Child Care Scholarship Program
Informal Child Care Monitoring Inspections

First letter of the provider’s last name.

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

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

**Provider Information**

- **First Name:** Huyen  
- **Last Name:** Lam  
- **Provider ID:** 465762  
- **Email:** [redacted]

**Care Location Inspected**

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(04/06/2010)</td>
<td>13yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(04/26/2011)</td>
<td>11yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(01/01/2014)</td>
<td>9yr.</td>
<td>N</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

**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 stream observed on camera
- **Has a working toilet** Y  
  - Flushed by provider and observed
- **Has utilities for cooking, lighting and heating** Y  
  - Thermostat tested by provider for cooling & heating
- **Has a working 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 kits/supplies** Y  
  - Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide stored on top of fridge
- **Has protective coverings on any electrical outlet that is accessible to children** Y  
  - Corrective Action Completed. Outlet coverings needed in bathrooms, kitchen, living and dining room

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

- **Sharp or pointed items** Y  
  - Corrective Action Completed: Knives moved to higher level or lock on drawer
- **Medications of any kind** Y  
  - Stored in high cabinet in kitchen
- **Matches, lighters and flammable products** Y  
  - Does not own
- **Alcoholic beverages** Y  
  - Does not own
<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>Stored in garage will move high</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Guns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cleaning agents</td>
<td></td>
<td>Corrective Action Completed: Cleaning Agents moved to a highest shelf in garage</td>
</tr>
<tr>
<td>• Poisonous substances</td>
<td></td>
<td>Stored in garage</td>
</tr>
<tr>
<td>GENERAL CLEANNINESS STANDARDS</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes 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>No diaper age children in care</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td>No diaper age children in care</td>
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<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>
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<tr>
<td>• Toileting;</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>Y</td>
<td></td>
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<tr>
<td>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</td>
<td>Standard Met Y/N</td>
<td>Comments/Notes Corrective Action / Timeframe if needed</td>
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<tr>
<td>A child is not subject to any form of abuse, including:</td>
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<td>• Physical injury</td>
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<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</td>
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<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>
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</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

Page 2 of 3 Revised 10/2021

MSDE OCC Informal Care Inspection Checklist
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?  Y

Location of The Emergency Ready to Go Pack: Stored in garage near exit

Item Specification (if needed):
- Medications: [Specify list of necessary medications for specified age group]
- 1 flashlight, 1 pk of D batteries, 1 first aid kit, 1 thermometer, 1 roll of duct tape, trash bags
- 1 roll of duct tape, and trash bags (sealing plastic)
- Canned foods, 3 outfits (top/bottom), 3 blankets, folder w/ EPP and ECMA docs per child, 1 duffle bag, playing cards, 1 pair of scissors

Items to be reviewed on 04/19/2023: Corrected & Reviewed on 04/19/2023
- Outlet coverings in common spaces (bathroom, living room, dining room, kitchen)
- Knives moved to higher level or lock added to drawer
- Cleaning agents moved to higher shelf in garage
- ERTG: [Specify schedule for daily medication]

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  Thao
Last Name  Broadnax

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 by calling out their names and grab the ERTG and head to the spare bedroom (1 door 0 windows) in basement. Provider will use sealing plastic and tape to seal the door if needed. Provider will call the parent to inform them of the emergency and when the emergency has ended.

Evacuation Location(s) Procedures:
Primary: The provider will account for the children and ERTG and head to her vehicle with the children. The provider will ensure all doors are locked and each child secured in their seat belts. The provider will call and inform the parent and then drive [Specify address] in which the provider [Specify address]. Upon entry, the provider and children will shelter in [Specify shelter location or address] (0 doors 2 windows). The provider will call the parent again when the emergency is over.

Alternate: If they could not access the primary location, the provider will gather the children and ERTG and go the providers vehicle. The provider will ensure all kids are in their seat belts and doors locked. She will call the parent on the way [Specify address]. The provider [Specify address] upon entry they will shelter in [Specify shelter location or address] (1 door 3 windows). Provider will call the parent again once they are secured.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 5/13/23</td>
<td>Date: 04/19/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
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</table>

MSDE OCC Informal Care Inspection Checklist  Page 3 of 3  Revised 10/2021
**Inspection Date:** 02/03/2022  
**Time In:** 1:32 PM  
**Time Out:** 4:37 PM  
**Result:** Approved if returned by 5:00pm on 02/04/2022.

### Informal Care

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

### Provider Information

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

### Care Location Inspected

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

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

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

- **Home is free of health and safety hazards:**
  - Is in good repair: Y
  - Is free of insect or rodent infestation: Y
  - Is well-ill 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

### Additional Pages

MSDE OCC Informal Care Inspection Checklist 2020-03-26  
Page 1 of 4
### GENERAL CLEANLINESS STANDARDS

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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[MSDE OCC Informal Care Inspection Checklist](#) Page 2 of 4 Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Kept in the garage. Garage locked at all times.</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<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></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Kept in the trash can in the kitchen</td>
</tr>
<tr>
<td>Child is changed immediately when she has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>Children aren't of Diapering Age</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td>Parent translated the statement for the Provider who understands and agrees.</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>Parent translated the statement for the Provider who understands and agrees.</td>
</tr>
<tr>
<td>- Toiletting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
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<td>- Before food preparation and eating;</td>
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**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
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<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td>Parent translated the statement for the Provider who understands and agrees.</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>
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<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
<td>Parent translated the statement for the Provider who understands and agrees.</td>
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<tr>
<td>- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm.</td>
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<td>- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
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<td>A child in care is not subjected to mistreatment, including:</td>
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<td>Parent translated the statement for the Provider who understands and agrees.</td>
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<td>- Any deliberate act that hurts a child physically or emotionally, including:</td>
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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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Flashlight</td>
<td></td>
</tr>
<tr>
<td>Batteries</td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td></td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td></td>
</tr>
<tr>
<td>Non-perishable food</td>
<td></td>
</tr>
<tr>
<td>Backpack(s) or carrying case(s)</td>
<td></td>
</tr>
</tbody>
</table>
Location of Emergency Ready to Go Pack: Kept in the Garage.

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

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

Planning and Maintenance

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

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

Shelter In Place Procedures:

The Provider will lock the doors, gather ERTG bag from the garage, grab the children and shelter in the basement (1 Door 1 Window). The Provider will call the Parent while gathering the children and again after they are secured.

Evacuation Procedures:

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

Signatures & Date

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

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

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

**Provider Information**

- **First Name:** Demetra
- **Last Name:** Lancaster
- **Provider ID:** [Redacted]

**Address:** [Redacted]

**Care Location Inspected**

- **Address Verified:** Yes
- **Daily:** [Redacted]

<table>
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<tr>
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<tbody>
<tr>
<td>[Redacted]</td>
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<td>[Redacted]</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
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<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

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

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

**Health and Safety Training:**

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

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

- **Is in good repair:** Y
- **Is free of insect or rodent infestation:** Y
- **Is well-lit and well-ventilated:** Y
- **Has hot and cold running water:** Y
- **Has a working inside toilet. Look under sink:** Y
- **Has utilities for cooking, lighting and heating:** Y
- **Has a working and safe heating system:** Y
- **Has a working refrigerator and stove:** Y
- **Has a working telephone:** Y
- **Has operational smoke detector(s):** Y
- **Has first aid kit/supplies:** Y
- **Has protective coversings 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

**Comments/Notes:** Locked in cabinet, Locked in cabinets, Other than medications and cleaning solutions
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>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>Corrective Action/Timeframe if needed</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when she has a soiled or wet diaper, clothing or bedding</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
| • Toileting  
• Diapering  
• Before food preparation and eating  
• After playing outdoors, and  
• At other times when necessary to prevent the spread of disease |                                                      |

### Child Abuse, Neglect and Mistreatment Standards

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

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

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

Item Specification (if needed):
- 4 shirts, 4 pants, 20 diapers, 2 boxes wipes, 2 extra D batteries, 4 emergency blankets, bandages, first aid kit, Neosporin, Benadryl, Tylenol.
- 12 oz water bottles, 4 cans of soups, 4 cans of vegetables, 4 cans of soups, 6 lbs of applesauce, 4 cups mandarin oranges, Similac baby formula

Items to review on xxxxxx if needed: N/A

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

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

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

Shelter in Place Procedure:
The provider will pick up non-walking child and gather the walking children, grab the ERTB, and head to the main level bathroom which has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents once everyone is in the bathroom and secure.

Evacuation Procedures:
The provider will gather the children and place youngest two children in the double stroller, with the emergency bag placed in the bottom compartment, she will hold the bag. The other children will hold on to the stroller proceed to walk to the primary evacuation location, which is xxxxxxxx. Once at the location, the provider will ask to be directed to a room they can shelter. The provider will call the parents before leaving the care location and then again after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location, which is xxxxx. At the alternate evacuation location, the provider will gather the children and the emergency bag, and proceed to the provider’s vehicle where she will secure the three youngest children in rear facing car seats and secure the provider’s stroller, before driving to this location. Once at the location the provider will ask to be directed to a room where they can shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demetrius Lancaster</td>
<td>N/A</td>
</tr>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 11/23/2022</td>
<td>Date: 11/23/2022</td>
</tr>
<tr>
<td>Phone: N/A</td>
<td>Phone: N/A</td>
</tr>
<tr>
<td></td>
<td>1-877-227-0125</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:** Kimberly
- **Last Name:** Lawler
- **Provider ID:** 525893
- **Email:** [Redacted]

### Care Location Inspected

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

**Address Verified? Yes.**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(12/10/2022)</td>
<td>8mos.</td>
<td>Y</td>
</tr>
</tbody>
</table>

## Safety of the Home

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

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

### Health and Safety Training:

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

### Basic Health and Safety Training Completed?

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and steam observed on camera</td>
</tr>
<tr>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made by informal team to provider’s phone</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in knife block on back of counter</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in top cabinet above stove</td>
</tr>
<tr>
<td>Y</td>
<td>Moved to top cabinet above stove</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in top cabinet above the fridge</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in locked safe within a lock box in the parent’s bedroom</td>
</tr>
</tbody>
</table>
- Cleaning agents
  - Poisonous substances

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Diapering area in living room</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Yes, thrown away using baby diaper bin</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>Yes changing area had all necessary diaper supplies</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>- Tofeating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

MSDE OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Stored in the living room by the changing table

Item Specification (if needed):
- 1 carrying case (backpack), 1 first aid kit, 1 thermometer, no specific meds, 3 canned foods, 2 blankets, 1 dress and 1 pair of under shorts, 2 bottled waters, 3 diapers and 1 pk of wipes, 1 small toy, 1 flashlight, 2 extra D batteries, 1 pair of scissors, 3 trash bags, 1 roll of duct tape, and folder w/ EPP and ECMA docs
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will pick up the child and grab the ERTG and head to the master bathroom (2 doors 0 windows). The provider will use the sealing plastic and tape to secure the doors and the vents if the need should arise. The provider will immediately call the parent when the emergency occurs, during and after the provider will video call the parent.

Evacuation Procedures
Primary: The provider will account for the child, pick her up and grab the ERTG, and head to the provider’s vehicle. The provider will secure the child in her rear-facing car seat and drive to ______________________. Upon arrival the provider will call the direct point of contact and _______________________ to receive instruction of where to shelter with the child. The provider will immediately call the parent before and after with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the child, pick her up and grab the ERTG, and head to the provider’s vehicle. The provider will secure the child in her rear-facing car seat and drive to ______________________. Upon arrival the provider will ______________________. The provider and child will shelter in place (1 door 1 window). The provider will immediately call the parent before and after with emergency updates.

Care Hours:

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: Kimberly M. Lawler</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 09-26-2023 Phone: [redacted]</td>
<td>Date: 09/19/2023 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 04/11/2023
Time In: 9:30AM
Time Out: 10:38AM
Result: PASSED

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

Provider Information
First Name: Jocica
Last Name: Lawrence
Provider ID #: 512012
Care Location Inspected
Street Address:
Address Verified? Yes.

Name of Children in Care (add pages if needed) | Scholarship | Date of Birth | Age | Present (Y/N)
--- | --- | --- | --- | ---
(02/08/2022) | | 1yr. | Y |

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

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

Health and Safety Training:
Standard Met Y/N | Comments/Notes | Corrective Action / Timeframe if needed
--- | --- | ---
Basic Health and Safety Training Completed? | Y | Non-Relative Informal Care - Certificate Submitted

Home is free of health and safety hazards:
Standard Met Y/N | Comments/Notes | Corrective Action / Timeframe if needed
--- | --- | ---
• 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 | Thermostat tested by provider for cooling & heating
• Has a working and safe heating system | Y | Tested by provider and observed
• Has a working refrigerator and stove | Y | Outbound call made to provider's phone
• Has a working telephone | Y | Indicated by provider and observed
• Has operational smoke detector(s) | Y | Medical Supplies: Band-Aids, Gauze, Alcohol, Peroxide
• Has first aid kit/supplies | Y | All outlets were occupied or covered
• Has protective coverings on any electrical outlet that is accessible to children

Harmful items are stored appropriately and away from children:
Standard Met Y/N | Comments/Notes | Corrective Action / Timeframe if needed
--- | --- | ---
• Sharp or pointed items | Y | Stored in knife holder on the back of kitchen counter
• Medications of any kind | Y | Stored in high cabinet in bathroom
• Matches, lighters and flammable products | Y | Does not own
• Alcoholic beverages | Y | Does not own
• Guns | Y | Does not own
• Cleaning agents | Y | All cleaning agents stored under counter with lock
• Poisonous substances | Y | Does not own

GENERAL CLEANLINESS STANDARDS
Standard Met Y/N | Comments/Notes
--- | ---

MSDE OCC Informal Care Inspection Checklist
Page 1 of 3
Revised 10/2021
All areas of the home are kept clean, including diapering area.

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapering area in child's bedroom</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapers are thrown away daily in diaper genie</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All additional diapering needs in storage holder in child’s bedroom</td>
</tr>
</tbody>
</table>

Diapering procedures are followed.

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

<table>
<thead>
<tr>
<th>Child Abuse, Neglect and Mistreatment Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Y</td>
</tr>
</tbody>
</table>

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

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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: In parent's home office near exit door

Item Specification (if needed):
- 1 duffle bag (carry-on suitcase), 1 liter of bottled water, 1 canned foods/2 baby foods, 1 container of nuts, 1 first aid kit, 1 pair of scissors, 2 trash bags, roll of duct tape, ferrous sulphate medicine (daily dosage) Tylenol (as needed) 6 diapere/pkt of wipes, 2 books, 2 outfits (tops/bottoms/jackets), 1 med blanket, folder w/EPP & ECMA, 1 flashlight w/1 pk of extra AA batteries, 1 thermometer, and folder w/EPP and ECMA forms.

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: Jabir
Last Name: Marakkarakath Vadakkepurayil

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

Shelter In Place Procedure:

The provider will gather the child make sure all doors and windows are locked and head into [____] (1 door 1 window). Then ensure the bag is in place within the [____]. The provider will use sealing plastic and tape to seal any spaces if necessary. Then the provider will call and text if needed the parents before, during and after the emergency.

Evacuation Location(s) Procedures:

Primary: The provider will account for the child and ERTG and carry them to her vehicle, she will call the parents and secure the child in her rear-facing car seat. The provider will drive to the [____] upon arrival she will call an associate [____] and receive instructions about where to locate for shelter. Once they are settled and secured she will call the parents and text if needed using her personal cellphone.

Alternate: If they could not access the primary location, the provider will gather the child and ERTG and carry them into her vehicle, she would secure the child in her rear-facing car seat and drive to the [____]. She would call the parents on her way to the location and inform them of the emergency. Upon arrival she will call an associate to be instructed of where to shelter within the building. Once they are secured she will call the parents to give them 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 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: Jonica Lawrence</td>
<td>Printed Name: [BLANK]</td>
</tr>
<tr>
<td>Signature: [BLANK]</td>
<td>Signature: [BLANK]</td>
</tr>
<tr>
<td>Date: 4/18/23</td>
<td>Phone: [BLANK]</td>
</tr>
<tr>
<td></td>
<td>Date: 04/11/2023</td>
</tr>
</tbody>
</table>
Inspection Date: 02/08/2022
Time In: 1:45 PM
Time Out: 2:55 pm
Result: Approved

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

Provider Information
First Name: Jennifer
Last Name: Lease
Provider ID: 40938
Email: [Redacted]

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

<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>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/1/2010</td>
<td></td>
<td>11</td>
<td>Y</td>
<td>At school</td>
</tr>
<tr>
<td></td>
<td>5/10/2012</td>
<td></td>
<td>9</td>
<td>Y</td>
<td>At school</td>
</tr>
<tr>
<td></td>
<td>12/23/15</td>
<td></td>
<td>6</td>
<td>Y</td>
<td>At school</td>
</tr>
<tr>
<td></td>
<td>5/17/2018</td>
<td></td>
<td>3</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<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>No signs of infestation observed</td>
</tr>
<tr>
<td>• Is free of insect or rodent infestation</td>
<td>Y</td>
<td>Lots of natural and artificial lighting</td>
</tr>
<tr>
<td>• Is well-lit and well-ventilated</td>
<td>Y</td>
<td>Steam observed on the mirror</td>
</tr>
<tr>
<td>• Has hot and cold running water</td>
<td>Y</td>
<td>Flush observed</td>
</tr>
<tr>
<td>• Has a working inside toilet</td>
<td>Y</td>
<td>Stove burners observed</td>
</tr>
<tr>
<td>• Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Turned up from 71 to 72 degrees</td>
</tr>
<tr>
<td>• Has a working and safe heating system</td>
<td>Y</td>
<td>Refrigerator light and frozen food observed</td>
</tr>
<tr>
<td>• Has a working refrigerator and stove</td>
<td>Y</td>
<td>Cell phone In Kitchen. Outbound call observed</td>
</tr>
<tr>
<td>• Has a working telephone</td>
<td>Y</td>
<td>Test button pressed. The alarm sounded.</td>
</tr>
<tr>
<td>• Has operational smoke detector(s)</td>
<td>Y</td>
<td>Band aids, gauze, compress wipes, gloves</td>
</tr>
<tr>
<td>• Has first aid kit/supplies</td>
<td>Y</td>
<td>In all rooms outlets that were not in use are covered. 2 outlet covers observed</td>
</tr>
<tr>
<td>• Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

Harmful items are stored appropriately and away from children:

<table>
<thead>
<tr>
<th>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>Top shelf in Kitchen</td>
</tr>
<tr>
<td>• Medications of any kind</td>
<td>Y</td>
<td>Upper cabinet in Kitchen</td>
</tr>
<tr>
<td>• Matches, lighters and flammable products</td>
<td>Y</td>
<td>Lighter in mom’s purse</td>
</tr>
<tr>
<td>• Alcoholic beverages</td>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
<tr>
<td>• Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
**Cleaning agents**  
Y  
Dishwasher pods moved to a different higher location. The remainder of the cleaning items are kept under the 1st floor bathroom sink.

**Poisonous substances**  
Y  
Not kept in the home

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>The diapering area is a mat on the floor of the bedroom.</td>
</tr>
<tr>
<td>Y</td>
<td>Garbage and recycling located in the kitchen</td>
</tr>
<tr>
<td>Y</td>
<td></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>A child is not subject to any form of abuse, including:</td>
</tr>
<tr>
<td></td>
<td>• Physical injury</td>
</tr>
<tr>
<td></td>
<td>• Any sexual abuse</td>
</tr>
<tr>
<td></td>
<td>• Mental injury</td>
</tr>
<tr>
<td>Y</td>
<td>A child in care is not subjected to any form of neglect, including:</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>Y</td>
<td>A child in care is not subjected to mistreatment, including:</td>
</tr>
<tr>
<td></td>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
</tr>
<tr>
<td></td>
<td>• Spanking, Biting, Hitting, Shaking</td>
</tr>
<tr>
<td></td>
<td>• Any other means of physical discipline</td>
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<tr>
<td></td>
<td>• Not attending to a child's physical needs</td>
</tr>
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<td></td>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<td></td>
<td>• Washing a child's mouth with soap</td>
</tr>
<tr>
<td></td>
<td>• Putting pepper or other spicy or distasteful items in a child's mouth</td>
</tr>
<tr>
<td></td>
<td>• Requiring a child to stand on one foot as punishment</td>
</tr>
<tr>
<td></td>
<td>• Tying child to a cot or other equipment</td>
</tr>
<tr>
<td>Y</td>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
</tr>
</tbody>
</table>

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to go Pack: Near the front door in the coat closet

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

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

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

Planning and Maintenance

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

First Name ___________________________ Last Name ___________________________

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

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

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

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

Signatures & Date

MSDE OCC Informal Care Inspection Checklist
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: Jennifer Leise</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 01/27</td>
<td>Date: 02/08/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-2270125</td>
</tr>
</tbody>
</table>
**Maryland State Department of Education/Office of Child Care**  
**Child Care Scholarship Program**  
**INFORMAL CARE INSPECTION CHECKLIST**

<table>
<thead>
<tr>
<th>Inspection Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/30/2024</td>
<td>4:00 pm</td>
<td>4:43 pm</td>
<td>Passed</td>
</tr>
</tbody>
</table>

### Informal Care

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

### Provider Information

- **First Name:** [Name]  
- **Last Name:** [Name]  
- **Provider ID #:** [ID]  
- **Provider ID:** 553729  
- **Email:** [Email]

### Care Location Inspected

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

### 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>12/10/2022</td>
<td>1 / Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/1/2019</td>
<td>4 / Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7/13/2017</td>
<td>6 / Y</td>
<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

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

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

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

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

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

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Corrective Action / Timeframe if needed</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</strong></td>
<td><strong>Standard Met</strong></td>
</tr>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td>Y</td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td></td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
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<tr>
<td>• Any other means of physical discipline</td>
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<td>• Not attending to a child's physical needs</td>
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<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<td>• Washing a child's mouth with soap</td>
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<td>• Putting pepper or other spicy or distasteful items in a child's mouth</td>
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</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
</tr>
<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>
</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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td></td>
</tr>
<tr>
<td>Batteries</td>
<td></td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
</tr>
<tr>
<td>Medications N/A</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 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)? 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):**
- Canned Tuna, Peaches and Beans
- Packing tape, duct tape, scissors and Sealing plastic

**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:

<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 Procedures:**

The Provider will carry the baby and the emergency bag and guide the children the [location] with the children (1 door(s) 0 window(s)). The provider will use the plastic to seal the door and contact the parent during the emergency and after the children are secured.

**Evacuation Procedures:**

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in a car seats and place the bag in the vehicle before relocating to the [location]. The Provider will [how to contact] to the this location where she will shelter in the [location] (1 door(s) 2 window(s)). The Provider will contact the parents after everyone is secured and safe.

The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in a car seats and place the bag in the vehicle before relocating to the [location]. The Provider will [how to contact] to the this location where she will shelter in the [location] (1 door(s) 3 window(s)). The Provider will contact the parents after everyone is secured and safe.

**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: [signature]</td>
<td>Printed Name: [signature]</td>
</tr>
<tr>
<td>Signature: [signature]</td>
<td>Signature: [signature]</td>
</tr>
<tr>
<td>Date: [5/30/2024]</td>
<td>Date: [5/30/2024]</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:** Anida  
- **Last Name:** Leiva  
- **Provider ID:** Not issued  
- **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>6/27/2021</td>
<td>7 months</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

**Health and Safety Training:**

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

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

- **Is in good repair**
  - Y
  - Comments/Notes: No sign of rodents or insects

- **Is free of insect or rodent infestation**
  - Y
  - Comments/Notes: Natural and artificial lighting.

- **Is well-lit and well-ventilated**
  - Y
  - Comments/Notes: Steam observed

- **Has hot and cold running water**
  - Y
  - Comments/Notes: Flush observed

- **Has a working inside toilet**
  - Y
  - Comments/Notes: Electric stove turned orange when turned on

- **Has utilities for cooking, lighting and heating**
  - Y
  - Comments/Notes: Turned up from 64 to 67

- **Has a working and safe heating system**
  - Y
  - Comments/Notes: Refrigerator light and frozen food observed

- **Has a working refrigerator and stove**
  - Y
  - Comments/Notes: Provider’s cell phone. Outbound call observed.

- **Has a working telephone**
  - Y
  - Comments/Notes: Test button pressed. The alarm sounded.

- **Has operational smoke detector(s)**
  - Y
  - Comments/Notes: Alcohol wipes, ointment, tape, gloves, Q-tips, band aids, tongue depressors, small and large gauze, ice pack

- **Has first aid kit/supplies**
  - Y
  - Comments/Notes: Outlets not in use were covered.

- **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**
  - Y
  - Comments/Notes: Up on the counter towards the back

- **Medications of any kind**
  - Y
  - Comments/Notes: None in the house

- **Matches, lighters and flammable products**
  - Y
  - Comments/Notes: None in the house
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None in the house</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>None in the house</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Locked in cabinets</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Other than medications and cleaning solutions</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

*MSDE OCC Informal Care Inspection Checklist*  
Page 2 of 3  
Revised 10/2021
Portable First Aid Kit

☐ Diapers

☐ Thermometer

☐ Change of clothes

☐ Medications

☐ Blanket(s)

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

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

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

Item Specification (If needed):

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

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

Emergency Documents

☐ Informal Provider Emergency Preparedness Plan (this completed form)

☐ Authorization for emergency medical care

Planning and Maintenance

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

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

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

Shelter in Place Procedure:

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

Evacuation Procedures:

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

Alternate Location:

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

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Amanda Leiva</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 03/03/22 Phone: [Redacted]</td>
<td>Date: 03/03/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

Revised 10/2021
Thermometer ☑ Change of clothes ☑ Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags

Medications ☑ Blanket(s) ☑

Items in the Disaster Supply Kit are clean, organized, and usable? Y

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

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

Item Specification (if needed):
- 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, 4 canned foods, 6 diaper and 1pk of wipes, 3 outfits (top/bottom/underwear), 1 tote bag (carrying case), 1 large blanket, no spec meds (only gen med Tylenol), folder with EPP and ECMA per child, coloring books and flash cards, 4 bottled waters, 1 pair of scissors and 1 roll of duct tape

- Items to be reviewed on 06/30/2023: Corrected & Reviewed on 06/30/2023
- ERTG: 3 bottled waters, 1 pair of scissors and 1 roll of duct tape

Emergency Documents
- Informed 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: Jeffrey
Last Name: Lewis

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 head into the [location]. Once in the room the provider will use sealing plastic and tape to seal any spaces as needed. The provider will call, text and email the parent immediately and afterward when the emergency is over.

Evacuation Procedures:
Primary: The provider will account for the children and grab the ERTG backpack and head to the provider's vehicle. The provider will 2 older children in forward-facing car seat and the youngest child in rear-facing seat. Then they will drive to the [location]. Upon arrival the provider will call or text the parent and then enter the [location] to gain instruction of where to shelter in the location.

Alternate: If they could not access the primary location, the provider will account for the children and grab the ERTG backpack and head to the provider's vehicle. The provider will 2 older children in forward-facing car seat and the youngest child in rear-facing seat. Then they will drive to the [location]. Upon arrival the provider will call or text the parent and then the provider with his key access will enter the [location]. Upon entry the provider and children will shelter in the living room (1 door 1 window) and stay there until the emergency has ended.

Care Hours:
M-F 6:00am-4:00pm

Signatures & Date

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

PROVIDER

Printed Name: Jeffrey Lewis
Signature: [signature]
Date: 01/24/2023
Phone: [phone]

INSPECTOR

Printed Name: [name]
Signature: [signature]
Date: 05/31/2023
Phone: 1-877-227-0125

CCS
**Informal Care**

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

**Provider Information**

- **First Name:** Marissa
- **Last Name:** Lewis
- **Provider ID:** 544487
- **Email:**

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/23/23</td>
<td>4 mos.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>11/23/23</td>
<td>4 mos.</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:**

- 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**
  - 12 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**
- Poisonous substances **Y**

**GENERAL CLEANLINESS STANDARDS**

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>A child is not subject to any form of abuse, including:</th>
<th>Standard Met: Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A child in care is not subjected to mistreatment, including:</th>
<th>Standard Met: Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<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 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
- ☒ Blanket(s)

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

MSDE OCC Informal Care Inspection Checklist 2020-03-26  Page 2 of 3
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 under the children's stroller in the main room

Item Specification (if needed):
- Duct tape, sealing plastic, scissors
- 2 flashlights
- 2 blankets
- Infants Tylenol
- Baby formula
- 3 bottled waters and 1 gallon of water
- 2 canned foods
- Plushy toys

To be observed for compliance on:

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

Planning and Maintenance

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

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

Shelter In Place Procedures:
The Provider will place the children in the stroller where the bag is already located and [redacted] (1 door 1 window 2 vents). The Provider will [redacted] if the threat is environmental (1 door 1 exhaust vent). The Provider will contact the Parent via text initially and call to update the parent once secured in the shelter location. The parent also has access to a camera within the shelter location which has two way audio if the arises.

Evacuation Procedures:
The Provider will place the children in the stroller where the bag is already located and [redacted] The Provider will gain instruction on where to [redacted] They may shelter in [redacted] (1+ doors 1+ windows). The Provider will contact the Parent via text initially and call to update the parent once secured in the evacuation location.

The Provider will place the children in the stroller where the bag is already located and [redacted] The Provider will gain instruction on where to shelter from [redacted] The Provider will contact the Parent via text initially and call to update the parent once secured in the evacuation location.

CARE HOURS:
[redacted]

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 3-28-2024</td>
<td>Date: 3/28/2024</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 09/15/2021 & 09/23/21  
**Time In:** 2:00 PM & 3:35 pm  
**Time Out:** 3:12 pm  
**Result:** Denied & Rescheduled for 09/23/21  
**Approved**

### Informal Care

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

### Provider Information

**First Name:** Scarlett  
**Last Name:** Lewis  
**ID #:** [Redacted]  
**Provider ID:** 347064  
**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>8/18/2008</td>
<td>13</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>7/16/2011</td>
<td>10</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>10/18/2013</td>
<td>7</td>
<td>N</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training

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

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

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

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

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

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

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

---

*MISDE OCC Informal Care Inspection Checklist 2020-03-26*  
*Page 1 of 3*
<table>
<thead>
<tr>
<th>Item</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Not kept in the home</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Kept in an unlocked closet in the upstairs hallway. Moved the cleaning products up high on 09/23/21</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Kept in an unlocked closet in the upstairs hallway. Moved the cleaning products up high on 09/23/21</td>
</tr>
</tbody>
</table>

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>No diapering area in the home.</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>In the kitchen next to the counter.</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed. 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>• Toiletting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors;</td>
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<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
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</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard</th>
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<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
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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
- ☐ Folder or binder for EPP documents

MSDE OCC Informal Care Inspection Checklist 2020-03-26 Page 2 of 3
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

Disaster Supply Kit Comments/Notes:

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

Emergency Documents

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

Planning and Maintenance

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

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

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

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

Signatures & Date

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

PROVIDER

Printed Name: Scarlett Lewis

Date: 09/23/2021

INSPECTOR

Printed Name:

Signature:

Date: 09/23/2021

Phone: 1-877-227-0125
Maryland State Department of Education/Office of Child Care  
Child Care Scholarship Program  
INFORMAL CARE  
INSPECTION CHECKLIST

**Inspection Date:** 12/6/2023  
**Follow-up Inspection Date:** 12/6/2023  
**Time In:** 1:30PM  
**Time Out:** 2:46PM  
**Result:** Follow-up Required.

**Result:** PASSED

### Informal Care

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

### Provider Information

**First Name:** Pamela  
**Last Name:** Lisenby  
**Provider ID:** 534611  
**Email:** [redacted]

### Care Location Inspected

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(12/03/2018)</td>
<td>6yr.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(11/26/2017)</td>
<td>5yr.</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:

- **Is in good repair** Y  
  - All areas were clean
- **Is free of insect or rodent infestation** Y  
  - No evidence of infestation
- **Is well-lit and well-ventilated** Y  
  - All lights were turned on and natural window lighting
- **Has hot and cold running water** Y  
  - Tested by provider and observed the steam from kitchen sink
- **Has a working inside toilet** Y  
  - Flushed by provider and observed
- **Has utilities for cooking, lighting and heating** Y  
  - Thermostat tested by provider for cooling & heating
- **Has a working and safe heating system** Y  
  - Tested by provider and observed
- **Has a working refrigerator and stove** Y  
  - Outbound call made by informal team to provider’s phone
- **Has a working telephone** Y  
  - Tested by provider and observed
- **Has operational smoke detector(s)** Y  
  - First aid kit in bin on top of fridge in both bathrooms
- **Has first aid kit/supplies** Y  
  - Corrective Action Required: All outlets were covered or occupied
- **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  
  - Knife holder and block on back of kitchen counter
- **Medications of any kind** Y  
  - Stored in bin on top of fridge
- **Matches, lighters and flammable products** Y  
  - Moved to top of laundry shelf
- **Alcoholic beverages** Y  
  - Does not own
- **Guns** Y  
  - Does not own
<table>
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<tr>
<th><strong>CLEANLINESS STANDARDS</strong></th>
<th><strong>Standard Met Y/N</strong></th>
<th><strong>Corrective Action /Timeframe if needed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>ThROWN away daily in trash can</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
<tr>
<td>Diapering procedures are followed. 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><strong>Toileting:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Diapering:</strong></td>
<td></td>
<td></td>
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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
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Portable First Aid Kit
- Diapers (N/A)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
Thermometer, Change of clothes, Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags

Medications (N/A), Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in the living room closet by exit
- 1 duffle bag (carrying case), 1 flashlight, 1 bag of extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications only gen cough medicine, 4 bottled waters, 4 canned foods, 2 outfits (top/bottom/underwear), 1 large blanket, folder w/ EPP and ECMA docs per child, 3 books, 1 toy, 1 pair of scissors, 1 roll of duct tape and 1 roll of trash bags
- Outlet coverings needed in all areas

1Emergency 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: Vivian
Last Name: Garland

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, grab the ERTG bag, go into the child’s bedroom closet (1 door 0 windows). If needed the provider will use the sealing plastic and tape to seal the door for protection. The provider will call the parent in addition to authorities if the emergency requires their assistance.

Evacuation Procedures

Primary: The provider will gather all children, perform a head count and grab the ERTG. The provider and children will

The provider will ensure both children are secured in their forward-facing car seats. Upon arrival the provider will

when they are there, once inside they would

(1 door 0 windows). The provider will face time the parent to update her of the emergency.

Alternate: If they could not access the primary location, the provider will gather all children, perform a head count and grab the ERTG. The provider and children will drive to

The provider will ensure both children are secured in their forward-facing car seats. Upon arrival the provider will

once inside they would shelter in the

(1 door 1 window). The provider will face time the parent to update her of the emergency.

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>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 12-15-23</td>
<td>Date: 12/06/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Casey
- **Last Name:** Littleton
- **Provider ID #:** 510254
- **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>
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<tbody>
<tr>
<td></td>
<td>7/08/2013</td>
<td>10</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>9/15/2015</td>
<td>8</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>11/15/2016</td>
<td>7</td>
<td>N</td>
</tr>
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**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**

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

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- Any sexual abuse
- Mental injury

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- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

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  - Any 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
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<td></td>
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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.

- [x] Flashlight
- [x] Batteries
- [x] Portable First Aid Kit
- [x] Thermometer
- [x] Medications
- [x] Bottled water
- [x] Non-perishable food
- [x] Diapers N/A
- [x] Change of clothes
- [x] Blanket(s)
- [x] Folder or binder for EPP documents
- [x] Backpack(s) or carrying case(s)
- [x] Consider special toys or games
- [x] 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: PANTRY**

**Item Specification (if needed):**
- 6 Bottled Water
- 5 Canned Fruit/ Foods
- Roll of Plastic,
- 2 packs of backup batteries, Duct Tape and Scissors
- Tylenol
- Pop it Toys, Coloring Books and Crayons

**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 Casey          Last Name Littleton

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

**Shelter In Place Procedures:**

The Provider will Call the children or go and get the children and [ ] [ ] [ ] (1 door 0 windows). The [ ] [ ] [ ] The provider will contact the parent to provide an update after the emergency is over.

**Evacuation Procedures:**

The Provider will gather the children in the living room and account for them all. She will gather the emergency bag ensuring she has all items and escort the children to the van. The Provider will secure the child(ren) in a Booster seat for the youngest and seat belt for the oldest before relocating to the [ ] [ ] [ ] where she will [ ] [ ] [ ] [ ] (1 doorway(s) 1 skylight window(s)) [ ] [ ] [ ] the children. The Provider will contact the parents after securing [ ] [ ] [ ] to inform them of the need to relocate.

The Provider will gather the children in the living room and account for them all. She will gather the emergency bag ensuring she has all items and escort the children to the van. The Provider will secure the child(ren) in a Booster seat for the youngest and seat belt for the oldest before relocating to the [ ] [ ] [ ] [ ] where she will shelter in [ ] [ ] [ ] (1 doorway(s) 1 window(s)). The Provider will contact the mom after securing the children [ ] [ ] to inform them of the need to relocate.

**CARE HOURS:**
- 

---

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
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<tbody>
<tr>
<td>Printed Name: <strong>Casey Littleton</strong></td>
<td>Printed Name: <em>Redacted</em></td>
</tr>
<tr>
<td>Signature: <em>Redacted</em></td>
<td>Signature: <em>Redacted</em></td>
</tr>
<tr>
<td>Date: 5-2-24</td>
<td>Date: 5/02/2024</td>
</tr>
<tr>
<td>Phone: <em>Redacted</em></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: Casey  
Last Name: Littleton  
Provider ID #: 510254  
Email: [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)

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<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(07/18/2013)</td>
<td>9yr. / Y</td>
</tr>
<tr>
<td></td>
<td>(09/15/2015)</td>
<td>7yr. / Y</td>
</tr>
<tr>
<td></td>
<td>(11/15/2016)</td>
<td>6yr. / 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>Relative Informal Care – Certificate Submitted</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in high kitchen cabinet above the stove and sink</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Corrective Action Completed: Lock added to parents door</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Stored on top shelf in parent’s bedroom</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Standard Met</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Corrective Action Completed: Lock added to cabinet with cleaning agent needed</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>No diaper age children in care</td>
</tr>
</tbody>
</table>

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

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

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

Diapering procedures are followed.

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- ✖ Flashlight
- ✖ Bottled water
- ✖ Folder or binder for EPP documents
- ✖ Batteries for Flashlight
- ✖ Non-perishable food
- ✖ Backpack(s) or carrying case(s)
- ✖ Portable First Aid Kit
- ✖ Diapers (N/A)
- ✖ Consider special toys or games
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

Location of The Emergency Ready to go Pack: Stored within the kitchen pantry

Item Specification (if needed):
- 1 first aid kit, gen med (Tylenol), smallest child takes (inhaler) but parent cannot have additional medicine? 1 flashlight, 1 pk of AA batteries, 1 roll of sealing plastic, 1 duffle bag (carrying case), 3 small blankets, 3 outfits (top/bottom/underwear), 5 canned foods, 5 bottled waters, 3 books, folder w/ EPP and ECMA per child, 1 pair of scissors, and 1 roll of duct tape, and 1 thermometer

Items to be reviewed on 04/19/2023: Corrected & Reviewed on 04/19/2023
- Safety lock added to mother’s room with medications, prescriptions, lighters
- Lock added to kitchen cabinet with cleaning agents
- Assess the space and accessibility of the shelter-in-place pantry
- ERTG: Missing thermometer

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: Casey
Last Name: Littleton (Provider)

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, ensure all doors are locked and _______ for the youngest child in care and head into the kitchen pantry (1 door 0 windows), where the ERTG will already be stored. The provider will seal and tape the door if needed. The provider will call or text the parent before and after the lock down.

Evacuation Location(s) Procedures:
Primary: The provider will account for the children, ERTG, and the _______ for the youngest child. The provider will secure both children in their booster seats and the oldest child within the car seat belt within the vehicle. The provider will call or text the parent once they are secured and on the way to _______. The provider will not enter the vehicle. Upon entry, they would shelter in the _______ (1 door 0 windows). The provider will keep notifying the parent via call or text until the emergency has ended.

Alternate: If they could not access the primary location, the provider will gather the children, ERTG and _______ for the youngest child. She will then contact the _______ of the emergency and drive to _______. The provider will also call the mother and inform her that the location is changing. Upon arrival, _______ (1 door 2 windows) or _______ (0 doors 1 window). The provider will call the parent and stay in the location until the emergency has ended.

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.

Signature & Date

PROVIDER
Printed Name: [Redacted]
Signature: [Redacted]
Date: May 3 2023 Phone: [Redacted]

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 04/19/2023 Phone: 1-877-227-0125