Child Care Scholarship Program
Informal Child Care Monitoring Inspections

First letter of the provider’s last name.

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

Inspection Date: 6/05/2024       Time In: 1:30pm       Time Out: 2:28pm       Result: Passed

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

Provider Information
First Name: Joyce           Last Name: Hansberry           Provider ID: 543744
Provider ID #:             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]   12/3/2023   6 months  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  Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
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<tr>
<td>• Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
</tr>
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<td>• Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
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<td>• Has hot and cold running water</td>
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<td>• Has first aid kit/supplies</td>
<td>Y</td>
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<td>• Alcoholic beverages</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Guns</td>
<td>Y</td>
<td>NO CLEANING ITEMS KEPT IN THE HOME</td>
</tr>
<tr>
<td>• Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Poisonous substances</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
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GENERAL CLEANLINESS STANDARDS
All areas of the home are kept clean, including diapering area.  Y

MSDE OCC Informal Care Inspection Checklist 2020-03-26  Page 1 of 3
<table>
<thead>
<tr>
<th>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</th>
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<tbody>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
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</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
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<td>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.</td>
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</tr>
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**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

**Standard Met Y/N**

<table>
<thead>
<tr>
<th>A child is not subject to any form of abuse, including: Physical injury</th>
<th>Y</th>
</tr>
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<tbody>
<tr>
<td>Any sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
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**A child in care is not subjected to any form of neglect, including:**
- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Item Specification (if needed):
- 2 emergency bags

To be observed for compliance on:

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

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

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

Shelter In Place Procedures:
The Provider will [redacted] the [redacted] for 2 doors(s) 1 window(s). The provider will contact the parent after ensuring that the children are safe.

Evacuation Procedures:
The Provider will place one bag on her back one in her arms and holding the child while carrying the child to the car. The child will be secured in a rear facing car seat and the parents of the child will be contacted. The Provider will then drive [redacted] where she will receive instruction from the [redacted] of a secure location to shelter in.

The Provider will place one bag on her back one in her arms and holding the child while carrying the child to the car. The child will be secured in a rear facing car seat and the parents of the child will be contacted. The Provider will then drive [redacted] where she will receive instruction from the [redacted] of a secure location to shelter in.

CARE HOURS:

- [redacted]

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Joyce Hansberry</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: [redacted]</td>
<td>Phone: [redacted]</td>
</tr>
<tr>
<td>Date: 6/05/2024</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: Denice  
Last Name: Hardrick  
Provider ID #: [redacted]  
Email: [redacted]

**Care Location Inspected**

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

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

<table>
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<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
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<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/6/2023</td>
<td>1 / Y</td>
<td></td>
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**Safety of the Home**

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

**Health and Safety Training:**

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

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**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

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**GENERAL CLEANLINESS STANDARDS**

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

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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**

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

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- 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;
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  - 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 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
- Medications N/A
- Blanket(s)
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes
Location of Emergency Ready to go Pack: In a closet in the basement

Item Specification (if needed):
- Packing tape, scissors & plastic bags
- Chef Boyardee, Beans, corn & Soup
- Toy controller

To be observed for compliance on: 

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

Planning and Maintenance

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

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

Shelter In Place Procedures:

Evacuation Procedures:

CARE HOURS:

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

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<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 5/10/24</td>
<td>Phone: [Redacted]</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Denice  
- **Last Name:** Hardrick  
- **Provider ID #:** [Redacted]  
- **Provider ID:** 513401  
- **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>
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<tr>
<td></td>
<td>(01/06/2023)</td>
<td>3mos.</td>
<td>Y</td>
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**Safety of the Home**

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

**Health and Safety Training:**

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<tr>
<td>Y</td>
<td></td>
<td>Non-Relative Informal Care Certificate Submitted</td>
</tr>
</tbody>
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**Basic Health and Safety Training Completed?**

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

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- **Is in good repair**
- **Is free of insect or rodent infestation**
- **Is well-lit and well-ventilated**
- **Has hot and cold running water**
- **Has a working inside toilet**
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- **Has a working and safe heating system**
- **Has a working refrigerator and stove**
- **Has a working telephone**
- **Has operational smoke detector(s)**
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**Harmful items are stored appropriately and away from children:**

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- **Sharp or pointed items**
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**GENERAL CLEANLINESS STANDARDS**

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### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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 on shelf in closet of the basement living room

Item Specification (if needed):
- 1 duffle bag (carrying case), 1 thermometer, 1 blanket, 1 outfit (top/bottom), 5 diapers w/ 1 pk of wipes, 1 first aid kit, no spec meds, 1 pair of scissors, 1 roll of duct tape, 6 heavy duty trash bags, 2 bottled waters, 3 canned foods, fold w/ EPP and ECMA, 1 flashlight, 3 extra AAA batteries, and 1 toy

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: Denice
Last Name: Hardrick

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 the ERTG and head into the laundry room (1 door 1 window) for shelter. The provider would use the sealing plastic and tape to seal the window and door if the need arose. Then she will call the parent to give updates about the emergency of what the next steps are and if evacuation is necessary.

Evacuation Location(s) Procedures:
Primary: The provider will account for the child and ERTG and head to the provider’s vehicle. The provider will secure the child in his rear-facing car seat and drive to the evacuation site. If the provider could not drive she would grab the ERTG and secure the child in his stroller and [redacted]. Upon arrival the provider must speak to receive instruction about where to shelter and then call the parents to inform them of their safety at the location and provide updates.

Alternate: If they could not access the primary location, the provider will gather the child and ERTG and the provider will secure the child in her vehicle in his rear-facing car seat and drive to [redacted] and if she needed to walk with the child she would secure him in his stroller and [redacted]. Upon arrival, the provider will speak with an [redacted] and be directed of where she and the child can shelter. The provider will call or text the parent before, 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.

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<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 5/10/23</td>
<td>Date: 04/25/2023</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
# Maryland State Department of Education/Office of Child Care
## Child Care Scholarship Program
### INFORMAL CARE INSPECTION CHECKLIST

**Inspection Date:** 08/16/2022  
**Time In:** 1:45PM  
**Time Out:** 2:49PM  
**Result:** Passed if returned by 5PM on 6/16/2022

### 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>
</table>

### Provider Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Ethel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Harper</td>
</tr>
<tr>
<td>Provider ID #:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Provider ID #:</td>
<td>487759</td>
</tr>
<tr>
<td>Email:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Care Location Inspected:</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Address:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>County:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>State:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>[Redacted]</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>2/15/2017</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>5/28/2018</td>
<td>4</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Provider registered, pending completion.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

---

MSDE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/21
### GENERAL CLEANLINESS STANDARDS

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- 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:** By the front door

**Item Specification (if needed):**
Bubbles, coloring books, 6 AAA batteries, band aids, alcohol wipes gauze, 2 Chef Boyardee, 2 16oz water bottles, graham crackers. Cookies, 2 pants, 2 shirts, 2 socks, 2 pairs of water shoes, toothbrush & tooth paste.

**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

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

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

**Shelter In Place Procedure:**
The provider will gather the children, emergency to go bag and head to [redacted] where they will shelter. [Redacted] windows and 2 doors, one which leads outside if they need to evacuate. Provider will call parent before, during and after shelter in place.

**Evacuation Procedures:**
The provider will gather the children do a roll call, get the emergency to go bag, and walk to [Redacted] Provider will call parent before during and after getting to the primary evacuation location. Once there they will gain entry with a spare key and will shelter in the family sitting room that has 2 doors and 4 windows. The alternate evacuation location is [Redacted] but if driving, the provider will secure the children in their car seats before heading there. Once there the provider will take the children to [Redacted] Provider will call parent before, during and after the shelter.

**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><strong>Printed Name:</strong> Ethel Harper</td>
<td><strong>Printed Name:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Signature:</strong> [Redacted]</td>
<td><strong>Signature:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Date:</strong> 04/16/22</td>
<td><strong>Phone:</strong> [Redacted]</td>
</tr>
</tbody>
</table>

**Date:** 06/16/2022  **Phone:** 1-877-227-0125
**Informal Care**

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

**Provider Information**

- **First Name:** Michelle
- **Last Name:** Harrington
- **Provider ID #:** [Redacted]
- **Provider ID:** 527106
- **Email:** [Redacted]

**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</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td></td>
<td>(09/22/2022)</td>
<td>1yr</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**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:

<table>
<thead>
<tr>
<th>Item</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></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 observed the ice melt in the clear glass</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 by informal team to provider’s phone</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Alcohol, Peroxide, and Band-Aids</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>All outlets were covered or occupied</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>2 knife blocks on the back of counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in high cabinet of kitchen</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>Cleaning products moved to top shelf of hallway closet</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
## General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Changing area in living room</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>Diapering supplies in changing bag</td>
</tr>
</tbody>
</table>

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

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

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

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

## Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

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

Item Specification (If needed):
- 1 backpack (carrying case), 1 flashlight, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no specific meds, 2 bottled waters, 1 canned food, 2 pk baby food, 4 diapers, 1 pk of wipes, 1 outfit (top/bottom), 1 med blanket, 1 book/toy, 1 roll duct tape, 2 trash bags, 1 pair of scissors, and folder w/ EPP and ECMA docs per child
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will account for the child and grab the ERTG and go into the lower storage area (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if needed. Once secured the provider will call and text the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the child, grab the ERTG and will head to the provider’s vehicle. The provider will secure the child in her rear-facing car seat. The provider will ______. Upon arrival the provider will receive instruction ______ about where to shelter specifically. Once secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and will head to the provider’s vehicle. The provider will secure the child in her rear-facing car seat. The provider will ______. Upon arrival the provider ______, once inside the provider and child would shelter ______ (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Michelle Harrington</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: [redacted]</td>
<td>Date: 10/23/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**
- **First Name:** Ronisa  
- **Last Name:** Harrison  
- **Provider ID:** 523330  
- **Email:**

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

**Address Verified?**
- Yes.

**Name of Children in Care (add pages if needed)**
- Scholarship:
- **Date of Birth:** (06/28/2017)
- **Age:** 6yr.  
- **Present (Y/N):** N

---

**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**

**GENERAL CLEANLINESS STANDARDS**

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

**Return to:** ccsofficialproviders@maryland.gov
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area</th>
<th>Y</th>
<th>No diaper age children in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a</td>
<td>Y</td>
<td>Trash taken out daily</td>
</tr>
<tr>
<td>sanitary manner:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>diaper, clothing or bedding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed: Provider and child's hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>
</tr>
<tr>
<td>- Before food preparation and eating:</td>
<td></td>
<td></td>
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<tr>
<td>- After playing outdoors, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td></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,</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The failure to give proper care and attention to a child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including leaving a child unattended under circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that indicate that the child's health or welfare is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury that is caused by the failure to give proper care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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,</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>neglect or mistreatment by calling 911 and your local</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Social Services Child Protective Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Y/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Flashlight</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Batteries for Flashlight</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Portable First Aid Kit</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Thermometer</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Medications</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Bottled water</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Non-perishable food</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Diapers</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Change of clothes</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Blanket(s)</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Folder or binder for EPP documents</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Backpack(s) or carrying case(s)</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Consider special toys or games</td>
<td>✔</td>
</tr>
<tr>
<td>☒ Heavy Duty Scissors, duct tape/packing</td>
<td>✔</td>
</tr>
<tr>
<td>tape &amp; sealing plastic/trash bags</td>
<td>✔</td>
</tr>
</tbody>
</table>

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

**Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?**  Y
Location of The Emergency Ready to go Pack: Stored in downstairs playroom

Item Specification (if needed):
- 1 duffle bag (carrying case), 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 pk bottled water, 3 canned good, 1 jar of peanut butter, crackers and chips, 1 outfit (top/bottom/socks/underwear), 1 blanket, 1 pair of scissors, heavy duty trash bags/roll of trash bags, 1 roll of duct tape, 1 toy, and folder with EPP and ECMA docs
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

First Name: Breanna
Last Name: Liggins

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

Shelter In Place Procedure:
The provider will gather the child and ERTG and head to the basement bathroom (1 door 0 windows). The provider will use the sealing plastic and tape to seal the door and vent if the need should arise. The provider will call, text or face time the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the child and grab the ERTG and head to her vehicle. The provider will ensure the child is secured in his booster seat and the 1 door 0 windows. Upon arrival the provider and child will go into the

Alternate: If they could not access the primary location, the provider will account for the child and grab the ERTG. The provider will ensure the child is secured in his booster seat and the 1 door 0 windows. Upon arrival the provider and child will go to the

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Breanna Liggins</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 8/31/23</td>
<td>Date: 08/01/2023</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Katherine
- **Last Name:** Hartman
- **Provider ID:** [Redacted]
- **Email:** [Redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/24/2019</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>04/27/2021</td>
<td>1</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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Basic Health and Safety Training Completed?**

- **Y** - Certificate submitted

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

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

- **Standard Met Y/N**
  - 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
  - Back of counter: Y
  - Upper cabinet: Y
  - Locked in cabinet: Y
  - None: Y
  - Locked in lower cabinet of kitchen and bathroom: Y
  - Other than medications and cleaning solutions: Y
### GENERAL CLEANLINESS STANDARDS

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

- All areas of the home are kept clean, including diapering area.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:
  - 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 Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- **Flashlight**
- **Batteries for Flashlight**
- **Portable First Aid Kit**
- **Thermometer**
- **Medications**
- **Bottled water**
- **Non-parishable 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 clear, organized, and usable (Y/N)? Y

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

**Location of the Emergency Ready to go Pack:** In the play room on a hook.

**Item Specification (if needed):**
- Eczema cream, Band aids, Gauze, Tape, Neosporin, alcohol wipes, gloves, Tylenol, wipes, 4 AAA batteries, 2 jeans, 2 tops, training pants and underwear,
- 2 blanket, non-refrigerated chocolate milk carton, Chef Boyardee spaghetti & meatballs, green beans, fruit bars, 2 16oz bottles of water

**Items to review on 12/16/2022 if needed:** Observed 12/16/2022

Emergency Preparedness Plan and Emergency Care and Medication Authorization for both children in the emergency 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: Katherine  
Last Name: Hartman

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 and put them in the bathroom first, then grab the children and her cell phone and shelter in the bathroom behind locked door. There is one door and no windows in the bathroom. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure in the shelter.

**Evacuation Procedures:**
The provider will grab the children and fasten them into their double stroller. The provider will grab the emergency bag and cell phone and walk across the field over to ______________. Once at the location, they will shelter in the bathroom that one door and no windows. The provider will call the parents while they are walking across the ______________ and then again after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location, which is ______________. The provider will grab the children and fasten them into the stroller and then grab the emergency bag and cell phone and walk over to ______________. They will shelter in the bathroom that has no 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 ______________ and then after they are secure ______________.

**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: Katherine Hartman</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 12/19/2022</td>
<td>Date: 12/16/2022</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:** Taundra  
- **Last Name:** Hayes-Turner  
- **Provider ID:** 482490  
- **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>(12/29/2014)</td>
<td>8yr</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?**  
  - [x] Yes

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

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td></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>
<td></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>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
<td></td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Tested by provider and observed</td>
<td></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Outbound call made by informal team to provider's phone</td>
<td></td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Tested by provider and observed</td>
<td></td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>First aid kit stored in cabinet of master bathroom</td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>All outlets covered or occupied</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Harmful Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Stored in high level kitchen cabinet in bag</td>
<td></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in high cabinet of kitchen</td>
<td></td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Stored in high level kitchen cabinet in bag</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cleaning products stored on high shelf in hallway closet and in locked kitchen/bathroom cabinets</td>
<td></td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/N</td>
<td>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>No diaper age children in care</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>Trash is emptied daily</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child’s hands are 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>
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</tr>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child is <em>not</em> subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Mental injury</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is <em>not</em> subjected to any form of neglect, including:</td>
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<td></td>
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</tr>
<tr>
<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
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<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
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<td>A child in care is <em>not</em> subjected to mistreatment, including:</td>
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<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
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<td>• Spanking, Biting, Kicking, Shaking</td>
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<td>• Not attending to a child’s physical needs</td>
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<td>• Putting pepper or other spicy or distasteful items in a child’s mouth of</td>
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<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
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</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</strong></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of The Emergency Ready to go Pack: Stored in hallway closet near exit
Item Specification (if needed):
- 1 flashlight, 1 pk of D extra batteries, 1 first aid kit, eczema ointment, 2 bottled waters, 2 dried food meals, 1 outfit (top/bottom/underwear), blanket, folder w/ EPP and ECMA 1 duffle bag (carrying case), 1 toy and makeup set, 1 pair of scissors, 2 heavy duty trash bags/insulation kit, 1 thermometer, and 1 roll of duct tape
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
First Name
Taundra
Last Name
Hayes-Turner

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

Shelter In Place Procedure:
The provider will gather the child and ERTG and go into the hallway bathroom (1 door 0 windows) or master bathroom (1 door 0 windows), roll call for the child and say their code. Once secured in either location, the provider use the sealing plastic and tape to secure the doors and vents. The provider will call or text the parent with emergency updates throughout.

Evacuation Procedures
Primary: The provider will account for the child, and use their code word as well as grab the child's hand and grab the ERTG bag. The provider and child will go into her vehicle. She will place the ERTG in the passenger seat and then ensure the child is secured in her car seat belt. The provider will drive to [the parent's address], and call [the parent's phone number] and parent along her way to inform her [parent's name]. Upon arrival the provider has [car number] and they will shelter in the [house address] (1 door 1 window). Once secured she will call the parent or text to give emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and call [the parent's phone number] to inform them that [the provider's name] Provider will ensure the child is calm and secured at all times. The provider along with the child and ERTG will be secured in the provider's vehicle and they will drive [to the parent's address]. The provider will call the parent along the way. Upon arrival they would shelter in the [house address] (1 door 0 windows). Once secured she will call the parent or text to give emergency updates.

Care Hours:


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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Taundra Hayes-Turner</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 8/8/2023</td>
<td>Date: 07/12/2023</td>
</tr>
</tbody>
</table>
Inspection Date: 02/15/2022
Time In: 3:30pm  Time Out: 4:45pm  Result: Passed. If form is returned by 2/17/2022...

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

Provider Information
First Name: Taundra  Last Name: Hayes-Turner  Provider ID #:  Email:

Care Location Inspected
Street Address:  City:  County:  State:  Zip Code:
Address Verified?  YES

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

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  Comments/Notes Corrective Action / Timeframe if needed

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

Harmful items are stored appropriately and away from children:
- Sharp or pointed items
- Medications of any kind
- Matches, lighters and flammable products
- Alcoholic beverages
- Guns
- Cleaning agents
<table>
<thead>
<tr>
<th><strong>Poisonous substances</strong></th>
<th></th>
<th>None other than medications and cleaning solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td><strong>Standard Met Y/N</strong></td>
<td><strong>Comments/Notes Corrective Action /Timeframe if needed</strong></td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>The diapering area is a mat on the bed in the master bedroom.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td></td>
<td>Diaper genie, in the bedroom and trash in the kitchen</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>• Toileting;</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>
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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><strong>Standard Met Y/N</strong></td>
<td><strong>Comments/Notes Corrective Action /Timeframe if needed</strong></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>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>
<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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<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
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<td>• Any other means of physical discipline</td>
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<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 Turned on
- ☐ Bottled water
- ☐ Batteries for Flashlight
- ☐ Non-perishable food
- ☐ Portable First Aid Kit
- ☐ Diapers
- ☐ Folder or binder for EPP documents
- ☐ Backpack(s) or carrying case(s)
- ☐ Consider special toys or games

---

MSDE OCC Informal Care Inspection Checklist  Page 2 of 4  Revised 10/2021
Thermometer
Change of clothes
Medications Naomi
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:**
Kept in the corner by the front door.

**Item Specification (if needed):**
- A diaper bag for Nicco
- AAA batteries 3, 2 chicken noodle soup, Baby formula powder,
- First aid Same as the one for the house including Band aids gauze, Q-tips, tweezers, Alcohol pads, finger tourniquet, scissors, gloves, safety pins, tape for the gauze
- 6 diapers & package of wipes and changing mat.
- Green Pants, peach top, underwear.
- 3 outfits 3 pants, 3 tops and a bib and burping cloth
- Blue blanket, multicolored blanket
- Toys pink tote with play makeup, pop it, toy rattle
- Tylenol

**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: In a corner by the front door.

**Shelter In Place Procedure:**
The provider will notify parent. Provider will gather the baby and the diaper bag while grab the emergency ready to go bag before heading to the hall bathroom where they will shelter. The bathroom has no windows and one door. Provider will update parent at all times. Will call emergency contact and 911 if the need arose.

**Evacuation Procedures:**
The provider call the parent. The provider will gather the baby, one of the bags and provider will grab the other bag, put baby in the carrier which is also a car seat, before going out of the front door, locking the door and head to the vehicle. Provider will secure the children in a car seat and a booster seat using the seat belt before heading to [redacted] Provider will call the [redacted] where she is heading to let her know they are on the way. Once they get to emergency location the provider will gain entry with spare key. Provider will gather the children and bag and head to bathroom with no windows and one door. The provider will Calm the children playing soothing sounds while reassuring [redacted]. Provider will call and update parent.

**Alternate Location:**
The provider will Go to [redacted] The provider call the parent. The provider will gather the baby, will grab one of the bags and provider will grab the other bag, put baby in the carrier which is also a car seat, before going out of the front door, locking the door and head to the vehicle. Provider will secure the children in a car seat and a booster seat using the seat belt before calling let her know they are on the way and heading to [redacted] Once they get to get to the location the provider and children will be let in by [redacted] Provider will gather the children and bag and head to the basement that has a patio window and one door. The provider will Calm the children playing soothing sounds while reassuring [redacted]. Provider will call and update parent.
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.

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<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 2/16/22</td>
<td>Date: 2/16/2022</td>
</tr>
<tr>
<td>Phone: 1-877-227-0125</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: Leshan
- Last Name: Hebron
- Provider ID: NOT IN CCATS
- Email: [ ]n

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

**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>[ ]n</td>
<td>07/15/2021</td>
<td>4 mos.</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:**

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]n</td>
<td>Related Informal Care</td>
</tr>
</tbody>
</table>

- 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

**Comments/Notes**
- Tested the lights in all common areas
- Tested the steam of the hot water and cold side
- Flushed the toilet
- Tested thermostat
- Working house and cell phone
- Provider tested the smoke detector
- First aid kit in kitchen draw
- A storage bin mounted on the wall
<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications of any kind</td>
<td></td>
<td>Stored in first aid kit in kitchen draw</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td></td>
<td>Stored in kitchen draw</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td></td>
<td>Stored in the fridge</td>
</tr>
<tr>
<td>Guns</td>
<td></td>
<td>Gun stored in a lock box with a combination lock, and provider showed her permit as well (house and carry permits)</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td></td>
<td>Stored on a very high wall shelf</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td></td>
<td>Stored on top shelf in the basement</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td></td>
<td>Diapering area is in the baby pen</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a</td>
<td></td>
<td>Clean trash area</td>
</tr>
<tr>
<td>sanitary manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diaper, clothing or bedding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child’s hands</td>
<td></td>
<td>Provider states she wipes her down throughout the day</td>
</tr>
<tr>
<td>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>
</tr>
<tr>
<td>• Before food preparation and eating.</td>
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<td>• After playing outdoors; and</td>
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<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
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</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>• The failure to give proper care and attention to a child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including leaving a child unattended under circumstances that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>indicate that the child’s health or welfare is harmed or placed</td>
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</tr>
<tr>
<td>at substantial risk of harm.</td>
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<td></td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury that is caused by the failure to give proper care and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emotionally, including:</td>
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<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>• Not attending to a child’s physical needs</td>
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<td>• Shouting, Curling, Shaming, Ridiculing</td>
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</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>• Requires a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
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<td>• Tying child to a chair or other equipment</td>
<td></td>
<td></td>
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</table>

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

**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 & sealing plastic

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

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

Disaster Supply Kit Comments/Notes: The kit is stored by the front door
2 Flashlights (1 battery operated/electronic)
Batteries
Portable First Aid Kit
Thermometer:
- No subscribed medicines
- 3 Bottled waters
Canned food/Snack food
- Diapers/Wipes
- 3 sets of clothes/bibs
- 3 blankets
Folder of EPP documents
Stuffed animal
Scissors, tape & sealing plastic (heavy duty trash bags)

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

Planning and Maintenance
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:
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: Get Dream, the kit, go to the basement and heading to the storage area (2 doors 2 windows) and call and text the parent to inform them of the emergency

Evacuation Location (Primary): [Redacted] the car seat, the to-go bags, her keys, and buckle [Redacted] into the car seat and go to [Redacted].
She has a spare key for easy access and will go to the back bedroom and contact the parent via call or text if the parent is not already present.

Evacuation Location (Alternate): Grab the child, the to-go and relocate to the open field across the street and would walk through with the [Redacted] in the car seat, then contact the parent to inform them of the emergency.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Lashan Hebron</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Date: 11/24/2021</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Infant Care Inspection Checklist 2020-03-26  Page 3 of 3
### Formal Care

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

**Provider Information**

- **First Name:** LaToya
- **Last Name:** Herbert
- **Provider ID:** 525880
- **Address Verified?** Yes.
- **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>(01/24/2023)</td>
<td>7mos.</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

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

#### Health and Safety Training:

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td><strong>Relative Informal Care – Certificate Submitted</strong></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:** N
- **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</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in locked kitchen pantry on top shelf</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Stored in high cabinet in the bathroom</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Stored in locked hallway pantry</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Stored in bathroom and kitchen cabinet with lock</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</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>Child is changed in changing station in providers bedroom</td>
</tr>
<tr>
<td>Y</td>
<td>Trash thrown away daily via diaper genie</td>
</tr>
<tr>
<td>Y</td>
<td>Changing station had all necessary supplies</td>
</tr>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

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

## Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- flashlight
- Batteries for flashlight
- Portable First Aid Kit
- Thermometer
- Medications (N/A)
- Water
- 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

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**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 hallway closet near exit door

Item Specification (if needed):
- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 4 canned foods, 1 pk of diapers and 1 bag of wipes, 1 onesie, 2 blankets, folder w/ EPP and ECMA docs, 1 book, 1 roll of duct tape, 1 pair of scissors, and 1 roll of trash bags
- 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: LaToya
Last Name: Herbert

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

Shelter In Place Procedure:
The provider will gather the child and grab the ERTG and go into the master bedroom (2 doors 1 window). The provider will use the sealing plastic and tape to seal the door, window and vents if the need arises. The provider will call the parent once secured with emergency updates.

Evacuation Procedures

Primary: The provider will account for the child, grab the ERTG and head to the provider's vehicle and drive
The provider will ensure the child is secured in her rear-facing car seat by locking the car seat into its base. Upon arrival, the provider will receive instruction from _______ of where to shelter specifically. The provider will call and text the parent once secured with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, grab the ERTG and head to the provider's vehicle and drive to _______ The provider will ensure the child is secured in her rear-facing car seat by locking the car seat into its base. Upon arrival the provider will contact _______ 1 door 3 windows) _______ (1 door 0 window) . The provider will call and text the parent once secured with emergency updates.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: LaToya Herbert</td>
<td>Printed Name: _______</td>
</tr>
<tr>
<td>Signature: _______</td>
<td>Signature: _______</td>
</tr>
<tr>
<td>Date: 9-21-23</td>
<td>Date: 09/21/2023</td>
</tr>
<tr>
<td>Phone: _______</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Informal Care

**Inspection Date:** 09/14/2021 & 09/17/2021  
**Time In:** 03:35 PM  
**Time Out:** 5 PM  
**Result:** Approved

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

#### Provider Information:
- **First Name:** Hernandez  
- **Last Name:** Hernandez  
- **Provider ID:** N/A  
- **Email:**

#### Care Location Inspected:
- **Street Address:**  
- **City:** Columbus  
- **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>09/05/2019</td>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:
- Basic Health and Safety Training Completed? N/A

#### Home is free of health and safety hazards:
- Is in good repair: 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  

- Water dropped and all burners sizzled. Refrigerator light came on.
- Phone works. Call made.
- 2 Working fire detectors.
- Benadryl, Nicotinh, Bandages, Gauze, Alcohol pads.
- 10 outlets covered

#### 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  

- Under cabinet with cabinet lock.
- Top Cabinet in kitchen.
- Not kept in the home.
- Not kept in the home.
- Not kept in the home.
- In a locked cabinet in the kitchen.
<table>
<thead>
<tr>
<th><strong>Poisonous substances</strong></th>
<th>Y</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met: Y/N</td>
<td>Corrective Action/Timeframe if needed</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area</td>
<td>Y</td>
<td>Changes the child on the sofa or in his bedroom.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner</td>
<td>Y</td>
<td>Trash bin in bathroom and outdoor trash can on the balcony.</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</td>
<td>Standard Met: Y/N</td>
<td>Comments/Notes</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 subject to any form of neglect, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury to a child or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Any deliberate act that harms a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spanking; Beating; 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.

<p>| Z Flashlight | Z Bottled water | Z Folder or binder for EPP documents |
| Z Batteries | Z Non-perishable food | Z Backpack(s) or carrying case(s) |
| Z Portable First Aid Kit | Z Diapers | Z Consider special toys or games |
| Z Thermometer | Z Change of clothes | Z Scissors, tape &amp; sealing plastic |</p>
<table>
<thead>
<tr>
<th>Medications</th>
<th>Blanket(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes</td>
<td></td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes</td>
<td>Hanging in Oliver’s Room</td>
</tr>
<tr>
<td>Disaster Supply Kit Comments/Notes</td>
<td></td>
</tr>
<tr>
<td>6 AAA Batteries</td>
<td></td>
</tr>
<tr>
<td>Diaper Rash Cream, Hand Sanitizer, Benadryl, Bandages, Neosporin, medical tape, alcohol pads</td>
<td></td>
</tr>
<tr>
<td>The child does not have the medications</td>
<td></td>
</tr>
<tr>
<td>Canned Soup, Raviolis, Vienna Sausages</td>
<td></td>
</tr>
<tr>
<td>Trash Bags, Duck Tape, and Heavy Duty Scissors</td>
<td></td>
</tr>
<tr>
<td>2 8 ounce bottles of water</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Documents**

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

**Planning and Maintenance**

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

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

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

Shelter In Place:
The provider will grab the baby and the bag and go into [ ] room (1 door 1 window). The provider will call the parent during the emergency.

Evacuation:
The provider will call the parent to inform of the emergency. Will grab the bag and the baby and go downstairs where she will await the parent to transport them to the first evacuation location. The child will be secured in a car seat. If the provider cannot shelter at this location the provider will go to the second evacuation location which would be a church. The provider and the children will shelter together.

**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: Heimana Hernandez</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 09/23/21</td>
<td>Date: 09/14/2021</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

**Provider Information**

- **First Name:** Hemawate
- **Last Name:** Hemraj
- **Provider ID:** 486271
- **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>(10/22/2021)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
<td>Non-Relative Informal Care</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
  - No evidence of infestation
- **Is well-lit and well-ventilated:** Y
  - All areas well-lit and ventilated
- **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
  - Everyone has working cellphones
- **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
  - All outlets were covered

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

- **Sharp or pointed items:** Y
- **Medications of any kind:** Y
  - Does not own
- **Matches, lighters and flammable products:** Y
  - Does not own
- **Alcoholic beverages:** Y
  - Does not own
- **Guns:** Y
  - Locks were added to all cabinets
- **Cleaning agents:** Y

---

**Revised 10/2021**

MSDE OCC Informal Care Inspection Checklist
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Clean changing area</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Disposed in nearest trash bin</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Diapering procedures are followed.**

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

### Child Abuse, Neglect and Mistreatment Standards

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

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

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

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

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

MSDE OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
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, in 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:
- 1 flashlight, 2 AA batteries, 1 first aid kit, 2 bottled waters, 2 containers of baby food, diapers & wipes, thermometer kit, no specific medications, 1 outfit, 1 scissor, roll of tape, sealing plastic, carrying case, 1 key, folder with EPP and ECMA

Shelter-In-Place Procedures: Provider will call 911 and the parent, close all doors and the windows, will carry the child and the emergency to-go bag to the loft area (1 window 1 door), she will seal window if needed and stay there until safe to leave. Will call the parents afterward.

Evacuation Locations Procedures:

Primary - Provider will grab the child and to-go bag, she will take the child into her car seat and strap her in, they will be [redacted] to the evacuation location, [redacted] will let them in the apartment and will stay in the living room area (2 doors and 1 window), provider will call or text the parent before going to the evacuation location and upon arrival to the evacuation site.

Alternate - Provider will gather the to-go bag and child and go into [redacted], provider will strap the child into the car seat, and they will go to [redacted], will give entry to them, they will stay in the living room (2 doors 3 windows), and provider will contact parent before, 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: [redacted]</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 06-15-2022  Phone: [redacted]</td>
<td>Date: 06/15/2022  Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

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

**Provider Information**

**First Name:** Melissa  
**Last Name:** Herring  
**Provider ID:** 520941  
**Email:**

**Care Location Inspected**

**Address:** 1926 Park Beach Dr.  
**City:** Aberdeen  
**County:** Harford  
**State:** MD  
**Zip Code:** 21001

**Name of Children in Care**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(08/06/2021)</td>
<td>1yr.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(10/31/2022)</td>
<td>8mos.</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

- **Is in good repair:** Y  
  - All areas were clean
- **Is free of insect or rodent infestation:** Y  
  - No evidence of infestation
- **Is well-lit and well-ventilated:** Y  
  - All lights were turned on and natural window lighting
- **Has hot and cold running water:** Y  
  - Tested by provider and steam observed on camera
- **Has a working inside toilet:** Y  
  - Flushed by provider and observed
- **Has utilities for cooking, lighting and heating:** Y
- **Has a working and safe heating system:** Y  
  - Thermostat tested by provider for cooling & heating
- **Has a working refrigerator and stove:** Y  
  - Tested by provider and observed
- **Has a working telephone:** Y  
  - Outbound call made to provider's phone
- **Has operational smoke detector(s):** Y  
  - Tested by provider and observed
- **Has first aid kit/supplies:** Y  
  - Stored on kitchen cabinet (Band-Aids, Alcohol, Gauze, First Aid Kit)
- **Has protective coverings on any electrical outlet that is accessible to children:** Y  
  - All outlets covered or occupied

**Harmful items are stored appropriately and away from 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></td>
<td></td>
</tr>
</tbody>
</table>

- **Sharp or pointed items:** Y  
  - Knife holder on the back of cabinet
- **Medications of any kind:** Y  
  - Stored in high cabinet in provider's bathroom
- **Matches, lighters and flammable products:** Y  
  - Does not own
- **Alcoholic beverages:** Y  
  - Does not own
- **Guns:** Y  
  - Does not own
- **Cleaning agents:** Y
  - Corrective Action Completed: Locks added to master bathroom drawers and cabinets
- **Poisonous substances:** Y  
  - Does not own
### 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>Changing station in the child’s bedroom</td>
</tr>
<tr>
<td>Y</td>
<td>Diapers taken out daily in garage</td>
</tr>
<tr>
<td>Y</td>
<td>All diapering supplies available in child’s bedroom</td>
</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

<table>
<thead>
<tr>
<th>A child in care is not subjected to mistreatment, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Any deliberate act that hurts a child physically or emotionally,</td>
</tr>
<tr>
<td>including:</td>
</tr>
<tr>
<td>- Spanking, Biting, Hitting, Shaking</td>
</tr>
<tr>
<td>- Any other means of physical discipline</td>
</tr>
<tr>
<td>- Not attending to a child’s physical needs</td>
</tr>
<tr>
<td>- Shouting, Cursing, Shaming, Ridiculing</td>
</tr>
<tr>
<td>- Washing a child’s mouth with soap</td>
</tr>
<tr>
<td>- Putting pepper or other spicy or distasteful items in a</td>
</tr>
<tr>
<td>child’s mouth</td>
</tr>
<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
</tr>
<tr>
<td>Y</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
- folders or binder for EPP documents
- batteries for flashlight
- non-perishable food
- backpack(s) or carrying case(s)
- portable first aid kit
- diapers
- consider special toys or games
- thermometer
- change of clothes
- packing tape & sealing plastic/trash bags
- medications
- blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

Location of the Emergency Ready to Go Pack: Stored by front exit in foyer closet

Item Specification (if needed):
- 2 ERTG duffle bags (carrying case), 4 extra AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 bottled waters, 2 canned food, 2 pk of baby food, 20 diapers w/ 1 pk of wipes, 1 roll of trash bags, 1 roll of duct tape, 1 pair of scissors, 4 outfits (2 per child) (top/bottom), 3 blankets, 1 book, 1 stuffed animal and folder w/ EPP and ECMA per child

- Items to be reviewed on 07/28/2023; Corrected on 07/28/2023
- Locks added to master bathroom drawers and cabinets

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: Melissa
Last Name: Herring

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 bags and go to the basement (1 door 1 window). Once in the basement she will use the sealing plastic and tape to seal the door, window and vent if the need should arise. The provider will call or text the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children and grab the ERTGs and each child will be secured in their rear-facing car seats in the provider’s vehicle. They will drive to [redacted] and [redacted] arrival. Upon arrival the provider and children will be instructed of where to shelter [redacted]. They will stay together until the emergency has ended.

Alternate: If they could not access the primary location, the provider will account for the children and grab the ERTGs and secure both children in their rear-facing car seats. She would drive to [redacted]. Along the way the provider will call the parent and inform them of the emergency, upon arrival the Provider and children will communicate with the [redacted] and receive instruction about where to shelter. Once secured the provider will call the parent with emergency updates.

Care Hours:

[redacted]

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up 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: Melissa Herring</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 07/14/2023</td>
<td>Date: 07/28/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 02/05/2024 & 2/06/2024  
**Time In:** 11:30am  
**Time Out:** 2:48PM & 12:00pm  
**Result:** Follow-up Required Passed.

**Informal Care**

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

**Provider Information**

- **First Name:** Rosetta  
- **Last Name:** Hill  
- **Provider ID #:**  
- **Email:**

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(02/19/2014)</td>
<td>9yr.</td>
<td>N</td>
</tr>
</tbody>
</table>

**Safely of the Home**

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

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

**Health and Safety Training:**

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

**Basic Health and Safety Training Completed?**

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

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

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

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

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

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

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

**GENERAL CLEANLINESS STANDARDS**

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

- Cleaning agents  
- Poisonous substances

**Stndard Met Comments/Notes**

- Relative Informal Care - Certificate Submitted

- No evidence of infestation  
- Lots of artificial and access to natural lighting  
- Tested by provider and observed ice melting  
- Tested by provider and observed  
- Tested the digital thermostat and observed  
- Outbound call made to provider's phone  
- Tested by provider and observed  
- Corrective Action Required: All outlets observed and occupied or covered needed in all areas of home

- Knives stored in holder on back of counter  
- Stored on a high shelf in bathroom cabinet and hallway closet  
- Does not own  
- Does now own  
- Corrective Action Required: All cleaning products not stored properly all cabinets need locks (kitchen, bathrooms) or to be moved higher locations  
- Stored in locked shed outside
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, Bitting, Hitting, Shaking  
  - Any other means of physical discipline  
  - Not attending to a child’s physical needs  
  - Shouting, Cursing, Shaming, Ridiculing  
  - Washing a child’s mouth with soap  
  - Putting pepper or other spicy or distasteful items in a child’s mouth  
  - Requiring a child to stand on one foot as punishment  
  - Tying child to a cot or other equipment  

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
Location Of The Emergency Ready to go Pack: In the front closet near exit

Item Specification (if needed):
- 1 backpack (carrying case), 1 flashlight, 1pk of AAA batteries, 1 first aid kit, 1 thermometer, prescription breathing medicine and general medicine, 2 bottled waters, 3 canned foods, 1 bag of granola, 1 blanket, 1 outfit (top/bottom/underwear), 1 jumbo playing game, 1 pair of scissors, 1 roll of duct tape, 3 large trash bags and folder w/ EPP and ECMA docs.
- Items to be reviewed on 02/06/2024: Reviewed 2/06/2024
- All outlets observed and occupied or covered needed in all areas of home
- All cleaning products not stored properly all cabinets need locks (kitchen, bathrooms) or to be moved higher locations

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: Rosetta
Last Name: Hill

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

Shelter In Place Procedure:
The provider will grab the ready to go bag and the child and head to the basement (1 door 2 windows). Once downstairs the Provider will seal the door, windows and vent with sealing plastic and tape if needed. She will ensure all areas are locked before sealing. The Provider will call, text or email if needed to communicate emergency updates to the Parent.

Evacuation Procedures:
Primary: The provider will grab the emergency bag, the child and head to her vehicle. The Provider will ensure the child is secured in his seat belt and [initials]. Upon entry the child and Provider will [initials] (1 door 2 windows). The Provider will call, text or email if needed to communicate emergency updates to the Parent.

Alternate:
If the primary location was not accessible, the provider will grab the emergency bag, the child and head to her vehicle. The Provider will [initials] ensure the child is secured in his seat belt and [initials]. Upon entry the child and Provider will [initials] The Provider will call, text or email if needed to communicate emergency updates to the Parent.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Rosetta Hill</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 2/26/24</td>
<td>Date: 2/06/2024</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name: Bridget  
Last Name: Hoelscher  
Provider ID: 538224  
Email: [Redacted]

Care Location Inspected:

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

Address Verified? Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2011)</td>
<td>(11/08/2011)</td>
<td>12 yr. / N</td>
</tr>
<tr>
<td>(2014)</td>
<td>(10/14/2014)</td>
<td>7 yr. / N</td>
</tr>
<tr>
<td>(2016)</td>
<td>(11/29/2016)</td>
<td>4 yr. / Y</td>
</tr>
<tr>
<td>(2021)</td>
<td>(04/03/2021)</td>
<td>2 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:**

Basic Health and Safety Training Completed?  
Y

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

- Is in good repair  
  Standard Met Y/N: Y  
  Comments/Notes: All areas were clean
- Is free of insect or rodent infestation  
  Standard Met Y/N: Y  
  Comments/Notes: No evidence of infestation
- Is well-lit and well-ventilated  
  Standard Met Y/N: Y  
  Comments/Notes: All lights were turned on and natural window lighting
- Has hot and cold running water  
  Standard Met Y/N: Y  
  Comments/Notes: Tested by provider with kitchen thermometer
- Has a working inside toilet  
  Standard Met Y/N: Y  
  Comments/Notes: Flushed by provider and observed
- Has utilities for cooking, lighting and heating  
  Standard Met Y/N: Y  
  Comments/Notes: Thermostat tested by provider for cooling & heating
- Has a working and safe heating system  
  Standard Met Y/N: Y  
  Comments/Notes: Tested by provider and observed
- Has a working refrigerator and stove  
  Standard Met Y/N: Y  
  Comments/Notes: Outbound call made by informal team to provider's phone
- Has a working telephone  
  Standard Met Y/N: Y  
  Comments/Notes: Tested by provider and observed
- Has operational smoke detector(s)  
  Standard Met Y/N: Y  
  Comments/Notes: Band-Aids, Alcohol and Gauze in bathroom closet
- Has first aid kit/supplies  
  Standard Met Y/N: Y  
  Comments/Notes: All outlets covered or occupied
- Has protective coverings on any electrical outlet that is accessible to children  
  Standard Met Y/N: Y  
  Comments/Notes: Stored in knife holder on back counter
- Sharp or pointed items  
  Standard Met Y/N: Y  
  Comments/Notes: Stored on top shelf of bathroom and kitchen cabinets
- Medications of any kind  
  Standard Met Y/N: Y  
  Comments/Notes: On top kitchen shelf
- Matches, lighters and flammable products  
  Standard Met Y/N: Y  
  Comments/Notes: Bottle of alcohol in high level kitchen cabinet
- Alcoholic beverages  
  Standard Met Y/N: Y  
  Comments/Notes: Does not own
- Guns  
  Standard Met Y/N: Y

---

MSDE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th>Cleaning agents</th>
<th>Y</th>
<th>All cleaning products moved to top shelf of laundry room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<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>No diaper age children in care</td>
</tr>
<tr>
<td>Trash, garbage 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>No diaper age children in care</td>
</tr>
</tbody>
</table>

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<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>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanking, bitting, hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing a child’s mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
</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
- Bottled water
- Non-perishable food
- Diapers (N/A)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games

---
Thermometer  
Change of clothes  
Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags

Medications  
Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in the hallway closet near exit

Item Specification (if needed):
- 1 flashlight, 6 extra AA batteries, 1 first aid kit, 1 thermometer, suitcase (carrying case), no specific medications, 16 bottled waters, 1 canned, 4 packed foods, 2 packs of nuts, 4 outfits (top/bottom/socks/underwear), 2 large blankets, 1 toy, 2 family games, folder w/EPP and ECMA does per child, 3 trash bags, 1 pair of scissors and 1 roll of duct tape
- Items to be corrected 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: Bridget
Last Name: Hoelscher

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 basement room (1 door 0 windows). The provider will use the sealing plastic and tape to secure the door if needed. The provider will call or text the parent to inform them of emergency updates.

Evacuation Procedures:
Primary: The provider will gather the children, perform a head count and grab the ERTG. The provider will ensure [ ] Upon arrival the provider will call the [ ] in the [ ] (1 door 2 windows) with the kids. The provider will call or text the parent to inform them of emergency updates.

Alternate: if they could not access the primary location, the provider will gather the children, perform a head count and grab the ERTG, they will [ ] Upon arrival the provider will call [ ] and shelter in the [ ] (1 door 2 windows) with the kids. The provider will call or text the parent to inform them of emergency updates.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Bridget Hoelscher</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 1-28-24</td>
<td>Phone: [Redacted]</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**
- **First Name:** Tyreek
- **Last Name:** Hood
- **Provider ID:** 382256
- **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>(01/11/2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(08/22/2014)</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?**

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>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>All areas were well-lit</td>
</tr>
<tr>
<td>Y</td>
<td>Tested shower</td>
</tr>
<tr>
<td>Y</td>
<td>Pets and paws in lower cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Tested thermostat</td>
</tr>
<tr>
<td>Y</td>
<td>All have working telephones</td>
</tr>
<tr>
<td>Y</td>
<td>Tested the smoke detector</td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in higher level cabinet in kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Stored on top of the fridge</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Cleaning agents stored in cabinet</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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diaper age children</td>
</tr>
</tbody>
</table>
Child is changed immediately when they have a soiled or wet diaper, clothed or bedding.

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

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

A child in care is not subject to mistreatment, including:
- Any deliberate act that hurts a child physically or emotionally, including:
  - Spanking, Slap, Throwing, Shaking
  - Any other means of physical discipline
  - Not attending to a child's physical needs
  - Shouting, Cursing, Shaming, Riddling
  - 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 Ltd.

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 necessary medications) and Emergency Documents.

Disaster Supply Kit

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

- Flashlight
- Bottles for Flashlight
- Non-penetrable Food
- Diapers (N/A)
- Change of clothes (1 outfit underweath/child)
- Medications (N/A)
- Blanket(s) (2)

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y, stored in the living room by the door.

Emergency Documents

- Emergency Medical Preparation 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: Would go to the kitchen or bedroom, gather the children, grab the go bag stay in the location until it is safe, use the sealing plastic and tape to cover the window and contact the parent.
Evacuation LOC: Primary: Provider’s home. Under the circumstances, grab the to-go bag, walk to the car, buckle them in seatbelt, call the mother while in the car, head to the location, go to providers bedroom (1 door 1 window).

Evacuation LOC: (Secondary): Provider’s home: Grab the kids, the to-go bag, get in the car, buckle the children, call the parent, and drive to the home, where the provider has his own key for easy access, go into the basement room (1 window 1 door).

<table>
<thead>
<tr>
<th>Provider</th>
<th>Inspector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Tyreek Hood</td>
<td>Printed Name: [Blank]</td>
</tr>
<tr>
<td>Signature: [Blank]</td>
<td>Signature: [Blank]</td>
</tr>
<tr>
<td>Date: 2-4-22</td>
<td>Date: 02/03/2022</td>
</tr>
<tr>
<td>Phone: 2-7-27-0125</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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.
Inspection Date: 6/18/2024  
Time In: 1:30pm  
Time Out: 2:50pm  
Result: Passed

### Informal Care

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

**Provider Information**

- **First Name:** Cynthia
- **Last Name:** Houser
- **Provider ID:** 554206
- **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>12/29/2023</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. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

**Health and Safety Training:**

- Basic Health and Safety Training Completed? Y

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

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

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

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

### GENERAL CLEANLINESS STANDARDS

All areas of the home are kept clean, including diapering area.
<table>
<thead>
<tr>
<th>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
</tbody>
</table>
| Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  
- Toileting;  
- Diapering;  
- Before food preparation and eating;  
- After playing outdoors; and  
- At other times when necessary to prevent the spread of disease. | Y |
| **CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS** | Standard Met Y/N | Comments/Notes Corrective Action /Timeframe if needed |
| 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 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. | Y |
| A child in care is not subjected to mistreatment, including:  
- Any deliberate act that hurts a child physically or emotionally, including:  
- Spanking, Biting, Hitting, Shaking  
- Any other means of physical discipline  
- Not attending to a child's physical needs  
- Shouting, Cursing, Shaming, Ridiculing  
- Washing a child's mouth with soap  
- Putting pepper or other spicy or distasteful items in a child's mouth  
- Requiring a child to stand on one foot as punishment  
- Tying child to a cot or other equipment | Y |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- Flashlight
- Batteries
- Portable First Aid Kit
- Thermometer
- Medications
- 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)? **Yes**

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? **Yes**
Location of Emergency Ready to go Pack: Near the front door

Item Specification (if needed):
- Orajel for teething, Gas relief and vitamins
- Empty bottle, individual formula, baby food

To be observed for compliance on:

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

Planning and Maintenance

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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
Shelter In Place Procedures:
The Provider will gather the baby and place her in the car seat/stroller. If the older child is present he will walk. She would then contact the parent to inform her of the emergency and will try to keep the parent on the line until the emergency is over. The Provider will grab the emergency bag from near the entrance of the home. The Provider would shelter with the child ______ (2 doors 0 Windows) and lock/seal the shelter area. The Provider would contact the Parent to inform her of the emergency and that they are secured.

Evacuation Procedures:
The Provider will contact the parent to inform her of the emergency and will try to keep her on the line until the emergency is over. She would then place the baby in harness, if the oldest child is present the provider will grab the child’s hand, the ERTG bag and walk to the car. The baby would be secured in their rear facing car seat while the oldest child will be secured in their booster seat. The Provider would drive _____ (0 doors 3 windows). The Provider would contact the parent if not still on the line to inform them that they are secure and again when the emergency is over.

The Provider would contact the parent and ______. The Provider would try to keep the parent on the line until the emergency is over. She would then place the baby in harness, if the oldest child is present the provider will grab the child’s hand, the ERTG bag and walk to the car. The baby would be secured in their rear facing car seat while the oldest child will be secured in their booster seat. The Provider would ______. The Provider would ______. If needed, the Children and Provider would shelter in _____ (1 door 2 windows). The Provider would contact the parent if not still on the line to inform them that they are secure and again when the emergency is over.

CARE HOURS:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: <strong>Cynthia House</strong></td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 6/18/2024</td>
<td>Date: 6/18/2024</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:** Yan
- **Last Name:** Huang
- **Provider ID #:** [Redacted]
- **Provider ID:** 547046
- **Email:** [Redacted]

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

**Name of Children in Care (add pages if needed)**
- **Scholarship:** [Redacted]
- **Date of Birth:** 11/1/2023
- **Age:** 7 months
- **Present (Y/N):** No

**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.

<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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Has hot and cold running water</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Has a working inside toilet</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></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 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></td>
</tr>
<tr>
<td>• Alcoholic beverages</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Guns</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Poisonous substances</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
</table>
| A child is not subject to any form of abuse, including:  
  • Physical injury  
  • Any sexual abuse  
  • Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including:  
  • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;  
  • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including:  
  • Any deliberate act that hurts a child physically or emotionally, including:  
    • Spanking, Biting, Hitting, Shaking  
    • Any other means of physical discipline  
    • Not attending to a child’s physical needs  
    • Shouting, Cursing, Shaming, Ridiculing  
    • Washing a child’s mouth with soap  
    • Putting pepper or other spicy or distasteful items in a child’s mouth  
    • Requiring a child to stand on one foot as punishment  
    • Tying child to a cot or other equipment | Y | |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y | |

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

Item Specification (if needed):

To be observed for compliance on:

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place Procedures:

1. The Provider will grab the baby and contact the parent to inform her of the emergency. She will then grab the emergency bag from the kitchen and carry them [redacted] (2 doors 1 window).

Evacuation Procedures:

2. The Provider will gather the child and carry the emergency bag to the car. The Provider will secure the child in a rear facing car seat and relocate to [redacted]. The Provider will [redacted] to this location, call the Parent to inform her of the emergency and she and the child will [redacted] (1 door(s) 1 window(s)).

3. The Provider will gather the child and carry the emergency bag to the car. The Provider will secure the child in a rear facing car seat, call the child's parents to inform them of the emergency and relocate to [redacted]. The Provider will [redacted] to this location where she will shelter on [redacted] (1 door(s) 2 window(s)).

CARE HOURS:

[redacted]

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Yan</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 06/11/24</td>
<td>Phone: [redacted]</td>
</tr>
<tr>
<td>Date: 6/10/2024</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

**Inspection Date:** 08/10/2022  
**Time In:** 9:30AM  
**Time Out:** 10:57AM  
**Result:** Follow-up needed

---

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

---

**Provider Information**

- **First Name:** Frances  
- **Last Name:** Hutchinson  
- **Provider ID:** 102832

---

**Care Location Inspected**

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

---

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>07/14/2017</td>
<td>5</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>Basic Health and Safety Training Completed?</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>Thermostat dialled to 73</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Steam observed</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Flush observed</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Landline called out</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Band-Aids, gloves, scissors, ointment</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>Item</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>In gun box locked in cabinet</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Under sink need to be moved</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Moved to higher shelf Rad insect killer</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area</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. 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

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<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 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: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm, Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child</td>
<td>Y</td>
</tr>
<tr>
<td>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</td>
<td>Y</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>
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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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</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>
</tr>
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</table>

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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
- ☐ 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

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Revised 10/2021
<table>
<thead>
<tr>
<th>Medications</th>
<th>Blanket(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y</td>
<td></td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y</td>
<td></td>
</tr>
<tr>
<td>Location of the Emergency Ready to Go Pack: By the front door</td>
<td></td>
</tr>
<tr>
<td>Item Specification (if needed): 8 AAA Batteries, gauze band aids, gloves, cold compress, tape, ointment, alcohol swabs, Tylenol, cortisone cream, 3 8oz bottles of water, 4 chef Boyardee cans, 2 books, Disney classic, Dr. Seuss, Dress, panties, shorts</td>
<td></td>
</tr>
<tr>
<td>Items to review on 08/11/2022 if needed: Observed 08/11/2022</td>
<td></td>
</tr>
<tr>
<td>- Cleaning supplies under sink moved to higher cabinet</td>
<td>Observed 8/11/2022</td>
</tr>
<tr>
<td>- Knives moved high shelf or cabinet</td>
<td>Observed 8/11/2022</td>
</tr>
<tr>
<td>Emergency Documents</td>
<td></td>
</tr>
<tr>
<td>- Informal Provider Emergency Preparedness Plan (this completed form)</td>
<td></td>
</tr>
<tr>
<td>- Authorization for emergency medical care</td>
<td></td>
</tr>
<tr>
<td>Planning and Maintenance</td>
<td></td>
</tr>
<tr>
<td>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</td>
<td></td>
</tr>
<tr>
<td>First Name: [Redacted]</td>
<td>Last Name: [Redacted]</td>
</tr>
<tr>
<td>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried</td>
<td></td>
</tr>
<tr>
<td>Shelter In Place Procedure:</td>
<td></td>
</tr>
<tr>
<td>The provider will grab Ryleigh, the ERTB and head to the upstairs bathroom that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. Once secure, the provider will call, text or email the parent and let her know that they are sheltering in place</td>
<td></td>
</tr>
<tr>
<td>Evacuation Procedures:</td>
<td></td>
</tr>
<tr>
<td>The provider will grab [Redacted] the ERTB and head to the provider’s vehicle where she will [Redacted] is secure in her booster seat before driving to the primary evacuation location which [Redacted] Once at the location, the provider will gain entry with spare key and head to the main 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 before leaving the care location and after they are secure in the evacuation location.</td>
<td></td>
</tr>
<tr>
<td>If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is the [Redacted] Provider will [Redacted] before leaving and let her know they are on the way. Either [Redacted] into the house or the provider will use her spare key to gain entry to the home. They will shelter in the basement that has one small window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.</td>
<td></td>
</tr>
<tr>
<td>Signatures &amp; Date</td>
<td></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>PROVIDER</td>
<td>INSPECTOR</td>
</tr>
<tr>
<td>Printed Name: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 8/11/2022</td>
<td>Date: 08/11/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
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MSDE OCC Informal Care Inspection Checklist | Page 3 of 3 | Revised 10/2021