Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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Posted February 2023
## Informal Care

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

### Provider Information

- **First Name:** Donye
- **Last Name:** Keesee
- **Provider ID #:** [Redacted]
- **Provider ID:** 947923

### Care Location Inspected

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

### Name of Children in Care

<table>
<thead>
<tr>
<th>Name of Children in Care</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td></td>
<td>(02/07/2021)</td>
<td>11 mos.</td>
<td>/</td>
</tr>
<tr>
<td>[Redacted]</td>
<td></td>
<td>(04/15/2018)</td>
<td>3 yrs.</td>
<td>/</td>
</tr>
<tr>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
<td></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:

- **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
\begin{itemize}
\item Cleaning agents
\item Poisonous substances
\end{itemize}

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</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</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
- Bottled water (3)
- Non-perishable food
- Diapers (Diapers & Wipes)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- 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 – Stored in the closet of the kids' room

**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: The parent would be notified via text, they would go to the kids' room for safety, close the large panel window, close the door, seal the window. After the shelter-in-place is over she would communicate with the parent and give them after-care instructions.

Evacuation: Contact the parent about the emergency will go to the providers home, will carry the to-go bag, the younger child and hold the hand of the 3yr to the car (put infant in car seat and 3yr in booster), drive to her home and will go to the furthest room and will close and lock the windows and doors and stay until it is safe to leave.

Evacuation: Contact the parent via text, transport via providers vehicle (booster/car seat), with the to-go bag, go to the laurel branch library, upon arrival go to a meeting room that has no outside access and would stay there until further notice.

**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: Donye Keesee</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 01-28-2022</td>
<td>Date: 01/27/2022</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:** Deana
- **Last Name:** Kalla
- **Provider ID #:** [redacted]
- **Provider ID:** 391069
- **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 (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(07/16/2015)</td>
<td>6yr</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<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?**

- **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

**Standard Met Y/N**

- **Comments/Notes Corrective Action /Timeframe if needed**
  - Home was clean
  - No evidence of infestation
  - A lot of natural window lighting and inside light
  - Tested the shower
  - Toilet was flushed
  - Tested the thermostat
  - Refrigerator/freezer clean and stove functioning properly
  - Working cellphone
  - Tested by provider
  - Outlets covered/occupied in communal areas
  - Stored in high cabinet in the bathroom
  - Does not own
- Alcoholic beverages: Does not own
- Guns: Does not own
- Cleaning agents: Stored on high level shelf in hallway closet
- Poisonous substances: 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>No diaper age children</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children</td>
</tr>
<tr>
<td>Y</td>
<td>Absolutely yes.</td>
</tr>
<tr>
<td>N/A</td>
<td>No diaper age children</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:***
- Toilet
- Diapering
- Before food preparation and eating
- After playing outdoors; and
- 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>Both bathroom and kitchen soap stations fully stocked</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 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
<table>
<thead>
<tr>
<th>Batteries for Flashlight</th>
<th>Non-perishable food</th>
<th>Backpack(s) or carrying case(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers (N/A)</td>
<td>Consider special toys or games</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
<td>(Coloring book)</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
<td>Heavy Duty Scissors, duct tape/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>packing tape &amp; sealing plastic/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)? Yes, stored in front closet by the exit.

**Emergency Documents**

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

**Planning and Maintenance**

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

First Name: [Name]

Last Name: [Name]

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

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

- 1 Flashlight
- 1 pk of AA batteries
- 2 Bottled Waters
- 3 Cans of Food
- 1 Carrying travel to-go bag
- 1 First Aid Kit
- 1 Thermometer
- 1 Blanket
- 1 Sweat suit Outfit
- 1 Scissor, 1 Duct Tape & 8 Trash Bags
- 1 Coloring Book

**Shelter-in Place:** Grab the child and the to-go bag and proceed to go to the shelter (basement room) (1 window one door), will contact the parent via cellphone – Call/Text/Email and inform her of the emergency.

**Evacuation Loc. (Primary):** Get the child and the to-go bag and then contact the parent and transport him via car and provider will ensure his seat belt is buckled properly. The provider has a spare key to the parents’ home and will go into her basement area (1 window and one door). Remain there until the emergency is over.

**Evacuation Loc. (Alternate):** The provider will gather the child and the to-go bag and make sure they are secure in the vehicle, will drive to the fire station, upon arrival will contact the parent via call or text. Will be directed by [Name] to go within [Location] Will stay until the emergency.

Item to be Reviewed on: 03/04/2022 – Correction Reviewed on 03/04/2022

- Provider must show all (5) pages of the EPP document (must include missing Evacuation Loc. (Secondary) section)
- Provider must state the Evacuation Loc. (Secondary) plan of action.

**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>
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MSDE OCC Informal Care Inspection Checklist  Page 3 of 4  Revised 10/2021
**Maryland State Department of Education/Office of Child Care**  
Child Care Scholarship Program  
INFORMAL CARE INSPECTION CHECKLIST

**Inspection Date:** 6/15/2022  
7/11/2022

**Time In:** 3:30 pm  
1:45 pm  
**Time Out:** 4:33 pm  
2:00 pm

**Result:** Failed  
Passed

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**Informal Care**

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

**Provider Information**

First Name: Martha  
Last Name: Kendrick  
Provider ID #: [Redacted]  
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**

<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>05/05/2011</td>
<td>11 y/o</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>05/04/2012</td>
<td>10 y/o</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>07/02/2013</td>
<td>8 y/o</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>05/01/2015</td>
<td>7 y/o</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>11/04/2016</td>
<td>6 y/o</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>02/16/2018</td>
<td>4 y/o</td>
<td>Y</td>
</tr>
</tbody>
</table>

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**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

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MSDE OCC Informal Care Inspection Checklist 2020-03-26  
Page 1 of 4
- Guns
- Cleaning agents
- Poisonous substances

**GENERAL CLEANLINESS STANDARDS**

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- Flashlight
- Bottled water
- Batteries
- Non-perishable food
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Portable First Aid Kit
- Diapers
- Thermometer
- Change of clothes
- 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 Emergency Ready to go Pack:** Near the front door.

**Item Specification (if needed):**
- Alcohol Pads, Bandages, gauze, gauze tape, Neosporin, emergency burn gel
- 3 packs of 4 Batteries
- 6 cans of Chicken Soup
- Red Folder with EPP and ECMA for each child
- Granola Bars
- Calamine Lotion
- 6 bottles of water
- Pull Ups x3
- Bottoms, underwear and top for all children
- Coloring Books for each child
- Sealing Plastic, Large black Scissors and Packing tape

**Missing Items and Health and Safety Standards: All Items Observed on 7/11/2022**
- Missing outlet Covers
- Missing Battery in the Smoke Detector
- Missing First aid kit/ supplies for the home
- Missing Batteries for the Flash light
- Missing Non Perishable Foods (Canned vegetables, soup)
- Missing Emergency Care and Medication Authorization form for each 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 [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 gather the children and grab the emergency to go bag and shelter in the bathroom on the first floor (1 door 0 windows). The Provider will contact the parent once everyone is safe.

**Evacuation Procedures:**

**PRIMARY**-

The Provider will have all children line up at the front door and grab the ERTG bag. The provider will lead the children to the vehicle where they will be secured in a booster seat for the youngest child and all other children in a seat belt. The provider will drive to the [Redacted] entry from the [Redacted]. The Provider and children will shelter in the living room (1 door 1 large window). Once safe and secured in the home the provider will contact the parent.

**ALTERNATE**-

The provider will have all children line up at the front door and grab the ERTG bag. The provider will lead the children to the vehicle where they will be secured in a booster seat for the youngest child and all other children in a seat belt. The provider will drive to a family [Redacted] The Provider and children will shelter in the living room (2 windows 1 door). The provider will give the children their coloring books and ensure that they are secure and accounted for. She will then contact the parent.
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: <em>MAURA KENDRICK</em></td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date: 7/13/2022</td>
<td>Date: 7/11/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Virtual Inspection**  
**In-person Inspection**

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

| Inspection Date: 10/04/2022 | Time In: 1:30PM | Time Out: 2:39PM | Result: Needs Follow up |
| Follow Up Date: 10/05/2022 | Time In: 11:00AM | Time Out: 11:16AM | Result: Passed |

**Informal Care**

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

**Provider Information**

| First Name: | Fereshteh | Last Name: | Kheirabadi |
| Provider ID #: | 434820 | 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>03/21/2018</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>11/25/2012</td>
<td>9</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:**

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

<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>Y</td>
<td></td>
<td>No sign of infestation</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Steam observed</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Flush observed</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Thermostat dialled up</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Provider's cell called</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Band aids, tape, gauze, alcohol wipes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Plug Covers in kitchen observed</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

<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>Y</td>
<td></td>
<td>Knives moved to higher cabinet</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Locked in case</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>In Laundry room locked</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Other than medications and cleaning solutions</td>
<td></td>
</tr>
<tr>
<td>General Cleanliness Standards</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes</td>
<td>Corrective Action /Timeframe if needed</td>
</tr>
<tr>
<td>-------------------------------</td>
<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></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>
<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>N/A</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. At other times when necessary to prevent the spread of disease</td>
<td>Y</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>
<th>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>
<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>
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<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:</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 that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected 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>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spanking, Beating, Shaking</td>
<td></td>
<td></td>
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<tr>
<td>- Any other means of physical discipline</td>
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<td>- Not attending to a child's physical needs</td>
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<td>- Shouting, Cursing, Shaming, Ridiculing</td>
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<td>- Washing a child's mouth with soap</td>
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<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 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)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

**Location of The Emergency Ready to go Pack:** In the coat closet by front door

**Item Specification (if needed):**
- Jacket
- 2 shirts
- 2 pants
- 2 extra AAA batteries
- 3 books
- Band aids, ointment, alcohol wipes, Neosporin, gloves
- Children's Motrin, Acetaminophen
- 4 oz water bottles, one can each of peas, beans, mixed vegetables, 2 cans of tuna
- Nuts, Crackers, Chips

**Items to review on 09/05/2022 if needed:**
- Observed 09/05/2022
- Electrical covers
- Locks on laundry room cleaning agents
- Emergency Preparedness plan and Emergency Care and Medication Authorization in the ERTG 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: Carried

**Shelter in Place Procedure:**
- The provider will gather the children, the ERTB from the closet and head to the basement which has two doors and no windows. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure in the basement.

**Evacuation Procedures:**
- Provider call: [Redacted]
The provider will gather the children, the ERTB bag and head to [Redacted] where she will secure [Redacted] booster seat and [Redacted] seat belt before driving to the primary evacuation location which is [Redacted].
- Once at the location, they will shelter in bedroom that has one 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 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 call [Redacted].
The provider will secure [Redacted] booster seat and [Redacted] seat belt before heading to [Redacted]. They will shelter in the bedroom that has one 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 after they are secure in the alternate evacuation location.

**Signatures & Date**

<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: 9/5/2022</td>
<td>Date: 10/05/2022</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
- [x] Relative Informal Provider Care

**Provider Information**

- **First Name:** Feresteh
- **Last Name:** Khelrabadi
- **Provider ID:** 434820
- **Email:** [redacted]

**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>
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<tbody>
<tr>
<td></td>
<td>11/26/2012</td>
<td>8</td>
<td>Y</td>
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<tr>
<td></td>
<td>03/21/2018</td>
<td>3</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. 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?**
  - Y/N

**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:**

- **Sharps or pointed items**
  - Y
- **Medications of any kind**
  - N/A
- **Matches, lighters and flammable products**
  - Y
- **Alcoholic beverages**
  - Y
- **Guns**
  - N/A
- **Cleaning agents**
  - Y
- **Poisonous substances**
  - Y
<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>
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<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
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<td>Diapering procedures are followed.</td>
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<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>• Toliing;</td>
<td></td>
<td></td>
</tr>
<tr>
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<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>
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<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>
</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>
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<td>• Any sexual abuse</td>
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</tr>
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<td>• Mental injury</td>
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<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></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>• 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>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 that the items are clean, organized, and usable. Comments and note below if needed.

- Flashlight
- Bottled water
- Batteries
- 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)
- Consider special toys or games
- Scissors, tape & sealing plastic
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
Disaster Supply Kit Comments/Notes:
The Kit was stored in the children's bedroom in a tote 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:
The Provider will grab the Ready-To-Go kit from the closet in the children's room. The tote bag has two handles and will be easy to maintain on the provider's shoulders. The car seat and booster seat will be secured in the vehicle and the children will relocate to their uncle's house.

**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>
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<tbody>
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<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
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<td>Phone:</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:** Maria
- **Last Name:** King
- **Provider ID:** 476127
- **Email:**

**Care Location Inspected**

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

**Name of Children in Care**

- **Scholarship:**
- **Date of Birth:** 1/7/2016
- **Age:** 6 / **Present (Y/N):** No

---

**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>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>Certification Submitted</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>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:
- Tooting;
- 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>N/A</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, Sitting, 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 9111 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
- 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

MSDE OCC Informal Care Inspection Checklist
Medications: N/A

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 on first floor

Item Specification (if needed):

- 3 shirts, 1 pants, 1 shorts, pairs socks, 4 extra AA batteries, candy land game
- Safety pins, gloves, scissors, gauze, alcohol wipes, bandages, arm sling, tweezers
- 2 16oz water bottles, 2 cans of chicken & stars, chicken Gumbo, ramen noodles,

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: Closet on first floor

Shelter In Place Procedure:

The provider do a head count in the ERTB and head to the storage room in the basement which has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure, and let her know that they are sheltering in place.

Evacuation Procedures:

Then provider will do a head count, grab the car seat before driving to the primary evacuation location where the provider will call and know they were on their way before leaving the care location. Once at the location, the provider will gain entry with spare key and head to the storage/laundry room which has one door and no windows. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents on the way to the evacuation location and call again after they 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 call they are on their way. Provider will gain entry with spare key, they will shelter in the basement that has no windows and 2 doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents on the way to evacuation location and 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: Maria A. King

Signature: [Redacted]

Date: 08/15/2022

INSPECTOR

Printed Name: [Redacted]

Signature: [Redacted]

Date: 08/15/2022 Phone: 1-877-227-0125

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:** Maria
- **Last Name:** King
- **Provider ID:**
- **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 (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/07/2016</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</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,  **N/A** - Not Applicable

<table>
<thead>
<tr>
<th>Health and Safety Training:</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>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<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></td>
</tr>
<tr>
<td>- Has a working inside toilet</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Thermostat temp change.</td>
</tr>
<tr>
<td>- Has a working and safe heating system</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has a working telephone</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has operational smoke detector(s)</td>
<td>Y</td>
<td></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>Must observe on 10/01/21. 10 coverings observed on 10/01/21</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 Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sharp or pointed items</td>
<td>Y</td>
<td>Must observe these put out of reach of the child on 10/01/21. Observed the knives moved to the top cabinet and the drawer locks.</td>
</tr>
<tr>
<td>- Medications of any kind</td>
<td>Y</td>
<td>Top cabinet and in the providers room inside table drawer.</td>
</tr>
<tr>
<td>Item</td>
<td>Met</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>On top of the refrigerator</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Not kept in the home.</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Axe in the garage on top of the freezer out of the child's reach.</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cabinet locks are not installed. Must observe locks on 10/01/21. Observed cabinet locks on 10/01/21</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Gardening supplies kept in the shed not inside the home.</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>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>Child toilet trained.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Trash can in the kitchen and outdoor trash dumpster.</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>Child toilet trained.</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>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
<td>Y</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**

MSDE OCC Informal Care Inspection Checklist 2020-03-26  Page 2 of 4
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.

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

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

Emergency Ready-to-Go Pack located: In the closet near the front door.

Items Description:
- Pack of 4 AA Batteries
- Thermometer: Forehead Scan
- Bottled Water: 2 18.9 oz Bottles
- Medication in the bag for Averin
- Large Blanket
- Foods: Ramen Noodles and Canned Chicken Soup
- Clothing: Brown T Shirt and Cargo Shorts
- Scout Toy and Math K Learning Puzzle
- Blue and Red Backpack
- Large Green Scissors, Orange Duct Tape, and 3 Large Trash Bags

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
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 grab [Redacted] and the ERTG pack and proceed to the back room in the basement (1 small window and 2 doors one leading into the room). Once they are secured in the basement room the provider will contact the parent and call for help.

Evacuation:
Provider will be sure everyone is dressed and put [Redacted] in his car seat. On the way to [Redacted] home the provider will contact the parent. The provider will also call and inform her that she is coming however the provider also has keys to the home. The provider will shelter in the laundry room (0 windows 1 door). If unable to shelter here the provider will put [Redacted] in the car seat and transport him to her second daughter [Redacted] home where she will seek shelter in the basement (1 window 2 doors). On the way to this location 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: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
</tbody>
</table>

MSDE CCR Informal Care Inspection January 26, 2020  Page 3 of 4
### Informal Care

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

#### Provider Information
- **First Name:** Danaija
- **Last Name:** Kinlaw
- **Provider ID #:** [Redacted]
- **Email:** [Redacted]

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

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

<table>
<thead>
<tr>
<th>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></td>
<td></td>
<td>8/20/2016</td>
<td>6</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8/1/2015</td>
<td>7</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12/31/2020</td>
<td>23 M</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5/28/2022</td>
<td>6 M</td>
<td>No</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>Y</td>
<td>Certificate Submitted</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No sign of Infestation</td>
</tr>
<tr>
<td>Y</td>
<td>Steam Observed</td>
</tr>
<tr>
<td>Y</td>
<td>Flush Observed</td>
</tr>
<tr>
<td>Y</td>
<td>Light came on when opened</td>
</tr>
<tr>
<td>Y</td>
<td>Provider’s cell called</td>
</tr>
<tr>
<td>Y</td>
<td>Peroxide, band-aids, alcohol wipes, gauze</td>
</tr>
<tr>
<td>Y</td>
<td>Covered, in use or behind furniture</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Back of counter</td>
</tr>
<tr>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>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.</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>
<td></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>Y</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><strong>A child is not subject to any form of abuse</strong>, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A child in care is not subjected to any form of neglect</strong>, including:</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 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>Y</td>
<td></td>
</tr>
<tr>
<td><strong>A child in care is not subjected to mistreatment</strong>, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
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<tr>
<td>- Spanking, Biting, Hitting, Shaking</td>
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<tr>
<td>- Any other means of physical discipline</td>
<td></td>
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<tr>
<td>- Tying child to a cot or other equipment</td>
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</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
- Portable First Aid Kit
- Thermometer
- Medications

- Bottled water
- Non-perishable food
- Diapers

- 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
- Change of clothes

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

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

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

Item Specification (if needed):
4 AAA batteries, 4 pants, 3 shirts, 3 underwear, Band-aids, gauze, tape, ointment, alcohol wipes, Tylonal, cough syrup, 10 diapers, 4 16oz bottles of water, 1 large can each of green beans, beef-a-roni, spaghetti & meatball, baked beans, formula & rice for it.

Items to review on 12/20/2022 if needed: Observed 12/20/2022 @ 3:00PM
Ointment for first aid kit

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will account for the children and take them and the ERTB, and shelter in the main bedroom. The room has one door and two 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 room.

Evacuation Procedures:
The provider will account for the children and take them and the emergency bag, then proceed to the provider’s vehicle where she will secure the children in car seats and the older children their seatbelts, before driving to the primary evacuation location, which is . Provider will gain entry with spare key. Once at the location, they will shelter in the front room which has 2 windows and one door, The provider will seal the shelter with the trash bags and tape if the need should arise, 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 will grab the emergency bag, gather the children, then proceed to the provider’s vehicle where she will secure the younger two in car seats and the older two in seat belts, before driving to the location. Provider will gain entry with spare key. They will shelter in the front room 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: Danalja Kinlaw</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 12/20/2022 Phone:</td>
<td>Date: 12/20/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Inspection Date: 02/03/2022  
Time In: 1:32 PM  
Time Out: 4:37 PM  
Result: Approved if returned by 5:00pm on 02/04/2022.

Informal Care

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

Provider Information

First Name: Huyen  
Last Name: Lam  
Provider ID: 465762  
Email: [Redacted]

Care Location Inspected

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

Address Verified?: Yes

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04/06/2010</td>
<td>11 y/o</td>
<td>/N(After School Program)</td>
</tr>
<tr>
<td></td>
<td>04/26/2011</td>
<td>10 y/o</td>
<td>/Y</td>
</tr>
<tr>
<td></td>
<td>1/01/2014</td>
<td>8 y/o</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  
- 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

- Knives and Scissors kept in a drawer in the kitchen  
- Hanging Medicine Cabinet on the kitchen wall  
- Kept in a drawer in the kitchen  
- Not kept in the home
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>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>
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<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
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<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
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<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
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<td>• Any sexual abuse</td>
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<td></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>
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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>• 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>Y</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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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
- Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
- Thermometer
- Change of clothes
- Medications
- Blanket(s)
<table>
<thead>
<tr>
<th>Item</th>
<th>Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Kept in the garage. Garage locked at all times.</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Not kept in the home</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
  - Kept in the trash can in the kitchen
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
  - Y
- Diapering procedures are followed.
  - Y
  - Children aren't of Diapering Age

**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
  - Parent translated the statement for the Provider who understands and agrees.

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

- A child is not subject to any form of abuse, including:
  - Physical injury
  - Any sexual abuse
  - Mental injury
  - Y
  - Parent translated the statement for the Provider who understands and agrees.

- 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
  - Parent translated the statement for the Provider who understands and agrees.

- 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
  - Parent translated the statement for the Provider who understands and agrees.

- 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
  - Parent translated the statement for the Provider who understands and agrees.

**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)
Location of Emergency Ready to go Pack: Kept in the Garage.

Item Specification (if needed):
- Large Gray handle bag and Back Pack
- Flashlight: Red
- Batteries: 8 AA
- First Aid Kit: Bandages, Burn Aid, Gauze Alcohol, Eye Wash, Hand Sanitizer, Antacid.
- Thermometer: Oral Type
- Medications: Landon's
- Bottled Water: 4 16 oz Bottles
- Non Perishable Foods: Pack Ritz and Peanut Butter Snack & 3 Ravioli's
- Blankets: 2 Blankets Blue and Grey
- Yellow Envelopes with EPP Documents: EPP & ECMA for all children
- Toy/Games: Markers, Uno, Coloring Books
- Window Sealant: Packing Tape, Large Orange Scissors and 3 Trash Bags

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

Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
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 lock the doors, gather ERTG bag from the garage, grab the children and shelter in the basement (1 Door 1 Window). The Provider will call the Parent while gathering the children and again after they are secured.

Evacuation Procedures:
The Provider will grab the ERTG bag and the children and head to the Provider’s vehicle where all children will secure themselves in the seat belt. The Provider will then drive to [Redacted] where she will gain entry with her spare key. The Provider and the children will shelter in the Family Room (1 Door 2 Windows). The Provider will contact the Parent before leaving the home and once secured in the home. If the Provider and the Children cannot shelter at this location the Provider will gather the children and the ERTG bag and ensure they are all secured in a seatbelt. The Provider will call the Parent prior to leaving the location and will then transport all children to [Redacted]. The Provider will gain entry to this location using a spare key and direct all children to shelter in the master bedroom of the home (1 Door 2 Windows). The Provider will contact the Parent again once 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.

**PROVIDER**
Printed Name: [Redacted]
Signature: [Redacted]

**INSPECTOR**
Printed Name: [Redacted]
Signature: [Redacted]
### Inscription Date: 5/20/2021
**Time In:** 1:00 PM  
**Time Out:** 3:00 PM  
**Result:** APPROVED

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

### Provider Information
- **First Name:** Huyen  
- **Last Name:** Lam  
- **Provider:** 465762  
- **Email:** [Redacted]

### Care Location Inspected

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
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<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>
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<tbody>
<tr>
<td></td>
<td>10/25/2008</td>
<td>12/ Y</td>
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<td>4/6/2010</td>
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<td>1/1/2014</td>
<td>7/ Y</td>
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<td></td>
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<td>/ Y</td>
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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, n/a = Not Applicable*  
*Additional pages may be used for comments.*

#### Health and Safety Training:

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

#### 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:

- **Sharpened or pointed items**  
- **Medications of any kind**  
- **Matches, lighters and flammable products**  
- **Alcoholic beverages**  
- **Guns**  
- **Cleaning agents**
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
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<tr>
<td>Y</td>
<td></td>
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<tr>
<td>Y</td>
<td></td>
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<tr>
<td>Y</td>
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</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</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 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
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:
Huge tote bag which is stored in a hallway closet by the front door for easy access in the case of an emergency.

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:
The Provider will gather the children while picking up the Ready-to-Go kit. The Provider will instruct the children to walk to the car in the front of the house. Once at the vehicle, [Redacted] will be placed in a booster seat while the other 3 children will independently secure themselves in a traditional seat belt. The Provider will drive 26 minutes to [Redacted]. Once they arrive, the Provider will call the parent on her mobile phone. The Provider will assist [Redacted] with getting out the booster seat while the other 3 children exit the vehicle. Provider has an entry key to the residence so everyone will enter and stay in the home until the emergency is lifted. Once the evacuation is lifted, the parent will be called to reunite with her children in care.

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: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: [Redacted]</td>
<td>Date: 5/19/2021</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 410-767-7832</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:** Lancaster
- **Provider ID:** [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>12/2/2013</td>
<td></td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>4/17/2020</td>
<td></td>
<td>4</td>
<td>Y</td>
</tr>
<tr>
<td>10/12/2021</td>
<td></td>
<td>2</td>
<td>Y</td>
</tr>
<tr>
<td>8/19/2022</td>
<td></td>
<td>1</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 / Look under sink:** 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 detection(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:** Locked in cabinet
- **Medications of any kind:** Upper cabinet
- **Matches, lighters and flammable products:** None
- **Alcoholic beverages:** None
- **Guns:** None
- **Cleaning agents:** Locked in cabinets
- **Poisonous substances:** Other than medications and cleaning solutions
## General Cleanliness 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>

- 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 she 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
  - 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>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, Beating, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child’s physical needs
    - Shouting, Cursing, Shaming, Relictuating
    - 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>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 N/A</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

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

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

Location of Emergency Ready-to-Go Pack: By the front door

Item Specification if needed: 4 shirts, 4 pants, 20 Diapers and 2 boxes wipes, 2 extra D batteries, 4 emergency blankets, band-aids, antiseptic, alcohol wipes, gauze, tape, Neosporin, Benadryl, Tylenol, 2 32 oz water bottles, 4 can of soup, 4 chicken noodle soup, 6 to go apple sauce, 4 cups mandarin oranges, Similac baby formula

Items to review on 11/19/2022 if needed: N/A

Emergency Document
- [ ] 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: Demetrious
Last Name: Lancaster

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

Shelter In Place Procedure:
The provider will pick up non walking child and gather the walking children, grab the ERTB, and head to the main level bathroom which 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 parent once everyone is in the bathroom and secure.

Evacuation Procedures:
The provider will gather the children and place youngest children in the double stroller, with the emergency bag placed in the bottom compartment. She will hold the other child that is walking. A second staff will hold on to the stroller proceed to walk to the primary evacuation location, which is [redacted]. Once at the location, the provider will ask to be directed to a room they can shelter. The provider will call the parents before leaving the care location and then 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, which is [redacted]. The provider will gather the children and the emergency bag, and proceed to the provider’s vehicle where they will secure the three youngest children in rear facing car seats and secure the middle stroller, before driving to the location. Once at the location the provider will ask to be directed to a room where they can 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 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: Demetrious Lancaster</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 11/23/2022 Phone: [redacted]</td>
<td>Date: 11/23/2022 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
- [x] Relative Informal Provider Care

**Provider Information**

- **First Name:** Jennifer
- **Last Name:** Lease
- **Provider ID:** 409388
- **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 (Y/N)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2010</td>
<td>11</td>
<td>Y/Y</td>
<td>At school</td>
<td></td>
</tr>
<tr>
<td>5/10/2012</td>
<td>9</td>
<td>Y/Y</td>
<td>At school</td>
<td></td>
</tr>
<tr>
<td>12/23/15</td>
<td>6</td>
<td>Y/Y</td>
<td>At school</td>
<td></td>
</tr>
<tr>
<td>5/17/2018</td>
<td>3</td>
<td>Y/Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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.

**Health and Safety Training:**

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

**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>No signs of infestation observed</td>
</tr>
<tr>
<td>Y</td>
<td>Lots of natural and artificial lighting.</td>
</tr>
<tr>
<td>Y</td>
<td>Steam observed on the mirror</td>
</tr>
<tr>
<td>Y</td>
<td>Flush observed</td>
</tr>
<tr>
<td>Y</td>
<td>Stove burners observed</td>
</tr>
<tr>
<td>Y</td>
<td>Turned up from 71 to 72 degrees</td>
</tr>
<tr>
<td>Y</td>
<td>Refrigerator light and frozen food observed</td>
</tr>
<tr>
<td>Y</td>
<td>Cell phone in kitchen. Outbound call observed.</td>
</tr>
<tr>
<td>Y</td>
<td>Test button pressed. The alarm sounded.</td>
</tr>
<tr>
<td>Y</td>
<td>Band aids, gauze, compress wipes, gloves</td>
</tr>
<tr>
<td>Y</td>
<td>In all rooms outlets that were not in use are covered. 2 outlet covers observed</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>Top shelf in kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Upper cabinet in kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Lighter in mom’s purse</td>
</tr>
<tr>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
• Cleaning agents

Y
Dishwasher pods moved to a different higher location. The remainder of the cleaning items are kept under the 1st floor bathroom sink.

• Poisonous substances

Y
Not kept in the home

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>All areas of the home are kept clean, including diapering area.</td>
</tr>
<tr>
<td>Y</td>
<td>The diapering area is a mat on the floor of the bedroom.</td>
</tr>
<tr>
<td>Y</td>
<td>Garbage and recycling located in the kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
</tr>
<tr>
<td>Y</td>
<td>Diapering procedures are followed. Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
</tr>
<tr>
<td>Y</td>
<td>Toiletting;</td>
</tr>
<tr>
<td>Y</td>
<td>Diapering;</td>
</tr>
<tr>
<td>Y</td>
<td>Before food preparation and eating;</td>
</tr>
<tr>
<td>Y</td>
<td>After playing outdoors; and</td>
</tr>
<tr>
<td>Y</td>
<td>At other times when necessary to prevent the spread of disease.</td>
</tr>
</tbody>
</table>

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

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
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
☐ Portable First Aid Kit
☐ Diapers
☐ Consider special toys or games
☐ Thermometer
☐ Change of clothes
☐ Heavy Duty Scissors, duct 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: Near the front door in the coat closet

Item Specification (if needed):
- 3 AA batteries
- Band aids, gauze, cold pack, cotton tip applicator, gloves, antiseptic wipes, ointment
- Cereal bars, Vienna sausages, Canned beans and corn, 6 pack of apple sauce.
- 6 Water boxes
- Clothes:
  - Black pants, Camo shirt; Purple shirt and grey pants; Grey shirt and grey pants; Black/multi colored Pants and grey T shirt
  - Oral thermometer
  - 4 blankets for each child
  - Tablet and toy cars and books
  - Plastic bags, scissors and heavy duty tape.
  - About 3/4+ diapers and a pack of wet wipes

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: Provider will be carrying the bag.

Shelter In Place Procedure:
The provider will Grab the Emergency bag, gather the children, Make sure all windows are closed and doors are locked before proceeding go to the downstairs to the laundry room. The room has one door no windows. Once secure in the laundry room, provider will call the parent.

Evacuation Procedures:
The provider will grab the emergency bag, gather the children and [Redacted] proceed to the vehicle. Once there, the provider will secure [Redacted] and make sure the other children are secured in their seat belts. Provider will call the parents before driving to [Redacted] where they will gain entry with spare key. Provider will update parent after arrival at the emergency location.

Alternate Location
The provider will grab the emergency bag, gather the children and [Redacted] proceed to the vehicle. Once there, the provider will secure [Redacted] and make sure the other children are secured in their seat belts. Provider will call the parents before driving to [Redacted] where they will gain entry with spare key. Provider will update parent after arrival at the alternate emergency location.
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date: 02/08/2022</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-2270125</td>
</tr>
</tbody>
</table>

Printed Name: [Handwritten Name]

Date: 2/9/22
**Informal Care**

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

**Provider Information**

First Name: **Ailda**  
Last Name: **Leiva**  
Provider ID #: [Redacted]  
Provider ID: Not issued  
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>6/27/2021</td>
<td>7 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?  
N/A

**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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No sign of rodents or insects</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Natural and artificial lighting.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Steam observed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Flush observed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Electric stove turned orange when turned on</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Turned up from 64 to 67</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Refrigerator light and frozen food observed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Provider’s cell phone. Outbound call observed.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Test button pressed. The alarm sounded.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Alcohol wipes, ointment, tape, gloves, Q-tips, band aids, tongue depressors, small and large gauze, ice pack</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Outlets not in use were covered.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Up on the counter towards the back</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>None in the house</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>None in the house</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Y/N</td>
<td>Comments/Notes</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None in the house</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>None in the house</td>
<td></td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Locked in cabinets</td>
<td></td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Other than medications and cleaning solutions</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>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:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not attending to a child's physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
<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. Y

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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: Closet by the door

Item Specification (If needed):
- 2 boxes of tuna salad kit, fruit cup, apple chios, 2 pouches of baby food, formula & 2 16 oz. bottles of water
- Flashlight with Rechargeable batteries and one extra AAA battery
- Tylenol, hand sanitizer
- One sweater, 2 top, 2 pants and a burping cloth
- 4 diapers and one box of baby wipes
- Teething toys, pop up toy
- Alcohol wipes, ointment, tape, gloves, Q-tips, band aids, tongue depressors, small and large gauze, ice pack.

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

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

Planning and Maintenance

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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Bag pack carried on the back.

Shelter in Place Procedure:
The provider will grab the emergency to go bag, gather the baby and go into the bathroom located on the main floor of the house. The bathroom has one door and no window. Once safe, provider will communicate with parent.

Evacuation Procedures:
The provider will grab the baby and secure her in a stroller then she will grab the bag and go out the front door. Provider will take stroller and walk to the evacuation location which is a few minutes away. Provider will inform parent once safety at the emergency location.

Alternate Location:
The provider will grab the baby and the emergency to go bag and exit out of the front door. Provider will secure the baby her in a car seat and drive to the alternate location. Once there, provider will communicate with 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. 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: 03/03/22

**INSPECTOR**

Printed Name: [Redacted]
Signature: [Redacted]
Date: 03/03/22
Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3
Revised 10/2021
**Virtual Inspection**

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

**Inspection Date:** 08/17/2021  
**Time In:** 10:30 AM  
**Time Out:** 11:55 AM  
**Result:**

## Informal Care

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

**Provider Information**

**First Name:** Dorothy  
**Last Name:** Lewis  
**Provider ID:** 337321  
**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>06/17/2012</td>
<td>8</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>06/19/2019</td>
<td>2</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>Health and Safety Training:</th>
<th>Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>N/A</td>
<td>Relative Informal Care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>N</td>
<td>Broken based boards</td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>Turned on the lights</td>
<td></td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>Multiple windows</td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>D</td>
<td>Only display Celsus temp</td>
<td></td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Provider needed assistance based on toilet area</td>
<td></td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Showed stove, lighting, and cabinets</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>D</td>
<td>No light in fridge, stove began heating up</td>
<td></td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Has a house and tested dial tone</td>
<td></td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>N</td>
<td>Did not function properly, button was stuck</td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>Has 2 first aid/supply kits</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>Showed outlet covers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harmful items are stored appropriately and away from children:</th>
<th>Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>N</td>
<td>Had knife on countertop</td>
<td></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Bathroom cabinet, out of the kids reach</td>
<td></td>
</tr>
</tbody>
</table>
- Matches, lighters and flammable products  
  - Does not own these items
- Alcoholic beverages  
  - Does not have any
- Guns  
  - Does not have any
- Cleaning agents  
  - Has cabinet locks but weren't on the doors
- Poisonous substances  
  - Does not own

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Home was not fully clean, and no diapering area</td>
</tr>
<tr>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Had a bag but no trash can area. Stated today was trash day</td>
</tr>
<tr>
<td>N</td>
<td>Soap for the kitchen sink, and no hand soap in the bathroom</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>
<tr>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

---

MSDE OCC Informal Care Inspection Checklist 2020-03-26  Page 2 of 3
### Batteries
- Portable First Aid Kit
- Thermometer
- Medications

- Non-perishable food
- Diapers
- Change of clothes
- Blanket(s)

- Backpack(s) or carrying case(s)
- Consider special toys or games
- Scissors, tape & sealing plastic

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

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

Disaster Supply Kit Comments/Notes: No additional batteries, scissors were art 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:

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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: The provider's vehicle.

---

### 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: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 08/20/2021</td>
<td>Date: 08/17/2021</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:** Scarlett
- **Last Name:** Lewis
- **Provider ID:** 347064
- **Email:** [omitted]

**Care Location Inspected**

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

**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>8/18/2008</td>
<td>13</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>7/16/2011</td>
<td>10</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>10/18/2013</td>
<td>7</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>10/18/2013</td>
<td>7</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

<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>N/A</td>
<td></td>
</tr>
</tbody>
</table>

- **Home is free of health and safety hazards:**
  - [ ] Repair
  - Is free of insect or rodent infestation
    - [ ] Y
  - Is well-lit and well-ventilated
    - [ ] Y
  - Has hot and cold running water
    - [ ] Y
  - Bathroom mirror steamed with running shower.
  - Has a working inside toilet
    - [ ] Y
  - I observed provider flush the children’s bathroom toilet
  - Has utilities for cooking, lighting and heating
    - [ ] Y
  - Pot of boiling water on the stove. Thermostat operational
  - Has a working and safe heating system
    - [ ] Y
  - Food frozen in freezer
  - Has a working refrigerator and stove
    - [ ] Y
  - Active T-Mobile Service
  - Has a working telephone
    - [ ] Y
  - Test button pressed. Signals went off
  - Has operational smoke detector(s)
    - [ ] Y
  - Bandages, Antiseptic Towel, Aspirin, Antacid, Gauze.
  - Has first aid kit/supplies
    - [ ] Y
  - No outlet covers. Showed 16 outlet covers in the outlet on 09/23/21
  - 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 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>Item</td>
<td>Met</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>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>No diapering area in the home.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>In the kitchen next to the counter.</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></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>
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</tbody>
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**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spanking, Bling, 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 that the items are clean, organized, and usable. Comment and note below if needed.

- Flashlight
- Bottled water
- Folder or binder for EPP documents
Disaster Supply Kit Comments/Notes:

Flash light Operational
4 D Batteries
First Aid Kit: Bandages, Antiseptic Towel, Aspirin, Antacid, Gauze.
Children’s medication kept in a plastic zip lock bag.
4 8 oz Bottled Water
4 Cans of beans and vegetables
None of the children are in diapers
Tops, Underclothes, and bottoms for all children
A large blue blanket for all children
EPP: Incomplete. Will be completed and resubmitted by 5 pm 09/15/21.
ECMA: Has all forms for
Large Carry On Bag
Phone and iPads with games included.
Kid safety scissors, Masking Tape, Trash bags.

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place:
The provider will contact the parent immediately. The provider will then walk all children to her bedroom near the back door where the emergency ready to go bag is already located. (1 door and 2 window) Keep the children in the room until the proper authority informs her of the safety to leave the shelter in place location

Evacuation:
The provider will grab the emergency bag and gather the children. Since the front door is closer to the stairs leave from that door and walk the children to a public store (Walgreens). The provider will also inform the parent of their location. The provider will contact the parent immediately and gather the children and the ready to go bag. The provider will then locate to the family dollar and inform store associates of the state of emergency if they aren’t informed.

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: Scarlett Lewis</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
</tbody>
</table>

Date: 09/23/2021 Phone: [redacted] Date: 09/23/2021 Phone: 1-877-227-0125