Child Care Scholarship Program
Informal Child Care Monitoring Inspections

A – B

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

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

**Provider Information**

First Name: Ursula  
Last Name: Abron  
Provider ID #:  
Email:  
Provider ID: 495568

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5/26/2022</td>
<td>3 Mos. / Yes</td>
</tr>
<tr>
<td></td>
<td>6/22/2017</td>
<td>5 / 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>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td>Provider registered for Course</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 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>Toilet Flushed</td>
</tr>
<tr>
<td>Y</td>
<td>Gas burner lighted</td>
</tr>
<tr>
<td>Y</td>
<td>Provider's cell called</td>
</tr>
<tr>
<td>Y</td>
<td>Band Aids, Alcohol antiseptic wipes, Gauze, tape</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 Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Moved to high cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Medicine cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Locked under sink</td>
</tr>
<tr>
<td>Y</td>
<td>Other than medications and cleaning solutions</td>
</tr>
</tbody>
</table>
**GENERAL CLEANLINESS STANDARDS**

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

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

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

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

Diapering procedures are followed.

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

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

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

Emergency Documents

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

Planning and Maintenance

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

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

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

Evacuation Procedures:
The provider will grab the children, the ERTG and [Redacted] house. The baby will be in a stroller and the older child will be walking beside her. The provider will call [Redacted] know they are on their way so she can let them in. Once at the location they will shelter in the basement which has one door, a walkout patio door and one window. The provider will call the parent before leaving the care location and again after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will walk to the alternate evacuation location which is [Redacted]. The baby will be in a stroller and the older child will be walking beside her. Once at the location the provider will ask to be directed to the shelter room The provider will call the parent before leaving the care location and again after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Ursula Ahron</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 09/26/2022</td>
<td>Phone: [Redacted]</td>
</tr>
</tbody>
</table>
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 5/5/2021
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: Nicole
Last Name: Adams
Provider 462589
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>11/5/2019</td>
<td>1/1/0</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>11/5/2019</td>
<td>1/1/0</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Harmful Items are stored appropriately and away from children:
- Sharp or pointed items
- Medications of any kind
- Matches, lighters and flammable products
- Alcoholic beverages
- Guns
- Cleaning agents
### 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:
  - 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, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child's physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child's mouth with soap
    - Putting pepper or other spicy or distasteful items in a child's mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Disaster Supply Kit Comments/Notes:
- Huge tote bag which is stored 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 grab the Ready-To-Go kit from behind the front door and walk the children to [Redacted].
- The secondary evacuation location is [Redacted], which is located on [Redacted]. The Provider will grab the Ready-to-Go kit from behind the door and walk to the family's vehicle. The Provider will secure each child in her car seat before relocating to the destination. Once in [Redacted], the Provider will contact the parent by mobile phone via text and calls. The Provider will stay updated with the news using the smartphone too.

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: 5/5/2021</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:** Yarisa  
**Last Name:** Almonte  
**Provider ID:** 518870

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

### Safety of the Home

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

#### Health and Safety Training:

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

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

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

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

- Sharp or pointed items
- Medications of any kind
- Matches, lighters and flammable products

<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>☑️</td>
<td>Y</td>
<td>Stored in knife holder on back of kitchen counter</td>
</tr>
<tr>
<td>☑️</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>☑️</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Item</td>
<td>Does not own</td>
<td>Comment/Notes</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Corrective Action Completed: Lock added to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>kitchen cabinet with cleaning products</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
</tr>
<tr>
<td>Potassium cyanide</td>
<td>Y</td>
<td>Stored in containers in the garage</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

- All areas of the home are kept clean, including diapering areas.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when a child 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:
  - Tolieting;
  - 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:
  - Physical injury
  - Any sexual abuse
  - Mental injury

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- Flashlight
- 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: Stored in the garage shelf

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

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

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

Planning and Maintenance

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

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

Shelter in Place Procedure:
The provider will perform a head count and gather all the children and grab the ERTG. She and the children will head to the door. Once secured the provider will call or text the parent again.

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

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

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

Signatures & Date

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

PROVIDER

Printed Name: Vanesa Almonte
Signature: [Redacted]
Date: 7/13/2023

INSPECTOR

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

MSDE OCC Informal Care Inspection Checklist Page 3 of 3 Revised 10/2021
Inspection Date: 11/04/2022
Time In: 3:30PM   Time Out: 5:08PM   Result: PASSED

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

Provider Information
First Name: Felonie  Last Name: Altema  Provider ID: 497963
Email: [REDACTED]

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

Name of Children in Care (add pages if needed) Scholarship Date of Birth Age / Present (Y/N)
[REDACTED]  6/30/2012  10 / Yes
[REDACTED]  1/5/2009  13 / Yes

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

Health and Safety Training:
Basic Health and Safety Training Completed? Standard Met Y/N
Y

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

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

MSDE OCC Informal Care Inspection Checklist  Page 1 of 3  Revised 10/2021
### 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 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>
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<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 provide 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 N/A
- ☒ Thermometer
- ☒ Change of clothes
- ☒ Medications
- ☒ Blanket(s)
- ☒ Folder or binder for EPP documents
- ☒ Backpack(s) or carrying case(s)
- ☒ Consider special toys or games
- ☒ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

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

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

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

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

Planning and Maintenance

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

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

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

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

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

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 11/04/2022 Phone: [Redacted]</td>
<td>Date: 11/04/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Virtual Inspection**

**Inspection Date:** 09/17/2021  
**Follow-up Inspection Date:** 09/20/2021  
**Time In:** 2:00 PM  
**Time In:** 11:00 AM  
**Time Out:** 3:22 PM  
**Time Out:** 11:10 AM  
**Result:**

---

**Informal Care**

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

**Provider Information**

- **First Name:** Myelle  
- **Last Name:** Anderson  
- **License #:** [Redacted]  
- **Provider ID:** 401598  
- **Email:** [Redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/16/2003</td>
<td>12</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>10/28/2009</td>
<td>11</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>12/24/2019</td>
<td>1</td>
<td>Y</td>
</tr>
</tbody>
</table>

---

**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>On kitchen counter (back of counter) and in drawer</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Medicine cabinet above the toilet, no lock 9/20 – Provider corrected this issue and moved all medication to the lower cabinet area and added lock</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own any</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own any</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own any</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Top shelf of amour, and high shelf with a stepping below &amp; no lock 9/20 – Provider corrected this issue and moved to low cabinet with a lock added</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own any</td>
</tr>
</tbody>
</table>

### GENERAL CLEANLINESS STANDARDS

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<tr>
<th>Item</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>Using change pad in the bathroom area, and is also being potty trained</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Disposed of in the lower-level bathroom trash can an emptied daily</td>
</tr>
<tr>
<td>Child is changed immediately when she has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>Soap stations are clean and stocked in the bathroom and kitchen</td>
</tr>
</tbody>
</table>

### Diapering procedures are followed:

- Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Tottling,
  - 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>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</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>
</tr>
<tr>
<td>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
</tr>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hiting, Shaking</td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
</tr>
<tr>
<td>Not attending to a child’s physical needs</td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Reducuing</td>
<td></td>
</tr>
<tr>
<td>Washing a child’s mouth with soap</td>
<td></td>
</tr>
<tr>
<td>Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
</tr>
</tbody>
</table>
- 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
- Batteries
- Portable First Aid Kit
- Thermometer
- Medications
- Bottled water
- Non-perishable food
- Diapers
- Change of clothes
- Blanket(s)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Scissors, tape, and sealing plastic

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

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

**Disaster Supply Kit Comments/Notes:** Has the kit stored by the door for easy access. Inhaler, change of clothes for each child, diaper/wipe blanket, all 5 pages, extra car seat in the house and in provider car, 3 children’s books, houseware scissors, masking tape and heavy-duty trash 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:

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

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

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

**Signatures & Date**

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

**PROVIDER**

**Printed Name:** Myra Anderson

**INSPECTOR**

**Printed Name:** [Redacted]
Inspection Date: 10/11/2022
Time In: 1:45PM
Time Out: 2:45PM
Result: Failed

Follow up Date: 10/12/2022
Time In: 1:30PM
Time In: 1:35PM
Result: PASSED

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

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

Care Location Inspected
Street Address: 711 Harry S. Truman Rd, Apt 101
City: Largo
County: PG
State: MD
Zip Code: 20774
Address Verified? Yes

Name of Children in Care (add pages if needed)
Scholarship  Date of Birth  Age / Present (Y/N)
[Redacted]  05/17/2016  6 / No at school
[Redacted]  05/17/2016  6 / No at school
[Redacted]  01/15/2022  9 Mos./ Yes

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

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

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

Harmful items are stored appropriately and away from children:
- Sharp or pointed items Y
- Medications of any kind Y
- Matches, lighters and flammable products Y
- Alcoholic beverages Y
- Guns Y
- Cleaning agents Y
- Poisonous substances: Other than medications and cleaning solutions

### GENERAL CLEANLINESS STANDARDS

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<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
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<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. | Y |

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
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<tr>
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<th>Comments/Notes</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
</tr>
</tbody>
</table>
|  - Physical injury  
  - Any sexual abuse  
  - Mental injury | Y |
| 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. | Y |
| 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 | Y |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date: 01/12/2022</td>
<td>Phone: [Redacted]</td>
</tr>
<tr>
<td>Date: 10/12/2022</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:** Shirley  
- **Last Name:** Avery  
- **Provider ID:** 388835  
- **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>08/09/16</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>10/20/13</td>
<td>8</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>09/24/10</td>
<td>11</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>10/22/2009</td>
<td>12</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>11/22/2007</td>
<td>14</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>1/8/2018</td>
<td>4</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

**Health and Safety Training:**

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

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

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

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

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

**Standard Met Y/N:**

- On top of the counter: Y
- Locked in Mom's room: Y
- None in the house: Y
- None: Y
- Locked in the basement door locked: Y

---

*MSDE OCC Informal Care Inspection Checklist*  
*Page 1 of 4*  
*Revised 10/2021*
### GENERAL CLEANLINESS STANDARDS

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

- All areas of the home are kept clean, including diapering area.
- 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:
  - Toiling;
  - 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>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
- Batteries for Flashlight
- Portable First Aid Kit
- Bottled water
- Non-perishable food
- Diapers N/A
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?  Y

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

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

Item Specification (if needed):

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

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

Emergency Documents

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

Planning and Maintenance

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

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

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

Evacuation Procedures:
The provider will gather the kids and holding hands of the younger children, [Redacted], while [Redacted] grab the emergency to go bag and food Bag. They will then proceed out of the care location and [Redacted]. The provider will text or call once they get to [Redacted].

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

Signatures & Date

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

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

Page 3 of 4

Revised 10/2021
**Virtual Inspection**

**In-person Inspection**

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

<table>
<thead>
<tr>
<th>Inspection Date:</th>
<th>Time In:</th>
<th>Time Out:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/12/2021</td>
<td>10:00 AM</td>
<td>12:00 PM</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>

**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Provider ID:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirley</td>
<td>Avery</td>
<td>388835</td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9/19/2006</td>
<td>14</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>11/22/2007</td>
<td>13</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>8/9/2016</td>
<td>13</td>
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<tr>
<td></td>
<td>10/22/2009</td>
<td>11</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>9/24/2010</td>
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<td>Y</td>
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<tr>
<td></td>
<td>10/29/2013</td>
<td>7</td>
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</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</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>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>Mobile phones</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></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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harmful Items are stored appropriately and away from children:</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>N/A</td>
<td>No daily medication given</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>N/A</td>
<td>No protection/ no weapon in the home</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
**GENERAL CLEANLINESS STANDARDS**

- 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**

- A child is not subject to any form of abuse, including:  
  - Physical injury  
  - Any sexual abuse  
  - Mental injury  
- A child in care is not subjected to any form of neglect, including:  
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.  
- A child in care is not subjected to mistreatment, including:  
  - Any deliberate act that hurts a child physically or emotionally, including:  
    - Spanking, Biting, Hitting, Shaking  
    - Any other means of physical discipline  
    - Not attending to a child's physical needs  
    - Shouting, Cursing, Shaming, Ridiculing  
    - Washing a child's mouth with soap  
    - Putting pepper or other spicy or distasteful items in a child's mouth  
    - Requiring a child to stand on one foot as punishment  
    - Tying child to a cot or other equipment.

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

---

## Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

Disaster Supply Kit Comments/Notes:
Very organized, items were all placed in a large bag. Every child had their own device/toy and set of clothes. There was enough non-perishable food supplied for the children in care. The bag will be stored in the coat closet by the front door.

Emergency Documents

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

Planning and Maintenance

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

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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
The Ready-to-Go Pack is easily accessible in the closet by the front door. The Provider will collect the children from their rooms, dress them appropriately for the weather. The older children will hold on to the younger children's hand and walk out the house. Once outside, the Provider will count the children and walk to [ ] Provider will use her cell phone to call [ ] to pick them up and relocate to [ ]. The Provider will communicate with the parent using text message before, during and after the evacuation.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date: 5/12/2021</td>
</tr>
<tr>
<td>Phone:</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: Christina  
Last Name: Baierlein  
Provider ID #:  
Provider ID: 493093  
Email:  

**Care Location Inspected**

Street Address:  
City:  
County:  
State: MD  
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>(11/10/2020)</td>
<td>1yr</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(01/03/2015)</td>
<td>7yr</td>
<td>N</td>
</tr>
</tbody>
</table>

---

**Safety of the Home**

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

**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 insula toilet Y  
- Has utilities for cooking, lighting, and heating Y  
- Has a working 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

**Comments/Notes Corrective Action/Timeframe if needed**

- Kitchen draw with lock on cabinet  
- High kitchen cabinet  
- Stored above fridge  
- Does not own  
- Locked cabinet in kitchen  

---

MSDE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th>Poisonous substances</th>
<th>Y</th>
<th>Has a lock on the garage entry door where its stored-on shelf</th>
</tr>
</thead>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

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

| Diapering procedures are followed. | Y |

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

**Soap station at every sink**

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

A child is not subject to any form of abuse, including:

| Physical injury |
| Any sexual abuse |
| Mental injury | Y |

A child in care is not subjected to any form of neglect, including:

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

A child in care is not subjected to mistreatment, including:

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- Flashlight
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Portable First Aid Kit
- Diapers
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, stored in master bedroom closet

Emergency Documents

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

Planning and Maintenance

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

First Name ___________________________ Last Name ___________________________

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

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

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

Evacuation Locations:

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

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

Items to be Corrected: N/A

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Christina Baierlein</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 9-5-22 Phone: [redacted]</td>
<td>Date: 09-02-22 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:** Pamela
- **Last Name:** Banks
- **Provider ID:** 485448
- **Email:** [Redacted]

### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>05/26/2018</td>
<td>11 yr</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>09/06/2016</td>
<td>5 yr</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>10/20/2021</td>
<td>7 mos</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 Corrrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Is in good repair:** Y
- **Is free of insect or rodent infestation:** Y
- **Is well-lit and well-ventilated:** Y
- **Has hot and cold running water:** Y
- **Has a working inside toilet:** Y
- **Has utilities for cooking, lighting and heating:** Y
- **Has a working 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

- **On counter toward the back**
- **None in the house**
- **Unopen Bottle of wine back of counter**
- **None**
- **Locks needed under sink in kitchen. Follow up.**
- **Other than medications and cleaning solutions**

### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Y</td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
</tbody>
</table>

### Child Abuse, Neglect and Mistreatment Standards

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</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>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child's physical needs</td>
<td></td>
</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
</tr>
<tr>
<td>• Washing a child's mouth with soap</td>
<td></td>
</tr>
<tr>
<td>• Putting pepper or other spicy or distasteful items in a child's mouth</td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
</tr>
</tbody>
</table>

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

Location of The Emergency Ready to go Pack: Living room

Item Specification (if needed):
- Pajamas, 2 onesies, 2 outfits diapers, wipes, top & bottom for Jaylen, dress for Amani
- 4 tuna packages, 12 8 oz. bottles of water, 4 apple sauce, pop tarts, chips
- Rattles, blocks, stuff animal, books, playing cards
- 4 AA, band aids, gauze, antiseptic wipes.

Items to review on 05/04/2022 if needed:
- Lock under sink in kitchen and bathroom – Observed 5/4/2022
- Folder with emergency documents – Observed 5/4/2022
- Second bag – Observed 5/4/2022

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

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

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

Shelter In Place Procedure:
- Gather the children, the baby, take baby's swing and the emergency to go bag, and head to the basement. The basement one window and one door. Provider will call parent before, during, and after the shelter in place.

Evacuation Procedures:
- Gather the children and the emergency to go bag and walk across the street to provider's friend's house. The provider has a key to gain entry and once inside they will shelter in the basement of the house that has one window and one door. Provider will call parent as soon as she knows they have to evacuate the house and keep contact, during and after the emergency, if they cannot shelter at the friend's house, they would drive to provider's sister's house. Provider will gather the children, get the car seat, emergency bag, and go to the vehicle. Provider will secure the baby in a rear-facing car seat and make sure other children are secure with seat belt before driving to alternate evacuation location. Provider will call parent before leaving care location and keep contact, during and after the emergency.

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: RAMELA M. BANKS</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 05/04/2022</td>
<td>Phone: [Redacted]</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Date: 05/04/2022</td>
</tr>
</tbody>
</table>
Inspection Date: 10/05/2022
Time In: 1:45PM
Time Out: 2:10PM
Result: PASSED

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

Provider Information
First Name: Shirley
Last Name: Bauer
Provider ID #: [Redacted]
Provider ID: 496840
Email: [Redacted]

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

Name of Children in Care (add pages if needed) Scholarship Date of Birth Age / Present (Y/N)
[Redacted] 04/24/2022 5 Months / Yes

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

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

Home is free of health and safety hazards:
- 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 High Cabinet
- Medications of any kind Y High Cabinet
- Matches, lighters and flammable products Y
- Alcoholic beverages Y None
- Guns Y None
- Cleaning agents Y
- Poisonous substances Y Other than medications and cleaning solutions
<table>
<thead>
<tr>
<th>General Cleanliness Standards</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
| Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:  
  • Toileting;  
  • Diapering;  
  • Before food preparation and eating;  
  • After playing outdoors; and  
  • At other times when necessary to prevent the spread of disease. | Y |  |

<table>
<thead>
<tr>
<th>Child Abuse, Neglect and Mistreatment Standards</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
</table>
| A child is not subject to any form of abuse, including:  
  • Physical injury  
  • Any sexual abuse  
  • Mental injury | Y |  |
| A child in care is not subjected to any form of neglect, including:  
  • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;  
  • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y |  |
| A child in care is not subjected to mistreatment, including:  
  • Any deliberate act that hurts a child physically or emotionally, including:  
    • Spanking, 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 | Y |  |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |  |

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- flashlight
- batteries for flashlight
- portable first aid kit
- thermometer
- medications

- bottled water
- non-perishable food
- diapers
- change of clothes
- blanket(s)
- folder or binder for EPP documents
- backpack(s) or carrying case(s)
- consider special toys or games
- heavy duty scissors, duct tape/ packing tape & sealing plastic/trash bags
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?  Y

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

Location of The Emergency Ready to go Pack: Close to front door

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

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

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name [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 Milani the ERTB and head to the dining room which has one door and two windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secured.

Evacuation Procedures:
The provider will gather [Redacted] vehicle where she will secure [Redacted] seats before driving to the primary evacuation location which is provided [Redacted]. Once at the location, the provider will gain entry with [Redacted] and head to the basement that has two windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is the provider’s house. The provider will gather [Redacted] vehicle where she will secure [Redacted] car seats before driving to the alternate evacuation location. Once at the location, the provider will gain entry with spare key and head to the basement that has two windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shirley Bauer</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 10/1/22  Phone: [Redacted]</td>
<td>Date: 10/5/2022  Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
In Informal Care:

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

In Provider Information:

- First Name: Demetrios
- Last Name: Benjamin-Frazier
- Provider ID: 506206
- Email: [Redacted]
- Address Verification: Yes

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/04/2012</td>
<td>10</td>
<td>No, at school</td>
</tr>
</tbody>
</table>

In 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

In Health and Safety Training:

- Standard Met Y/N: Y
- Comments/Notes: Relative Informal Care - Certificate Submitted

In Home is free of health and safety hazards:

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In good repair</td>
<td>Y</td>
<td>Tested hot water and observed steam</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></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></td>
</tr>
</tbody>
</table>

In Harmful Items are stored appropriately and away from children:

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sharp or pointed items</td>
<td>Y</td>
<td>Knife was moved to highest cabinet above stove</td>
</tr>
<tr>
<td>• Medications of any kind</td>
<td>Y</td>
<td>Corrective Action: Lock added to medicine cabinet</td>
</tr>
<tr>
<td>• Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>• Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>• Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>• Cleaning agents</td>
<td>Y</td>
<td>Corrective Action: Lock added to cabinet with cleaning agents</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<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:
  - 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, Hiting, Shaking
    - Any other means of physical discipline
    - Not attending to a child's physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child's mouth with soap
    - Putting pepper or other spicy or distasteful items in a child's mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- 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 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 front door

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

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

Electrical outlet covers - corrected all outlets covered or in use. Lock on cleaning agents under sink - added locks to both the kitchen and bathroom cabinets w/ cleaning products & medicines. Observed large knife - moved to highest kitchen cabinet abov e the stove. First aid for the home - first aid kit stored in bathroom wall cabinet, move Hydrogen peroxide, rubbing alcohol and Lysol to Kitchen - moved to bathroom and kitchen cabinets with locks, Flash light and extra batteries - added to ERTG. Clothes - 1 t.shirt, underwear & 2 pants. Book or game - 2 books, EPP & ECMA - both set of forms in folder in ERTG. Hot water - observed and tested the hot water and observed steam

Emergency Documents

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

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name: Demetrius
Last Name: Benjamin-Frazier

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

Shelter In Place Procedure:
The provider will grab the ERTG and shelter in the bathroom. The room has one door and no window. If the need arises, the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure in the bathroom.

Evacuation Procedures:
The provider will grab the emergency bag and proceed to the designated path that has been established with a and walk to the primary evacuation location, which is located within a 10 minute walk. Once at the location, the provider will shelter in the no window one double door. The provider will call the parent before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is The provider will grab the emergency bag, get to either catch a bus or an Uber. If traveling by Uber, the provider will be sure secured in a seat belt. Once at the location, the provider will inquire as to where to shelter. The provider will call the parent at the care location and immediately after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Demetrius Benjamin-Frazier</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Date: 2/4/2023</td>
<td>Signature:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Date: 02/03/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Virtual Inspection

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

**Inspection Date:** 10/14/2021  
**Time In:** 2:28 PM  
**Time Out:** 3:23 PM  
**Result:** PASSED

### Informal Care

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

#### Provider Information

**First Name:** Barbara  
**Last Name:** Bennett  
**Provider ID:** NOT IN CCATS  
**Email:**

#### Care Location Inspected

**Street Address:**

**City:**

**County:**

**State:**

**Zip Code:**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/15/2016</td>
<td>5 / N</td>
<td></td>
</tr>
</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?**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Relative Informal Care</td>
</tr>
</tbody>
</table>

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

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

**GENERAL CLEANLINESS STANDARDS**

- All areas of the home are kept clean, including diapering area.
  
  | Y |
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
  
  | Y | Clean trash area outside, no diaper age child |
- Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.
  
  | Y |
- Diapering procedures are followed.
  
  | N/A | No diaper age children |
- Handwashing procedures are followed, provider and child's hands washed thoroughly with soap and warm running water after:
  
  - Toiletting.
  - Diapering.
  - Before food preparation and eating.
  - After playing outdoors; and
  - At other times when necessary to prevent the spread of disease.
  
  | Y |

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

- A child is not subject to any form of abuse, including:
  
  - Physical injury
  - Any sexual abuse
  - Mental injury
  
  | Y | No type of abuse |
- A child in care is not subjected to any form of neglect, including:
  
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm.
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.
  
  | Y |
- A child in care is not subjected to mistreatment, including:
  
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Hitting, Shaking
    - Any other means of physical discipline
    - Neglecting a child's physical needs
Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

✓ Flashlight
✓ Batteries
✓ Portable First Aid Kit
✓ Thermometer
✓ Medications
✓ Bottled water
✓ Non-perishable food
✓ Diapers (N/A)
✓ Change of clothes
✓ 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:
1 Flashlight
3 Extra Batteries
1 First Aid Kit
1 Blanket
1 Thermometer
1 Duct Tape
1 Roll of Sealing Plastic
1 Outfit (Jeans/Shirt)
1 Asthma Pump/Tylenol
4 Bottled Water
4 Cans of Food
No Diapers (N/A)
Small Suitcase (Carrying Case)
EPP and ECMA Documents in Folder
2 Special Toys
1 Hardware Scissor

Emergency Documents

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

Planning and Maintenance

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

First Name

Last Name

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Small Suitcase in the living room near front door

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

Evacuation Location (Primary): Grab the kit, and the kid and put him in the booster seat of the car and buckle him in, drive to her house, go
<table>
<thead>
<tr>
<th>Printed Name: Barbara Bennet</th>
<th>Printed Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 10/07/21</td>
<td>Date: 10/14/2021</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:** Shaniqua
- **Last Name:** Bentley
- **Provider ID #:** [Redacted]
- **Email:** [Redacted]
- **Provider ID:** 501073

**Care Location Inspected**

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

**Address Verified?** Yes

<table>
<thead>
<tr>
<th>Name of Children in Care (add pages if needed)</th>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5/16/2022</td>
<td>5 Months / No With mom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/13/2016</td>
<td>6 / School</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/10/2012</td>
<td>10 / School</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
  - [ ] Standard Met
  - [x] Certificate Submitted

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is in good repair</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>• Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No sign of infestation</td>
</tr>
<tr>
<td>• Is well-lit and well-ventilated</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>• Has hot and cold running water</td>
<td>Y</td>
<td>Steam observed</td>
</tr>
<tr>
<td>• Has a working inside toilet</td>
<td>Y</td>
<td>Cleaning agents &amp; Bleach must be moved</td>
</tr>
<tr>
<td>• Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Thermostat dialed up</td>
</tr>
<tr>
<td>• Has a working and safe heating system</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working refrigerator and stove</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working telephone</td>
<td>Y</td>
<td>Provider's cell called</td>
</tr>
<tr>
<td>• Has operational smoke detector(s)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>• Has first aid kit/supplies</td>
<td>Y</td>
<td>Bandages, tape, gauze, (Ointment needed)</td>
</tr>
<tr>
<td>• Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>Covered, in use or behind furniture</td>
</tr>
</tbody>
</table>

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

- **Sharp or pointed items**
  - [ ] Standard Met
  - [x] Upper Cabinet
- **Medications of any kind**
  - [ ] Standard Met
  - [x] None
- **Matches, lighters and flammable products**
  - [ ] Standard Met
  - [x] None
- **Alcoholic beverages**
  - [ ] Standard Met
  - [x] None
- **Guns**
  - [ ] Standard Met
  - [x] Under kitchen sink cabinet needs lock
- **Cleaning agents**
  - [ ] Standard Met
  - [x] Other than medications and cleaning solutions
- **Poisonous substances**
  - [ ] Standard Met
  - [x] Other than medications and cleaning solutions
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed. Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</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></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>
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<td></td>
</tr>
<tr>
<td>- Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Washing a child’s mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

MSDE OCC Informal Care Inspection Checklist

Page 2 of 4

Revised 10/2021
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

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

Item Specification (if needed):
26 AA batteries, 9 diapers, box of wipes, can mixed vegetables, 1 cans corn, 2 baked beans, 2 can tuna, 2 chicken noodle soup, 7 baby food packets, mixed 4 16oz water bottles,
2 Onies, Onies under wares, 2 shorts, 8 pants, 4 shirt, 7 under wares, 2 socks
Alcohol wipes, tape, gauze, gloves, band aids, thermal blankets, 4 books, teething toy, rattle

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

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

Planning and Maintenance

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

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

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

Evacuation Procedures:
The provider will place the baby in the stroller, grab the emergency bag and put them under the stroller, the children will hold onto the stroller as they walk to the primary evacuation location. If for some reason they cannot The provider will secure the baby in rear facing car seat, the 6 year old in toddler in booster seat and the older child in their seatbelts, before being driven to the primary evacuation location. Provider will call. Once at the location, they will shelter in the basement which has no windows and one door.

The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location. The provider will put the baby in the stroller, put the emergency bag under the stroller, who will also be carrying the toddler seat. The provider will secure the baby in car seat, 6 year old in toddler seat and the older child in their seatbelts, before being driven to the location. The provider will call the care location, to let her know they are on their way. They will shelter in the basement that has one windows and two doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location, call again after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Sharnique Bentley</td>
<td>Printed Name: __________________</td>
</tr>
<tr>
<td>Signature: __________________</td>
<td>Signature: __________________</td>
</tr>
<tr>
<td>Date: 11/09/2022</td>
<td>Phone: 1-877-227-0125</td>
</tr>
<tr>
<td>Phone: __________________</td>
<td>Date: 11/09/2022</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name: Melanie  
Last Name: Berryman  
Provider ID: Not in CCATS  
Email: [redacted]

**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>6/24/20</td>
<td>1 year</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**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>N/A</td>
<td></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>Under cabinets and base boards viewed</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>4 burners turned on. Frozen food in the freezer and refrigerator, Natural and artificial lighting throughout the home.</td>
</tr>
<tr>
<td>Y</td>
<td>Apartment regulated.</td>
</tr>
<tr>
<td>Y</td>
<td>4 burners turned on. Frozen food in the freezer and refrigerator</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made by provider on cell phone.</td>
</tr>
<tr>
<td>Y</td>
<td>Test button pressed.</td>
</tr>
<tr>
<td>Y</td>
<td>Alcohol, bandages, gloves, wipes, mask, Tylenol</td>
</tr>
<tr>
<td>Y</td>
<td>1 Outlet cover. The other outlets are in use.</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>On counter in dish drainer. In the drawer when done washing.</td>
</tr>
<tr>
<td>Y</td>
<td>Kept on a high shelf out of reach of the child.</td>
</tr>
<tr>
<td>Y</td>
<td>Not kept in the home.</td>
</tr>
<tr>
<td>Y</td>
<td>Not kept in the home.</td>
</tr>
</tbody>
</table>
- 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>The master bedroom kept clean.</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.
  - Carries hand sanitizer gel in her purse.

**CHILD ABUSE, NEGLIGENCE 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, Hit, 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
<table>
<thead>
<tr>
<th>Items in the Disaster Supply Kit are clean, organized, and usable?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Ready-to-Go Pack is available and easily accessible in the event of an emergency?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

**Planning and Maintenance**

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

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

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

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

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Melanie Berryman Gordon</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 10/19/21</td>
<td>Date: 10/19/2021</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

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

**Safety of the Home**

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

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

**Health and Safety Training:**

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made to provider’s phone</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide, Ointment moved to high level shelf in hallway closet</td>
</tr>
<tr>
<td>Y</td>
<td>All outlets were occupied or covered</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in high kitchen cabinet above the stove and sink</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in high cabinet in kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td><strong>Standard Met Y/N</strong></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><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></th>
<th><strong>Standard Met Y/N</strong></th>
<th><strong>Comments/Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, 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>A child in care is not subjected to mistreatment, 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>
</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
- ☒ Portable First Aid Kit
- ☒ Diapers (N/A)
- ☐ Folder or binder for EPP documents
- ☐ Backpack(s) or carrying case(s)
- ☐ Consider special toys or games
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td>☐ Change of clothes</td>
</tr>
<tr>
<td>☐ Heavy Duty Scissors, duct tape/</td>
<td>packing tape &amp; sealing plastic/trash bags</td>
</tr>
<tr>
<td>☐ Medications (N/A)</td>
<td>☐ Blanket(s)</td>
</tr>
<tr>
<td>Items in the Disaster Supply Kit are</td>
<td>clean, organized, and usable (Y/N)? Y</td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available</td>
<td>and easily accessible in the event of an emergency (Y/N)? Y</td>
</tr>
<tr>
<td>Location of The Emergency Ready to go Pack</td>
<td>Stored in the living room corner</td>
</tr>
<tr>
<td>Item Specification (if needed):</td>
<td>- 1 flashlight, 3 extra D batteries, roll of trash bags, 3 duffle bags</td>
</tr>
<tr>
<td></td>
<td>(carrying case), 3 blankets, 1 thermometer, balls/card games, 1</td>
</tr>
<tr>
<td></td>
<td>first aid kit, 3 outfits (top/bottom), 3 canned foods, 6 bottled waters,</td>
</tr>
<tr>
<td></td>
<td>1pk of wipes, folder w/ EPP and ECMA per child, no spec meds, 1 pair of</td>
</tr>
<tr>
<td></td>
<td>scissors, and 2 rolls of duct tape</td>
</tr>
</tbody>
</table>

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

Emergency Documents

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

Planning and Maintenance

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

First Name: Cheryl
Last Name: Birdow

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

Shelter in Place Procedure:

The provider will gather the children and the ERTG and call the parent and call 911 if needed go into: [Redacted] (1 door 1 window) interior closet (1 door 0 windows). If the need should arise the provider would use the sealing plastic and tape to secure the door. She would then call the parent again once the emergency has ended.

Evacuation Location(s) Procedures:

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

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

Signatures & Date

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

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

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

**Provider Information**
- **First Name:** Cheryl
- **Last Name:** Birdow
- **Provider ID #:** [Redacted]
- **Provider ID:** 357957
- **Email:** [Redacted]

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

**Address Verified?** Yes

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

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

**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**

**Comments/Notes**

- Steam Observed
- Flush Observed
- Burners operational
- Observed
- Light turned on
- Call observed
- Alarm sounded
- Covered if not in use or behind furniture

- Where children cannot reach
- High cabinet in Kitchen
- Matched up high
- None
- None
- Moved to a high shelf in the linen closet.
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></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 Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></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
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

**Location of The Emergency Ready to go Pack:** Living room by the front door

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

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

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

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

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

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

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

**Signatures & Date**

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

**PROVIDER**

- Printed Name: Cheryl Birdow
- Signature: [Redacted]
- Date: 4/13/22

**INSPECTOR**

- Printed Name: [Redacted]
- Signature: [Redacted]
- Date: 04/13/2022
- Phone: 1-877-227-0125
# Informal Care Inspection Checklist

**Inspection 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:** Cheryl  
- **Last Name:** Birdow  
- **Provider ID:** 357957  
- **Email:** [redacted]

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

### Name of Children in Care (add pages if needed)
<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>09/15/2016</td>
<td>4/ Y</td>
<td></td>
</tr>
<tr>
<td>[redacted]</td>
<td>02/28/2012</td>
<td>9/ Y</td>
<td></td>
</tr>
<tr>
<td>[redacted]</td>
<td>02/28/2012</td>
<td>9/ Y</td>
<td></td>
</tr>
<tr>
<td>[redacted]</td>
<td>11/08/2008</td>
<td>12/ Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

---

MSDE OCC Informal Care Inspection Checklist 2020-03-26  
Page 1 of 3
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:
  - 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>Y</td>
</tr>
</tbody>
</table>

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

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

- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, 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.
- Verbally agreed to comply

---

### 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

---

MSDE OCC Informal Care Inspection Checklist 2020-03-26 Page 2 of 3
- **Medications**: ✔
- **Blanket(s)**: ✔

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

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

**Disaster Supply Kit Comments/Notes:**

Huge tote bag which is stored 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 grab the Ready-To-Go kit from behind the front door and walk the children down the steps to the vehicle. The Provider will contact the mother by phone before securing the children in the vehicle. [Redacted] has a booster seat while the other children will secure themselves with a traditional seat belt. Once the Provider is secured in her seat, she will drive [Redacted]. The Provider shared that she will keep the parents aware of all conditions by using her cell phone.

The 2nd evacuation location is the [Redacted], which is in [Redacted]. This will be the place where the children reunite with the parent once the emergency is lifted.

**Signatures & Date**

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

**PROVIDER**

- **Printed Name**: [Redacted]
- **Signature**: [Redacted]
- **Date**: [Redacted]

**INSPECTOR**

- **Printed Name**: [Redacted]
- **Signature**: [Redacted]
- **Phone**: [Redacted]
- **Date**: 5/20/2021
- **Phone**: 410-767-7832
**Informal Care**

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

**Provider Information**

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

**Care Location Inspected**

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

**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>9/29/12</td>
<td>9 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6/30/17</td>
<td>4 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>12/14/19</td>
<td>2 y/o</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>10/29/21</td>
<td>6 mos</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<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? **N/A**

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

- Is in good repair: **Y**
- Is free of insect or rodent infestation: **Y**
- Is well-lit and well-ventilated: **Y**
- Has hot and cold running water: **Y**
  - Temp. tested with thermometer 105.7 degrees
- Has a working inside toilet: **Y**
  - Flush observed
- Has utilities for cooking, lighting and heating: **Y**
- Has a working and safe heating system: **Y**
  - Temp turned up
- Has a working refrigerator and stove: **Y**
  - All burners and refrigerator operational
- Has a working telephone: **Y**
  - Outbound call made
- Has operational smoke detector(s): **Y**
  - Test button pressed
- Has first aid kit/supplies: **Y**
  - Gauze, Bandages, Alcohol pads
- Has protective coverings on any electrical outlet that is accessible to children: **Y**
  - 6 outlet covers

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Diapers kept clean and</td>
</tr>
</tbody>
</table>

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

- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Tolieting;
  - 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>
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<tr>
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</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

- Flashlight
- Bottled water
- Batteries
- Non-perishable food
- Portable First Aid Kit
- Diapers
- Thermometer
- Change of clothes
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, Duct Tape/
Location of Emergency Ready to Go Pack: Near the front door next to a buffet table

Item Specification (if needed):
- 4 trash bags, large blue scissors and Duct tape
- Car steering wheel toys
- Green flash light 3 D Batteries
- First Aid Kit: Ice pack, bandages, gauze, alcohol pads
- Diapers: 3 each
- A pack of wipes
- 6 Bottles of 8 oz. water 3 16 oz.
- 3 Canned Ravioli
- Tops: White Top, White & Orange Top, Onsie
- White Top Bottoms: Black Bottoms, Orange Bottoms, Black Bottoms
- Blankets: Orange , Tan, White and Blue

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 Procedure:
The provider will Call mom firs then gather the children and place them in a large closet . Make sure the windows and doors are locked. Tape the windows with duct tape and trash bag. The emergency bag will already be in the closet (1 door 0 windows).

Evacuation Procedures:
The provider will gather the children, grab the stroller and secure the 2 children in the stroller. The Provider will then call the parent before leaving the house. Once outside of the home the Provider will go through the front or back door and walk over the neighbor's house two doors over. The Provider will call [redacted] to shelter. If the Provider [redacted] she will call [redacted] pick them up. The provider will gather the three children and exit the [redacted] to pick them up in his vehicle where the children will be secured in their car seat and seat belts. On the way to the location the Provider will contact the Parent and give her an update. Once at the location the Provider and the children will shelter in the the son's bedroom closet (1 door 0 windows). Once secured the Provider will contact the parent.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [redacted]</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: [redacted]</td>
<td>Date: 04/08/2022</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
# Informal Care Inspection Checklist

**Inspection Date:** 2/24/2022  
Follow up 02/28/2022  
Time In: 1:45Pm 11:00AM  
Time Out: 3:15pm 12:00  
Result: Failed

## Informal Care

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

### Provider Information

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

### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9/29/2012</td>
<td>9</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>6/30/2017</td>
<td>4</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>12/14/2019</td>
<td>2</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>10/29/2021</td>
<td>5 months</td>
<td>Y</td>
</tr>
</tbody>
</table>

## Safety of the Home

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

### Health and Safety Training:

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

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

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

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

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

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

- All areas of the home are kept clean, including diapering area.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Toleting;
  - 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>
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<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
</tr>
</tbody>
</table>

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

---

*MSDE OCC Informal Care Inspection Checklist*  
Page 2 of 4  
Revised 10/2021
Thermometer ☐ Change of clothes ☐ Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
☐ Medications N/A ☐ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** In a closet off the family room.

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

**Items to review on Monday 02/28/2022 if needed:**

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

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

**Planning and Maintenance**

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

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

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

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

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

**Alternate Location:**
The provider will call. The provider will The provider will gather the three children and exit the house and where the children will be secured in their car seats and seat belt before heading to

**Signatures & Date**

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

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

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

**Provider Information**

- **First Name:** Kathy
- **Last Name:** Bowen
- **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):** [Redacted]

**Scholarship:** [Redacted]

**Date of Birth:** (07/19/2022)

**Age:** 8mos./Y

**Present (Y/N):** Y

**Safety of the Home**

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

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

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

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

<table>
<thead>
<tr>
<th>Harmful items are stored appropriately and away from children:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Stored in knife holder on the back of kitchen counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in high cabinet in bathroom</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>All cleaning agents stored under kitchen with lock</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></td>
<td></td>
</tr>
</tbody>
</table>

**Inspection Date:** 04/06/2023

**Time in:** 10:30AM  
**Time Out:** 11:39AM  
**Result:** PASSED
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y</th>
<th>Diapering area in child's bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Diapers are thrown away daily in diaper genie</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>All additional diapering needs in storage holder in child's bedroom</td>
</tr>
<tr>
<td>Diapering procedures are followed.</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>Standard Met</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td>Y</td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</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>Y</td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td></td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
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<td>• Not attending to a child's physical needs</td>
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</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<tr>
<td>• Washing a child's mouth with soap</td>
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<tr>
<td>• Putting pepper or other spicy or distasteful items in a child's mouth</td>
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<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
</tr>
</tbody>
</table>

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

Location of The Emergency Ready to go Pack: Stored in the corner of the dining room

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

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

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will gather the child and grab the emergency bag and head into [place name] (1 door 0 windows). The provider will ensure the door is sealed with sealing plastic and tape. Provider will call or text the parent to inform her of the emergency.

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

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

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Kathy Bowen</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 04/06/2023</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

<table>
<thead>
<tr>
<th>Type of Care (check one):</th>
<th>Non-relative Informal Provider Care</th>
<th>Relative Informal Provider Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name: Charlotte</td>
<td>Last Name: Briscoe</td>
<td>Provider ID: 463003</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Location Inspected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address Verified? Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06/24/2016</td>
<td>6yr</td>
<td>No, at school</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

**Basic Health and Safety Training Completed?**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No sign of insects or rodents</td>
</tr>
</tbody>
</table>

**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>Steam observed</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

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

**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>Gas stove operational</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Observed light coming on when opened</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Called provider on cell phone</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Hand-Aids, aliment</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Back of counter top</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>None in the house</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>None in the house</td>
</tr>
</tbody>
</table>
### Purified Substances

<table>
<thead>
<tr>
<th>General Cleanliness Standards</th>
<th>Standard Met</th>
<th>Other Than Medications and Cleaning Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Corrective Action / Timeline if needed</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 she 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>Hand washing 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</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>Child is not subject to any form of abuse, including:</th>
<th>Standard Met</th>
<th>Corrective Action / Timeline if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child in care is not subjected to any form of neglect, including:</th>
<th>Standard Met</th>
<th>Corrective Action / Timeline if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child in care is not subjected to mistreatment, including:</th>
<th>Standard Met</th>
<th>Corrective Action / Timeline if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
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<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></td>
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<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
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<tr>
<td>Washing a child’s mouth with soap</td>
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<td>Putting pepper or other spicy or distasteful items in a child’s mouth</td>
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<td>Requiring a child to stand on one foot as punishment</td>
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<tr>
<td>Tying child to a cot or other equipment</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 clear, organized, and usable. Comment and note below if needed.

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Bottled water
- Non-perishable food
- Backpack(s) or carrying case(s)
- Diapers N/A
- Consider special toys or games

MSDE OCC Informed Care Inspection Checklist Page 2 of 3 Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Heavy Duty Sack(s), duct tape, packing tape &amp; sealing plastic bags</td>
</tr>
<tr>
<td>A2</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>A3</td>
<td>Medications N/A</td>
</tr>
<tr>
<td>B1</td>
<td>Blanket(s)</td>
</tr>
</tbody>
</table>

- Item 1 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:** Hallway by basement stairs

**Items to review on a (daily/weekly) 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:**  
**Last Name:**  

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

**Shelter in Place Procedure:**

- Grab the emergency bag that is at the top of the stairs, get down to the basement bathroom that has no windows and one door, provider will call the parent once they are secure in the shelter.

**Evacuation Procedures:**

- Provider will get the emergency bag and other walk or drive to evacuation location.

**Signatures & Date**

**Provider:** Charlene Briscoe  
**Printed Name:**  
**Signature:**  
**Date:** 5/4/20  
**Phone:**  

**Inspector:**  
**Printed Name:**  
**Signature:**  
**Date:** 05/04/2022  
**Phone:** 1-877-237-0125
**Informal Care Inspection Checklist**

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

### Informal Care

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

### Provider Information

- **First Name:** Jacqueline  
- **Last Name:** Brooking  
- **Provider ID:** 516292  
- **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>(09/09/2014)</td>
<td>8yr</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(09/13/2017)</td>
<td>5yr</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>(09/15/2018)</td>
<td>4yr</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(09/22/2019)</td>
<td>3yr</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(08/31/2020)</td>
<td>2yr</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

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

---

Revised 10/2021

MSDE OCC Informal Care Inspection Checklist
<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cleaning products stored on two high shelves in laundry room</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapering area organized in play pen carrier</td>
</tr>
<tr>
<td>Y</td>
<td>Diapering supplies near changing pad in parent’s bedroom</td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- Flashlight
- 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 (N/A)  Consider special toys or games  
Thermometer  Change of clothes  Heavy Duty Scissors, duct tape/ 
Medications  Blanket(s)  packing tape & sealing plastic/trash 
 bags

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

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

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

Item Specification (if needed):
1. Flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds (gen. cough medicine incl.), 6 bottled waters, 6 canned foods, 6 diapers and 1pk of wipes, 5 outfits (top/bottom), 2 blankets, 4 toys, 1 pair of scissors, 1 roll of duct tape, 1 pk of sealing plastic. Folder w/ EPP and ECMA per child
2. Items to be reviewed on xx/xx/xxxx. N/A

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will gather the children and ERTG and go into the

The provider will use the sealing sheeting and tape to seal the door, window and vents if needed. The provider will call and text the parent before, during and after the emergency.

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

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

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

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

Printed Name: [redacted]
Date: 7-6-23
Phone:

Printed Name: [redacted]
Signature: [redacted]
Date: 07/06/2023
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  
- [x] Relative Informal Provider Care

**Provider Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Amperita</th>
<th>Last Name:</th>
<th>Brookins</th>
<th>Provider ID:</th>
<th>485868</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID #:</td>
<td>[Redacted]</td>
<td>Email:</td>
<td>[Redacted]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>[Redacted]</th>
<th>City:</th>
<th>[Redacted]</th>
<th>County:</th>
<th>[Redacted]</th>
<th>State:</th>
<th>[Redacted]</th>
<th>Zip Code:</th>
<th>[Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Verified?:</td>
<td>Yes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(08/23/2010)</td>
<td>12yr. / N</td>
</tr>
<tr>
<td></td>
<td>(02/04/2022)</td>
<td>1yr. / Y</td>
</tr>
<tr>
<td></td>
<td>(12/24/2018)</td>
<td>4yr. / N</td>
</tr>
<tr>
<td></td>
<td>(11/10/2010)</td>
<td>2yr. / N</td>
</tr>
</tbody>
</table>

**Safety of the Home**

**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>Y</td>
<td></td>
<td>Relative Informal Care – Certificate Submitted</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in high cabinet in bathroom</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in garage will move high</td>
</tr>
<tr>
<td>Y</td>
<td>All stored in locked cabinets or closets</td>
</tr>
<tr>
<td>Y</td>
<td>Outside in the shed</td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diaper supplies stored in basket in living room</td>
</tr>
<tr>
<td>Y</td>
<td>Thrown away daily as needed</td>
</tr>
<tr>
<td>Y</td>
<td>Diaper supplies stored in basket in living room</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>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 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
- ☐ 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)
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 near exit door

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

Items to be reviewed on xx/xx/xxxx:

---

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

Planning and Maintenance

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amperita</td>
<td>Brokkins</td>
</tr>
</tbody>
</table>

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

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

Evacuation Location(s) Procedures:

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

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and go to the provider's vehicle. The provider will secure the baby in the rear-facing car seat, two toddler children in their front-facing car seat, and the oldest child in their car seat belt. She will call the parents once they are all secured in the vehicle. They will head to [Location 1 door 0 windows] the provider will call [home access] for home access. Upon entry the children and provider will shelter in the living room (1 door 1 window). The provider will call or text each parent until the emergency has ended.

---

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Amperita M. Brokkins</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: [signature]</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 4-17-23 Phone:</td>
<td>Date: 04/17/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Virtual Inspection**

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

**Informal Care**

**Provider Information**

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

**Care Location Inspected**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(08/23/2018)</td>
<td>11yr</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(02/04/2022)</td>
<td>2 mos.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(12/24/2018)</td>
<td>3yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(11/10/2020)</td>
<td>1yr.</td>
<td>N</td>
</tr>
</tbody>
</table>

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
  - Y
- **Relative Informal Care**

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

- Is in good repair: Y
  - Home was very clean and organized
- Is free of insect or rodent infestation: Y
- Is well-lit and well-ventilated: Y
- Has hot and cold running water: Y
  - Steam observed and shower test by provider
- Has a working inside toilet: Y
  - Observed provider flush toilet
- Has utilities for cooking, lighting and heating: Y
- Has a working and safe heating system: Y
  - Observed and tested by provider
- Has a working refrigerator and store: Y
- Has a working telephone: Y
  - Only working cellphones, no landline
- Has operational smoke detector(s): Y
  - Tested both smoke detectors on both levels
- Has first aid kits/supplies: Y
  - Stored in storage bin on the lower level
- Has protective coverings on any electrical outlet that is accessible to children: Y
  - All outlets were covered or occupied

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

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

**GENERAL CLEANLINESS STANDARDS**

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

---
<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</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>Neatly organized in children's room</td>
</tr>
<tr>
<td>Trash, garbage, and wet and soiled diapers are disposed of in a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sanitary manner</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when she has a soiled or wet diaper,</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>clothing or bedding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfecting procedures are followed</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider and child's hands washed thoroughly with soap and warm</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>running water after:</td>
<td></td>
<td></td>
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<tr>
<td>* Toileting;</td>
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<tr>
<td>* Diapering;</td>
<td></td>
<td></td>
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<tr>
<td>* Before food preparation and eating;</td>
<td></td>
<td></td>
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<tr>
<td>* After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* At other times when necessary to prevent the spread of disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>* Physical injury</td>
<td></td>
<td></td>
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<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</td>
<td></td>
<td></td>
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<tr>
<td>including leaving a child unattended under circumstances that</td>
<td></td>
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<tr>
<td>indicate that the child's health or welfare is harmed or placed at</td>
<td></td>
<td></td>
</tr>
<tr>
<td>substantial risk of harm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Mental injury to a child, or a substantial risk of mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is caused by the failure to give proper care and attention to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Spanking, Thumping, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Not attending to a child's physical needs</td>
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</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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>or mistreatment by calling (111),</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 safely stored. Continue and note below if needed.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Snack Food</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Blanket Kit</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications (N/A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>First Aid Kit (N/A)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Items in the Disaster Supply Kit are clean, organized, and usable/yield? Yes.

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency? Yes, halfway down near exit.

**Emergency Documents**

1. Information Provider Emergency Preparedness Plan (for completed form)
2. Authorization for emergency medical care

**Planning and Maintenance**

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

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

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

Shelter-in-Place Procedure:
Provider will go into the lower level bathroom after gathering the children and the grabbing emergency bag, (1 door 0 windows). Once they are sheltered in place, she would contact the parents by call or text.

Evacuation Location Procedures
Primary: Provider will grab the emergency to-go bag and the children, once in the vehicle she will secure three small children in their car seats and the 11 yr. in her seatbelt, once they arrive, provider will use spare key to access, they will go into the living room (1 door 2 windows), after secured in location she will contact the parent by call or text.

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

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amperita Brooks</td>
<td></td>
</tr>
<tr>
<td>[Signature]</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date: 9-11-22</td>
<td>Date: 05/11/2022</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-277-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 10/05/2022  
**Follow up date:** 10/06/2022  
**Time In:** 9:30AM  
**Time Out:** 10:15AM  
**Result:** Needs follow up  
**Time In:** 9:00AM  
**Time Out:** 9:05AM  
**Result:** PASSED

**Informal Care**

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

**Provider Information**

**First Name:** Linda  
**Last Name:** Brown  
**Provider ID:** 309053  
**Email:** [mask]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/23/2011</td>
<td>11</td>
<td>No – At school</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

<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:**

- 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:**

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

MSDE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/2021
<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>N/A</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
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<td>- After playing outdoors; and</td>
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<td>- At other times when necessary to prevent the spread of disease.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
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<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>
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<td></td>
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<td>- Spanking, Biting, Hitting, Shaking</td>
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<td>- Putting pepper or other spicy or distasteful items in a child’s mouth</td>
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<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
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<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

Location of The Emergency Ready to go Pack: Behind the couch by the front door

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

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

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

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

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

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

Shelter In Place Procedure:
The provider will call parent[REDACTED], the ERTB and lead to the bathroom in the basement which has one door and one window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent again once they are secure.

Evacuation Procedures:
The provider will [REDACTED] grab the ERTG bag and proceed to the her vehicle where she will secure [REDACTED] seatbelt before driving to the primary evacuation location [REDACTED]. Once at the location, the provider will gain entry using a code and head to the bathroom that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents again after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location [REDACTED]. The provider will [REDACTED] grab the ERTG bag and proceed to the her vehicle where she will secure [REDACTED] seatbelt before driving to the alternate evacuation location. The provider will gain entry using a spare key. They will shelter in the bathroom in the basement that has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call parents again and after they are secure in the alternate evacuation location.

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

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<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
</tr>
<tr>
<td>Date: 10-6-22</td>
<td>Date: 10/06/2022</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
# Informal Care Inspection Checklist

**Inspection Date:** 09/14/2022  
**Time In:** 3:30PM  
**Time Out:** 4:18PM  
**Result:** PASSED

## Informal Care

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

## Provider Information

- **First Name:** Sheleminah  
- **Last Name:** Brown  
- **Provider ID:** 494100  
- **Email:** [Email Redacted]

## Care Location Inspected

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

## Name of Children in Care

### Scholarship Details

- **Date of Birth:** 11/27/2018  
- **Age:** 3  
- **Present (Y/N):** Yes

## Safety of the Home

### Health and Safety Training:

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

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

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Standard Met</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
<td>No sign of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td></td>
<td>Steam observed</td>
</tr>
<tr>
<td>Has a working inside toilet Look under sink</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
<td>Electric stove lit</td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td></td>
<td>Thermostat turned down</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
<td>Provider's cell called</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has first aid kits/supplies</td>
<td>Y</td>
<td></td>
<td>Hydrogen peroxide, Tylenol, alcohol wipes, band aids, ointment</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Standard Met</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td></td>
<td>Up on top of cabinet</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
<td>Other than medications and cleaning solutions</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes Corrective Action /Timeframe if needed</td>
<td></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></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>
<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>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes Corrective Action /Timeframe if needed</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, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child's physical needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Washing a child's mouth with soap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Putting pepper or other spicy or distasteful items in a child's mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a 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 Infantal 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: Hallway Closet

Item Specification (if needed):

Onesie, Skirt, Shirt, Socks
2 extra AA batteries, Spring time friends Book, magic ink picture book
Band aids, ointment, gauze, tape, alcohol wipes, Neosporin, gloves,
1 16oz water bottles, 2 cans of corn, green beans, pink salmon

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 [ ] Last Name [ ]

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

Shelter In Place Procedure:
The provider will grab Giselle, the ERTB and head to the bathroom where there is one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:
The provider will [ ] and the ERTG[ ] The has no windows and one door. The provider will call the parent on the way to the evacuation location and once they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [ ] about [ ]from the care location. The provider will call parent to let her know they are evacuating. The [ ] has two sliding doors and no windows. The provider will call the parent once secure in the alternate evacuation location.

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up 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: 09/14/22</td>
<td>Date: 09/14/2022</td>
</tr>
<tr>
<td>Phone:</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

Return to: ccs.informalproviders@maryland.gov

**Inspection Date:** 07/21/2022

**Follow Up 07/22/2022**

**Time In:** 1:45PM

**Time Out:** 2:50PM

**Time In:** 11:00AM

**Time Out:** 11:07AM

**Result:** Follow-Up Needed

**PASSED if returned by 5 pm on 7/22/2022**

### Informal Care

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

### Provider Information

- **First Name:** Towanda
- **Last Name:** Burrell
- **Provider ID #:**
- **Provider ID:** 490897
- **Email:**

### Care Location Inspected

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

**Address Verified? Yes**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9/13/2014</td>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>10/30/2018</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>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Completion Certificate Submitted</td>
</tr>
</tbody>
</table>

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

<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>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>No sign of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Steam Observed</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Thermostat dialed up to 82</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>Provider’s cell called</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>Band aids, gauze, scissors, tape, wipes</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>Covered or in use</td>
</tr>
</tbody>
</table>

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

<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></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

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

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>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**
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td>Heavy Duty Scissors, duct tape/ packing tape &amp; sealing plastic/trash bags</td>
</tr>
<tr>
<td>Change of clothes</td>
<td>Medications N/A</td>
</tr>
<tr>
<td>Blanket(s)</td>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y</td>
</tr>
<tr>
<td>Location of The Emergency Ready to go Pack:</td>
<td>By the front door</td>
</tr>
<tr>
<td>Item Specification (if needed):</td>
<td>2 flashlights, 2 D batteries, 4 16oz Water bottles, Chunky vegetable soup, Spaghettios, 4 bowls of microwavable ramen noodles, 2 shirt, shorts, pants, One large blanket, Dr. Seuss books, toys</td>
</tr>
<tr>
<td></td>
<td>Band-Aids, gauze, thermometer antiseptic wipes</td>
</tr>
<tr>
<td>Items to review on 07/22/2022 if needed:</td>
<td>Observed</td>
</tr>
<tr>
<td></td>
<td>First Aid for ERTB: Observed 7/22/2022</td>
</tr>
<tr>
<td></td>
<td>Game or flash cards for ERTB: Observed 7/22/2022</td>
</tr>
<tr>
<td>Emergency Documents:</td>
<td>Informal Provider Emergency Preparedness Plan (this completed form)</td>
</tr>
<tr>
<td></td>
<td>Authorization for emergency medical care</td>
</tr>
<tr>
<td>Planning and Maintenance:</td>
<td>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</td>
</tr>
<tr>
<td></td>
<td>First Name: [Redacted]</td>
</tr>
<tr>
<td></td>
<td>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried</td>
</tr>
<tr>
<td>Shelter In Place Procedure:</td>
<td>The provider will gather the children, ERTB and proceed to the bathroom in the basement. The bathroom has one window and one door. The provider will call the parent as soon as they are secure.</td>
</tr>
<tr>
<td>Evacuation Procedures:</td>
<td>The provider will gather the children, get the ETGB, and they will [Redacted] that is approximately a [Redacted] Once there the school will direct them where to shelter. The provider will call the parent as soon as they are safe and secure.</td>
</tr>
<tr>
<td>If they cannot shelter at the school, the provider will call her sister to come and pick them up. [Redacted] secured in car seat and [Redacted] before they proceed to the provider’s home which is the alternate evacuation location. Once at the home, they will shelter in the basement that has one door and one small window. The provider will call the parent as soon as they are safe and secure.</td>
<td></td>
</tr>
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</table>

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

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<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Towanda Burrell</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 07/22/2022</td>
<td>Date: 07/22/2022</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:** Stephanie
- **Last Name:** Burton
- **Provider ID:** 445915
- **Email:**

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/18/2020</td>
<td>2</td>
<td>No, With Great Grandparent</td>
</tr>
<tr>
<td></td>
<td>2/19/2014</td>
<td>8</td>
<td>No, At School</td>
</tr>
<tr>
<td></td>
<td>6/23/2010</td>
<td>12</td>
<td>No, At School</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

- Basic Health and Safety Training Completed?

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

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

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

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

**Comments/Notes**

- Certificate Submitted
- No sign of infestation
- Steam Observed
- Flush Observed
- Thermostat Dialed down
- Provider’s cell called
- Band-Aids, ointment, gauze, tape, gloves, Alcohol wipes, tourniquet, pain relief, burn relief
- Covered, in use or behind furniture
- Upper cabinet
- Upper cabinet
- Upper cabinet
- Locked in Laundry room
- Other than medications and cleaning solutions
### GENERAL CLEANLINESS STANDARDS

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

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

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

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

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

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**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

Location of The Emergency Ready to go Pack: At the bottom of stairs in the basement

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

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

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will grab the children, grab the ERTB from basement, and shelter to the family room away from windows. The room has one patio glass door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are situated and secure.

Evacuation Procedures:
The provider will grab the emergency bag, have the children line up at the front door, then proceed to the provider’s vehicle where she will secure the baby in car seat and the older children their seatbelts, before driving to the primary evacuation location, which is [Redacted] Once at the location, they will shelter in the main meeting room which has five windows and two doors. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is [Redacted] They will grab the emergency bag, have the children line up at the front door, then proceed to the provider’s vehicle where she will secure the baby in car seat and the older children their seatbelts, before driving to the location. The provider will call before [Redacted] They will shelter in the family room that has two window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and immediately after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Stephanie Burton</td>
<td></td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 11/02/2022</td>
<td>Date: 11/02/2022</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:** Stephanie
- **Last Name:** Burton
- **ID #:** [Redacted]
- **Provider ID:** 445915
- **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>Children's Name</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>6/23/2010</td>
<td>11 years/ Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Redacted]</td>
<td>2/19/2014</td>
<td>7 years/ Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Redacted]</td>
<td>7/18/2020</td>
<td>1 year/ Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

**Health and Safety Training:**

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

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

- **Is in good repair?**  
  - [ ] Y
- **Is free of insect or rodent infestation?**  
  - [ ] Y
- **Is well-lit and well-ventilated?**  
  - [ ] Y
- **Has hot and cold running water?**  
  - [ ] Y
  
  **SHOWER TURNED ON. BATHROOM STEAMED.**
  
  **Observed 4 burners turn red**
- **Has a working inside toilet?**  
  - [ ] Y
  
  **Test button pressed**
- **Has utilities for cooking, lighting and heating?**  
  - [ ] Y
- **Has a working and safe heating system?**  
  - [ ] Y
  
  **OBSERVED TEMP TURNED UP,**
- **Has a working refrigerator and stove?**  
  - [ ] Y
  
  **REFRIGERATOR LIGHTS TURNED ON.**
- **Has a working telephone?**  
  - [ ] Y
  
  **HEARD TELEPHONE RING.**
- **Has operational smoke detector(s)?**  
  - [ ] Y
  
  **Test button pressed**
- **Has first aid kit/supplies?**  
  - [ ] Y
  
  **Scissors, gloves, bandages, tourniquet, gauze, Neosporin.**
- **Has protective coverings on any electrical outlet that is accessible to children?**  
  - [ ] Y
  
  **5 outlet covers.**

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

- **Sharp or pointed items?**  
  - [ ] Y
  
  **Kept in a cabinet.**
- **Medications of any kind?**  
  - [ ] Y
  
  **Kept in a shelf in the bedroom closet.**
- **Matches, lighters and flammable products?**  
  - [ ] Y
  
  **1 lighter kept in a high drawer.**
- **Alcoholic beverages?**  
  - [ ] Y
  
  **Not kept in the home.**
- **Guns?**  
  - [ ] Y
  
  **Not kept in the home.**
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Baby gate kept up. Children does not have access to the kitchen.</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Not in the home.</td>
</tr>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Diapers and changing pad kept on a shelf and the child is changed on a large ottoman.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Kept in a trash bin outdoors.</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>Hands are washed and provider wears gloves. Washes child’s hands as well.</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>
<td></td>
</tr>
<tr>
<td>- Toiletting;</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISSTREATMENT STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Washing a child’s mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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


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

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

Emergency Documents

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

Planning and Maintenance

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

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

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

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

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [Name]</td>
<td>Printed Name: [Name]</td>
</tr>
<tr>
<td>Signature: [Signature]</td>
<td>Signature: [Signature]</td>
</tr>
<tr>
<td>Date: 11-12-2021</td>
<td>Date: 10/01/2021</td>
</tr>
<tr>
<td>Phone: [Number]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

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

Provider Information

- First Name: Laura  
- Last Name: Bustamante  
- Provider ID: [redacted]  
- Email: [redacted]

Care Location Inspected

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

Name of Children in Care (add pages if needed) | Scholarship | Date of Birth | Age | Present (Y/N)
--- | --- | --- | --- | ---
[redacted] | 1/1/2013 | 9 | No, at school
[redacted] | 7/11/2016 | 6 | No, at school

**Safety of the Home**

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

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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
<td>Relative Informal Care – Completed</td>
</tr>
<tr>
<td>Home is free of health and safety hazards:</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes Corrective Action / Timeframe if needed</td>
</tr>
<tr>
<td>- Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>- Is well lit and well ventilated</td>
<td>Y</td>
<td>Lots of artificial and natural lighting</td>
</tr>
<tr>
<td>- Has hot and cold running water</td>
<td>Y</td>
<td>Cold Hot water tested by provider</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>Tested by provider</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</td>
<td>Y</td>
<td>Working cellphone, provider using her phone for inspection</td>
</tr>
<tr>
<td>- Has operational smoke detector(s)</td>
<td>Y</td>
<td>Test alarm tested by provider for</td>
</tr>
<tr>
<td>- Has first aid kits/supplies</td>
<td>Y</td>
<td>Band-Aids and alcohol wipes</td>
</tr>
<tr>
<td>- Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>All outlets were occupied</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>Under the sink in a locked cabinet</td>
</tr>
<tr>
<td>- Medications of any kind</td>
<td>Y</td>
<td>High level cabinet</td>
</tr>
<tr>
<td>- Matches, lighters and flammable products</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>- Alcoholic beverages</td>
<td>Y</td>
<td>Bar area but had a gate to blocked access for children</td>
</tr>
<tr>
<td>- Guns</td>
<td>Y</td>
<td>In lock box on high level shelf, provider displayed weapon within case and that the case is code-pad locked</td>
</tr>
<tr>
<td>- Cleaning agents</td>
<td>Y</td>
<td>Under the sink in a locked cabinet</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>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
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<tr>
<td>- After playing outdoors; and</td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>- Physical injury</td>
<td></td>
</tr>
<tr>
<td>- Any sexual abuse</td>
<td></td>
</tr>
<tr>
<td>- Mental injury</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to any form of neglect, including:</td>
<td>Y</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>
</tr>
<tr>
<td>- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to mistreatment, including:</td>
<td>Y</td>
</tr>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
</tr>
<tr>
<td>- Spanking, Biting, Hitting, Shaking</td>
<td></td>
</tr>
<tr>
<td>- Any other means of physical discipline</td>
<td></td>
</tr>
<tr>
<td>- Not attending to a child's physical needs</td>
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<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
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<td>- Putting pepper or other spicy or distasteful items in a child's mouth</td>
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</tr>
<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
</tr>
</tbody>
</table>

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- Medications
- 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

Page 2 of 4
Revised 10/2021
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

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

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

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name |
Laura

Last Name |
Bustamante

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

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

Evacuation Procedures:

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

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

Signatures & Date

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

PROVIDER | INSPECTOR
---|---
Printed Name: Laura Bustamante | Printed Name:
Signature: | 
Date: 1/17/23 | Date: 01/06/2023
Phone: | Phone: 1-877-227-0125

MSDE OIC: Informal Care Inspection Checklist | Page 3 of 4  | Revised 1/21/2021
### Informal Care

#### Provider Information

- **First Name:** Maxine
- **Last Name:** Butler
- **Provider ID:** 424122
- **Email:** [Redacted]

#### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/26/2010</td>
<td>10</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>02/13/2012</td>
<td>8</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>01/19/2018</td>
<td>3</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

#### Safety of the Home

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

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

#### Health and Safety Training:

- **Basic Health and Safety Training Completed?**
  - **Standard Met Y/N:** N/A

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

- **Is in good repair:** Y
- **Is free of insect or rodent infestation:** Y
- **Is well-lit and well-ventilated:** Y
- **Has hot and cold running water:** Y
- **Has a working 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
**GENERAL CLEANLINESS STANDARDS**

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

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

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

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✓ Thermometer ✓ Change of clothes ✓ Scissors, tape & sealing plastic
✓ Medications ✓ Blanket(s)

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

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

Disaster Supply Kit Comments/Notes: All items were displayed on the camera and packed well in the to-go bag.

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

Planning and Maintenance

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

First Name
Last Name

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

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Maxine Butler</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 8/11/2021</td>
<td>Phone:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Date: 08/11/2021</td>
</tr>
<tr>
<td></td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>