Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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

Posted February 2023
# Informal Care

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

**Provider Information**

- **First Name:** Annette
- **Last Name:** Unkle
- **Provider ID #:**
- **Email:**
- **Address:**
- **City:**
- **County:**
- **State:** MD
- **Zip Code:**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(03/12/2021)</td>
<td>1yr</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(07/16/2018)</td>
<td>4yr</td>
<td>N</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</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Health and Safety Training Completed?</strong></td>
<td>Y</td>
<td>Relative Informal Care - Certificate Submitted</td>
</tr>
</tbody>
</table>

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

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

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

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

<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><strong>Store second story window</strong></td>
<td>Y</td>
<td>Stored in lockbox under the sink, which cabinet is locked</td>
</tr>
<tr>
<td><strong>High cabinet in bedroom</strong></td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td><strong>Low cabinet in bedroom</strong></td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diaper station w/ diaper genie</td>
</tr>
</tbody>
</table>

- All areas of the home are kept clean, including diapering area.
- Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.
- Diapering procedures are followed.

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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MSDE OCC Informal Care Inspection Checklist  
Page 2 of 3  
Revised 10/2021
Thermometer ☑️ Change of clothes ☑️ Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags

Medications ☑️ 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, hallway closet near exit.

Emergency Documents

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

Planning and Maintenance

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

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

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

Itemized List: 1 flashlight, 3 extra AA batteries, 2 jars of baby food, 1 canned food, Tylenol (general medicine), diapers & wipes, 2 blankets, 2 outfits, 1 thermometer, 3 small toys, 1 roll of duct tape, trash bags (roll), 1 pair of scissors, 1 first aid kit, EPP/ECMA docs in folder

Shelter-in-Place Procedures: Provider will gather the children and emergency bag and go to Master Bedroom (2 windows 1 door) and will seal the doors and windows with sealing plastic trash bags as well as lock all areas. Provider will contact the parent via call or text as soon as they are sheltered in place.

Evacuation Locations:

Primary – Provider will grab the emergency bag and place the children in their car seats, provider will drive to [Redacted] and arrive at the emergency location. Provider will contact the homeowner and he will give them entry access. Provider will go into the living room area (1 window 1 door) with children. Provider will call the parent once they are safe within the home and secured.

Alternate – Provider will gather the children and emergency bag and strap each child in their car seats, and then drive to the parent’s home, which she will have key access with her spare key. Upon entry provider and children would go into the master bedroom (1 door 1 window). After settling and being secured in the location, provider will contact the parent via call or text.

Items to be Corrected: Corrected & Reviewed on 09/06/2022

- Testing of the proper functioning smoke detector
- Emergency Care & Medication Authorization for ea. Child in ERTG

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: Annelle Unke</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 9/6/2022</td>
<td>Date: 09/06/2022</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  
- [ ] Relative Informal Provider Care

### Provider Information
- **First Name**: Gwendolyn  
- **Last Name**: Upchurch  
- **Provider ID #**: [Redacted]  
- **Email**: [Redacted]

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/17/2009</td>
<td>12 y/o</td>
<td>Y- He had an appt</td>
</tr>
<tr>
<td></td>
<td>10/19/2011</td>
<td>10 y/o</td>
<td>N- School</td>
</tr>
<tr>
<td></td>
<td>06/05/2015</td>
<td>6 y/o</td>
<td>N- School</td>
</tr>
<tr>
<td></td>
<td>05/14/2018</td>
<td>3 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 electrical outlets that are accessible to children

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Temp 88 degrees</td>
</tr>
<tr>
<td>Y</td>
<td>Temperature turned up</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made</td>
</tr>
<tr>
<td>Y</td>
<td>Test button pressed</td>
</tr>
<tr>
<td>Y</td>
<td>Alcohol and bandages</td>
</tr>
<tr>
<td>Y</td>
<td>15 Covered Outlets</td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Kept in a high cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Kept outside the home</td>
</tr>
<tr>
<td>Y</td>
<td>In a high top shelf</td>
</tr>
<tr>
<td>Y</td>
<td>In a high shelf or outside the home in the garage</td>
</tr>
</tbody>
</table>
### 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

| A child is not subject to any form of abuse, including: | Y |
| Physical injury |
| Any sexual abuse |
| Mental injury |
| A child in care is not subjected to any form of neglect, including: | Y |
| - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.  
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child |
| A child in care is not subjected to mistreatment, including: | Y |
| - Any deliberate act that hurts a child physically or emotionally, including:  
- Spanking, Blaming, 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.

- Flaslight
- Batteries
- Portable First Aid Kit
- Thermometer
- Bottled water
- Non-pensable food
- Diapers
- Change of clothes
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, Duct Tape
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes

Location of Emergency Ready to go Pack: Kept in the garage

Item Specification (if needed):
- 2 cans of soup and tuna
- ECMA and EPP in a red folder
- 2 C Batteries
- First Aid Kit: Bandages, Alcohol, Swabs and Scissors
- 6 bottles of water
- 3 y/o: Grey top and bottom; 6 y/o: Blue top Blue Jean Bottoms 10 y/o: black top and bottom 11 y/o: Black top and grey bottom.
- XL Nighttime Underpants
- 2 books and phones
- Packing tape, 3 garbage bags, large scissors

To be observed for compliance on:
- N/A

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

Planning and Maintenance

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

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

Shelter In Place Procedures:
The Provider will grab the ERTG Bag and cell phone. The Provider will contact the parent first, then gather all children and lead them to the inner room in the basement (0 Windows and 1 door). Cover any windows and vents with plastic. The provider will comfort the children.

Evacuation Procedures:
The Provider will gather the children, call the parent, exit the home through the garage where the ERTG Bag is, gather the bag and secure the 3 y/o in the car seat and the older children in a seat belt. The Provider will drive to her sister's home where she will shelter in the core center room in the basement (1 door and 1 window). If the Provider cannot shelter at this location she will gather the children, exit the home through the garage where the ERTG Bag is. The Provider will secure the 3 y/o in the car seat and the older children in a seat belt. The Provider will drive to her other sister's home where she will shelter in the center room (1 door and 1 window). The provider will be sure to comfort the children at all times.

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

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<thead>
<tr>
<th>PROVIDER</th>
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</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: 3-26-22</td>
<td>Date: 03/25/2022</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  □ Relative Informal Provider Care

**Provider Information**
- **First Name:** Shonta  
- **Last Name:** Valentine  
- **Provider ID:** 449138
- **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>1/31/2012</td>
<td>10</td>
<td>No at school</td>
</tr>
<tr>
<td></td>
<td>12/7/2012</td>
<td>9</td>
<td>No at school</td>
</tr>
<tr>
<td></td>
<td>8/7/2018</td>
<td>3</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>N/A</th>
</tr>
</thead>
</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

**Standard Met** Y/N

<table>
<thead>
<tr>
<th>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>Observed steam from shower</td>
</tr>
<tr>
<td>Y</td>
<td>Moved to higher shelf</td>
</tr>
<tr>
<td>Y</td>
<td>Gas stove operational</td>
</tr>
<tr>
<td>Y</td>
<td>Heat turned up to 76</td>
</tr>
<tr>
<td>Y</td>
<td>Called provider on cell phone</td>
</tr>
<tr>
<td>Y</td>
<td>Tape, band aids, gauze, ointment, sprain bandages. CPR kit, gloves</td>
</tr>
<tr>
<td>Y</td>
<td>Covered/in use/behind furniture</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

**Standard Met** Y/N

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Out of reach in the back of the counter</td>
</tr>
<tr>
<td>Y</td>
<td>Up on a high rack</td>
</tr>
</tbody>
</table>
- Guns  Y  Locked in a safe
- Cleaning agents  Y  Moved to garage and higher shelf
- Poisonous substances  Y  Other than medications and cleaning solutions

**GENERAL CLEANLINESS STANDARDS**

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

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

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

MSDE OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td></td>
</tr>
<tr>
<td>Change of clothes</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Blanket(s)</td>
<td></td>
</tr>
<tr>
<td>Heavy Duty Scissors, duct tape/packing tape &amp; sealing plastic/trash bags</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Location of the Emergency Ready-to-go Pack:  Main level hallway

**Item Specification (if needed):**
- 4 AAA batteries
- First aid – gauze, tape, bandages, CPR kit, antibiotic ointment
- Cough medicine, Tylenol, allergy medicine.
- 2 pulis & wipes, 3 shirt, 3 pants,
- 3 16oz. water bottles, cans of Spaghettios, soup, chicken rice, peaches, baked beans, popcorn, nutri grain bars, peanut butter cracker,

**Items to review on 04/20/2022 if needed:**  Observed 04/20/2022
- Small blanket
- Thermometer
- Books/toys/ Coloring books and crayons, board games.

**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:  Duffel bag to be carried

**Shelter In Place Procedure:**
The provider will get the children and emergency to go bags and go to the third level of the house to shelter in the main bedroom that has two small windows and two doors. Once there provider will call the parent.

**Evacuation Procedures:**
The provider will gather the children at the front door, get the emergency to go bag and walk over to a neighbor’s house. Provider has spare key and will shelter in a first floor bedroom that has a patio window/door and door to room. Provider will call parent before evacuating and once secure at the evacuation location.

If they had to go to the alternate evacuation location which is [Redacted], the provider will get the children and emergency to go bag and walk to the provider’s vehicle where provider will secure the children in car seat and seat belts. Once at the alternate emergency location they will shelter in the main living area of the house that has a patio window/door and front door of the house. Provider will call parent before evacuating and once secure at the evacuation location.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name: <strong>Sandra Valentine</strong></td>
<td>Print Name: [Redacted]</td>
</tr>
<tr>
<td>Last Name: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 4-20-2023</td>
<td>Date: 04/20/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

**Inspection Date:** 09/30/2021  
**Time In:** 1:30 PM  
**Time Out:** 3:02 PM  
**Result:** PASSED

### Informal Care

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

**Provider Information**

- **First Name:** Lila  
- **Last Name:** Vaughan  
- **License #:**  
- **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>10/12/2016</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<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

#### Health and Safety Training:

- **Basic Health and Safety Training Completed?**
  - [N/A] Relative Informal Care

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

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>Y</td>
<td>Every common space was very clean</td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
<td>Lots of window lighting and house lighting fixtures</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td></td>
<td>Tested the hot side and the steam was present in the camera, tested the cold side</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td></td>
<td>Bathroom cabinet over the sink and below, but no locks</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td></td>
<td>Tested the thermostat the hot and cold side</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
<td>Opened the fridge and freezer, tested the turner</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td></td>
<td>Has a cellphone and a house phone</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td></td>
<td>Has first aid kit in the hallway closet</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
<td>Shoved covered outlet in child's room, living room, dining room, bathroom, and kitchen area</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Moved the knives and put them on the top of her China cabinet</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>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Moved cleaning agents to the highest shelf of the laundry room</td>
<td></td>
</tr>
<tr>
<td>Poisons substances</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></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>All areas are clean, no diapering area needed</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage 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 she has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td>Has soap and sanitizer at every bathroom sink and kitchen sink</td>
<td></td>
</tr>
<tr>
<td>• Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spanking, Beating, Hitting, Shaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child's physical needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Beating, Punching, Shaming, Ridiculing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Washing a child's mouth with soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Putting pepper or other spicy or distasteful items in a child's mouth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a 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.
### Disaster Supply Kit Comments/Notes
- Tornado Flashlight
- Batteries
- Portable First Aid Kit
- Thermometer
- NG Medications
- Bottled Water (2)
- Non-perishable food: Raisins/Cookies
- 1 Studio Lamp
- NG Diapers (NA) – 2 Pullups
- 1 Blanket
- Tote Bag
- Doll baby/blanket
- All-purpose scissors, masking tape, sealing plastic
- Folder of EPP Documents
- Fire Extinguisher

### 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:** Lita
  - **Last Name:** Vaughan

### Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
**Station In-Place:** Emergency kit will be by the front door, she would grab the bag and the child and go to the basement, she will contact the police and then contact the parent, 2 windows and 1 exit door. Will stay in the basement until it is safe to leave.

**Evacuation Location (Primary):** She will grab the to-go bag and the child and buckle the child in the car seat in the care and proceed to the police department. Call the parent and inform them of the emergency and location.

**Evacuation Location (Alternate):** She will go to the Fire Department in their safety zone in the vehicle. She would have the child buckled in and the to-go bag in the care, explain situation to the department chief and get assistance. Notify the parent as well.

### Signatures & Date
- **Aware of All:** 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: Lita Vaughan</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 06/01/2024</td>
<td>Date: 09/30/2021</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Cherie
- **Last Name:** Von Haack
- **Provider ID #:** [Redacted]
- **Provider ID:** 489964
- **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>01/03/2016</td>
<td>6</td>
<td>/ No</td>
</tr>
<tr>
<td></td>
<td>10/11/2019</td>
<td>2</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.

**Health and Safety Training:**

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

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

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

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

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

- **Moved to higher cabinet:** Y
- **None:** Y
- **Other than medications and cleaning solutions:** Y
- **Locked under the sink:** Y
GENERAL CLEANLINESS STANDARDS

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

| A child is not subject to any form of abuse, including: | Y |
  - Physical injury
  - Any sexual abuse
  - Mental injury |
| A child in care is not subject to any form of neglect, including: | 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 subject to mistreatment, including: | Y |
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child's physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child's mouth with soap
    - Putting pepper or other spicy or distasteful items in a child's mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

- 4 shirts, 4 shorts, 5 pairs socks, 7 underwear
- 10 extra AA batteries, 6 diapers, pack of wipes, coloring books and crayons
- Alcohol wipes Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, cold compress, gloves, Aspirin
- 6 oz water bottles, 2 Boxels cereal, 2 cans of Chef Boyardee, 6 peanut butter crackers packs

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: [Blank] Last Name: [Blank]

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

Shelter In Place Procedure:

Provider call the parent and inform them, then provider would get the ERTB from the hall closet, gather the children head to the bathroom which has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter.

Evacuation Procedures:

The Provider will call the parent and inform them, then provider would grab the ERTB from the hall closet, grab the car seat and booster seat for head to her vehicle where she will secure the children before driving to the primary evacuation location which is. Once at the location, the provider will head to the that has multiple doors but no windows. The provider will call the parent again 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 call the parent and inform them, then provider would grab the ERTB, grab the car seat for and booster seat for head to her vehicle where she will secure the children before driving. Once there, they will head to into the main building and head to where they will shelter. The has multiple doors and no windows. The provider will 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: <strong>CHERIE VON HAACK</strong></td>
<td>Printed Name: [Blank]</td>
</tr>
<tr>
<td>Signature: [Blank]</td>
<td>Signature: [Blank]</td>
</tr>
<tr>
<td>Date: <strong>8/18/2022</strong></td>
<td>Date: 08/18/2022</td>
</tr>
</tbody>
</table>