment, gloves, pain relief, tweezers, whistle
- 6 16oz water bottles, 2 Gatorades, 5 Tuna kits, 16 oz bag of beef jerky, 3 slim jims snacks, Peanut butter cracker, ritz, fruit snacks,

**Items to review on xx/xx/xxxx if needed:** N/A

---

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

**Planning and Maintenance**

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

First Name: [Redacted] | Last Name: [Redacted]

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

**Shelter In Place Procedure:**
The provider will grab the children, grab the ERTB from basement, and shelter to the family room away from windows. The room has one patio glass door. 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 situated and secure.

**Evacuation Procedures:**
The provider will grab the emergency bag, have the children line up at the front door, then proceed to the provider’s vehicle where she will secure the baby in car seat and the older children their seatbelts, before driving to the primary evacuation location, which is [Redacted] Once at the location, they will shelter in the main meeting room which has five windows and two doors. The provider will call the parents before leaving the care location and immediately 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, have the children line up at the front door, then proceed to the provider’s vehicle where she will secure the baby in car seat and the older children their seatbelts, before driving to the location. The provider will call before [Redacted] They will shelter in the family room that has two 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 before leaving the care location and immediately 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: Stephanie Burton</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 11/02/2022</td>
<td>Phone: [Redacted]</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Date: 11/02/2022</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Provider ID</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie</td>
<td>Burton</td>
<td>445915</td>
<td></td>
</tr>
</tbody>
</table>

**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>Name of Child</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td>6/23/2010</td>
<td>11 years</td>
<td>Y</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td>2/19/2014</td>
<td>7 years</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7/18/2020</td>
<td>1 year</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:**

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

**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  
  
  **SHOWER TURNED ON. BATHROOM STEAMED.**  
  **Observed 4 burners turn red**  
- Has a working inside toilet: Y  
- Has utilities for cooking, lighting and heating: Y  
- Has a working and safe heating system: Y  
  
  **OBSERVED TEMP TURNED UP.**  
- Has a working refrigerator and stove: Y  
  **REFRIGERATOR LIGHTS TURNED ON.**  
- Has a working telephone: Y  
  **HEARD TELEPHONE RING.**  
- Has operational smoke detector(s): Y  
  **Test button pressed**  
- Has first aid kit/supplies: Y  
  **Scissors, gloves, bandages, tourniquet, gauze, Neosporin.**  
- Has protective coverings on any electrical outlet that is accessible to children: Y  
  **5 outlet covers.**

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

- Sharp or pointed items: Y  
  **Kept in a cabinet.**  
- Medications of any kind: Y  
  **Kept n a shelf in the bedroom closet.**  
- Matches, lighters and flammable products: Y  
  **1 lighter kept in a high drawer.**  
- Alcoholic beverages: Y  
  **Not kept in the home.**  
- Guns: Y  
  **Not kept in the home.**
- Cleaning agents | Y | Baby gate kept up. Children does not have access to the kitchen.
- Poisonous substances | Y | Not in the home.

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapers and changing pad kept on a shelf and the child is changed on a large ottoman.</td>
</tr>
<tr>
<td></td>
<td>Kept in a trash bin outdoors.</td>
</tr>
<tr>
<td></td>
<td>Hands are washed and provider wears gloves. Washes child's hands as well.</td>
</tr>
</tbody>
</table>

**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>A child is not subject to any form of abuse, including: Physical injury, Any sexual abuse, Mental injury.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<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>
</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 that the items are clean, organized, and usable. Comment and note below if needed.

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

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

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

Emergency Ready To Go Pack Located in a tote in the closet near the front door:
- Forehead Thermometer
- Flash light
- Case of AA and AAA Batteries
- First Aid Kit: ACE bandage, Ointment, Ibuprofen, Gauze, Bandages, Compass, Whistle, Tweezers
- Children does not take medication.
- 4 bottles of 33 oz water & a life straw to filter undrinkable water.
- Canned Tuna, Peanut Butter, Fruit Cups.
- 11 Diapers and a pack of wipes.
- Tops, Underwear, and bottoms for all children
- 3 individual blankets.
- EPP and ECMA for each child in a blue folder.
- Rattle for baby and IPod for children.
- Duct Tape, Blue Scissors, Trash Bags and White waterproof Tarp.

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

Planning and Maintenance

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

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

Shelter In Place:
Provider will gather the children and the ERGB in the common area (1 door 0 Windows). Once safe in the common room the provider will contact the parent.

Evacuation:
Line the children up at the door, grab shoes and the ERGB and head to the car where [Redacted] will be put in the car seat and the older children will be secured in a seat belt. Provider will drive to the [Redacted] where she will gain entry by the administrator will shelter in the main meeting area (3 doors 4 windows.) If the provider cannot shelter here the provider will contact the parent and gather the children and the bag. Secure the children in the seat belts and car seat and head to a relative’s home in Dc. The provider has an agreement with the home owner that she is able to shelter at this location. Provider and children will shelter in the main dining area (1 door 1 window) Once secured the provider will contact the parent.

Signatures & Date
Acknowledgement. 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:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 11-12-2021</td>
<td>Date: 10/01/2021</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist: 2020-03-26
### Informal Care

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Provider ID</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura</td>
<td>Bustamante</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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>11/8/2013</td>
<td>9</td>
<td>No, at school</td>
</tr>
<tr>
<td></td>
<td>7/11/2016</td>
<td>6</td>
<td>No, at school</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

#### Health and Safety Training:

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

#### 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: **Y**
- Has operational smoke detector(s): **Y**
- Has first aid kits/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** Under the sink in a locked cabinet
- Medications of any kind: **Y** High level cabinet
- Matches, lighters and flammable products: **Y** Does not own
- Alcoholic beverages: **Y** Bar area but had a gate to blocked access for children
- Guns: **Y** In lock box on high level shelf, provider displayed weapon within case and the case is code-pad locked
- Cleaning agents: **Y** Under the sink in a locked cabinet
- Poisonous substances: **Y** Does not own
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</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>No diaper age children in care</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>No diaper age children in care</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>No diaper age children in care</td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td>No diaper age children in care</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 Y/N</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>No diaper age children in care</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 subject to any form of neglect, including:</td>
<td>Y</td>
<td>No diaper age children in care</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>
</tbody>
</table>

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<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child in care is not subject to mistreatment, including:</td>
<td>Y</td>
<td>No diaper age children in care</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, Riddiculing</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>
</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.

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- [ ] Flashlight
- [ ] Bottled water
- [ ] Folder or binder for EPP documents
- [ ] Batteries for Flashlight
- [ ] Non-perishable food
- [ ] Backpack(s) or carrying case(s)
- [ ] Portable First Aid Kit
- [ ] Diapers (N/A)
- [ ] Consider special toys or games
- [ ] Thermometer
- [ ] Change of clothes
- [ ] Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
- [ ] Medications
- [ ] Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

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

Location of The Emergency Ready to go Pack: Locked in Master Bedroom

Item Specification (if needed):
- 2 flashlights, 1 pk of batteries, 1 first aid kit
- Thermometer, 3 bottled waters, 4 canned food items, no diapers, 2 outfits and underwear 1 set per child. Folder with EPP and 1 set of ECMA documents per child.
- 1 carrying case duffle bag, 3 toys, 1 pair of scissors, 2 rolls of duct tape, 3 heavy duty trash bags, 1 large blanket in smaller bag

Items to review on 01/06/2023 if needed: Reviewed and corrected on 01/06/23 @ 3:46pm
- Child’s prescribed medication in to-go bag

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: Laura
Last Name: Bustamante

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 both children and emergency bag and head into the bathroom (1 door 0 windows). Provider will lock and seal the door with the sealing plastic and duct tape. Provider will call the parent once they are settled in the emergency location and stay until the emergency is over.

Evacuation Procedures:

Primary Location:
- Provider will grab the emergency bag and the children and head to the car and 1 child will be placed in a booster seat and the other child in car seat. Both children will be secured in by seat belt. Upon arrival, provider and children will
  
  Once inside the provider and children will go into the
  
  Provider will call the parent on the way to evacuation location and once they are settled and safe at the location and will call the
  
  parent again.

Alternate Location:
- Provider will grab the emergency bag and children and place them in their booster and car seat with seatbelts strapped. Provider will drive to the children’s home in which she has a spare key for access. Upon arrival they will go to the basement (1 door 1 window) for shelter. Provider will call the parent once she arrives there and is secured in the home with the children, as well as has a phone notification that alerts the parent when she arrives at the home.

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: Laura Bustamante</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 01/06/2023</td>
<td>Date: 01/06/2023</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 4  Revised 09/2021
**Informal Care Inspection Checklist**

**Inspection Date:** 8/4/2023  
**Time In:** 2:30PM  
**Time Out:** 3:30PM  
**Result:** PASSED

**Informal Care**

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

**Provider Information**

- **First Name:** Maxine  
- **Last Name:** Butler  
- **Provider ID:** 424122  
- **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</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/19/2018</td>
<td>5</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2/13/2012</td>
<td>10</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>10/26/2010</td>
<td>12</td>
<td>With Parent</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.

- 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 (Yes, home is in good repair)
- **Is free of insect or rodent infestation**
  - Y (No sign of infestation)
- **Is well-lit and well-ventilated**
  - Y (Yes, Well lit and Ventilated)
- **Has hot and cold running water**
  - Y (Steam Observed)
- **Has a working inside toilet**
  - Y (Flush observed)
- **Has utilities for cooking, lighting and heating**
  - Y (Electric Stove lit)
- **Has a working and safe heating system**
  - Y (Thermostat turned up and down)
- **Has a working refrigerator and stove**
  - Y (Light Turned on When Opened)
- **Has a working telephone**
  - Y (Provider's cell was called)
- **Has operational smoke detector(s)**
  - Y (Alarm sounded)
- **Has first aid kit/supplies**
  - Y (Band aids, antiseptic wipes, gauze tape)
- **Has protective coverings on any electrical outlet that is accessible to children**
  - Y (Covered, behind furniture or in use)

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

- **Sharp or pointed items**
  - Y (Moved to Higher Cabinet)
- **Medications of any kind**
  - Y (Moved to Higher cabinet)
- **Matches, lighters and flammable products**
  - Y (None)
- **Alcoholic beverages**
  - Y (None)
- **Guns**
  - Y (None)
- **Cleaning agents**
  - Y (Upper shelf in linen closet)
- **Poisonous substances**
  - Y (Other than medications and cleaning solutions)
**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<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:
  - 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 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.

**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; N/A**
- **Bottled water**
- **Non-perishable food**
- **Diapers; N/A**
- **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)? 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:** Provider's Bedroom

**Item Specification (if needed):**
1 AA batteries, 4 AAA, 3C batteries, 3 Shorts, 3 shirts, 3 sox, 3 underwear's,
3 16oz bottles of water, 4 8oz water, 2 cans each Boyardee lasagna, 6 Oatmeal bars, 3 snack Cheetos bags, 3 Welch's fruit snacks
Band-Aids' Neosporin, tape, Benadryl cream, gauze,

**Items to review on xx/xx/xxxx if needed:** N/A

---

### Emergency Documents

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

---

### Planning and Maintenance

**Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:**
First Name: Maxine  
Last Name: Butler

**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, grab the ERTB from basement, and head to the lower level family room to shelter. The room has one door and four windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent as soon as she has to shelter in place.

---

### Evacuation Procedures:
The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure the car seat. Provider will place in seat belts the in car, before driving to the primary evacuation location, Provider will place Once at the location, they will shelter in the which has no window and one door. The provider will call the parents on the way to the evacuation location and immediately after they are secure in the evacuation location.

For the alternate evacuation location, The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure the car seat, Provider will place in seat belts the in car, before driving to the Provider will place Once at the location, the provider will inquire where they can shelter. The provider will call the parents on the way to the location and immediately 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.

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<tr>
<td>Printed Name: Maxine Butler</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 9/8/2023 Phone:</td>
<td>Date: 8/4/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

**Type of Care (check one):**

- [ ] Non-relative Informal Provider Care
- [x] Relative Informal Provider Care

**Provider Information**

- **First Name:** Maxine
- **Last Name:** Butler
- **Provider ID:** 424122
- **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>
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<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/26/2010</td>
<td>10</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>02/13/2012</td>
<td>8</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>01/19/2018</td>
<td>3</td>
<td>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?**
  - Standard Met
  - Comments/Notes
  - N/A
  - Relative Informal Care

**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
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<th>Corrective Action /Timeframe if needed</th>
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<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></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>The trash/recycling goes out daily</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>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Y</td>
<td></td>
<td>At other times when necessary to prevent the spread of disease.</td>
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<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including: Physical injury</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
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<td>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</td>
<td>Y</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>
<td></td>
</tr>
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</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 that the items are clean, organized, and usable. Comment and note below if needed.

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

MSDE OCC Informal Care Inspection Checklist 2020-03-26   Page 2 of 3
✓ Thermometer ✓ Change of clothes ✓ Scissors, tape & sealing plastic
✓ 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
Disaster Supply Kit Comments/Notes: All items were displayed on the camera and packed well in the to-go bag.

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

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

Last Name

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: She will transport the bag in her car with the children.

Signatures & Date
Acknowledgement: 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: Maxine Butler</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 8/11/2021</td>
<td>Date: 08/11/2021</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>