Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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First letter of the provider’s last name.
# Informal Care Inspection Checklist

**Inspection Date:** 02/18/2022  
**Time In:** 1:45 pm  
**Time Out:** 2:45 pm  
**Result:** Approved if returned by 5pm on 02/21/2022

### Informal Care

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

#### Provider Information

- **First Name:** Digna  
- **Last Name:** Macres  
- **Provider ID:** N/A

#### Care Location Inspected

- **Street Address:** [redacted]  
- **City:** [redacted]  
- **County:** [redacted]  
- **State-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 Present</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/26/2021</td>
<td>7 mos. 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>Basic Health and Safety Training Completed?</th>
<th>Standard Met</th>
<th>Comments/Notes/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

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

#### 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:

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

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

- Sharp or pointed items: **Y**  
  - Knife block kept on the back of the counter.
- Medications of any kind: **Y**  
  - Medicine cabinet.
- Matches, lighters and flammable products: **Y**  
  - Kept in a drawer out of reach in the kitchen.
- Alcoholic beverages: **Y**  
  - Kept in the very back of a shelf.
- Guns: **Y**  
  - Not kept in the home.
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met</th>
<th>Comments/Notes/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Moved to the garage</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Not kept in home</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

- All areas of the home are kept clean, including diapering area.  
  Corrective Action: One in the living room, one in the child’s bedroom.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.  
  Corrective Action: Trash can in the kitchen, diaper genie in the bedroom.
- Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
  Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
  - Tolieting;
  - Diapering;
  - Before food preparation and eating;
  - After playing outdoors; and
  - At other times when necessary to prevent the spread of disease.
  Corrective Action: Wash for 20 seconds.

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

- A child is not subject to any form of abuse, including:
  - Physical injury
  - Any sexual abuse
  - Mental injury
  Corrective Action: None
- 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.
  Corrective Action: None
- 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
  Corrective Action: None
- 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.
  Corrective Action: None

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- ⚡Flashlight
- ✔️Batteries
- ✔️Portable First Aid Kit
- ❌Bottled water
- ❌Non-perishable food
- ❌Diapers
- ❌Folder or binder for EPP documents
- ❌Backpack(s) or carrying case(s)
- Consider special toys or games
<table>
<thead>
<tr>
<th>Item</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location of Emergency Ready-to-Go Pack:</strong> Kept in the living room</td>
<td></td>
</tr>
<tr>
<td>Item Specification</td>
<td>First Aid Kit: Sting relief Gauze, alcohol, Bandages.</td>
</tr>
<tr>
<td></td>
<td>Window Sealant: Packing Tape and Duct Tape, Trash bags, Large green scissors</td>
</tr>
<tr>
<td></td>
<td>Black flash light</td>
</tr>
<tr>
<td></td>
<td>6 D Batteries</td>
</tr>
<tr>
<td></td>
<td>Toy Phone</td>
</tr>
<tr>
<td></td>
<td>Thermometer: Oral</td>
</tr>
<tr>
<td></td>
<td>Motrin and Tylenol for babies</td>
</tr>
<tr>
<td></td>
<td>3 16 oz bottles of waters</td>
</tr>
<tr>
<td></td>
<td>12.4 oz Can of Baby Formula</td>
</tr>
<tr>
<td></td>
<td>5 Jars of Baby Food</td>
</tr>
<tr>
<td></td>
<td>12 Diapers &amp; Pack of wipes</td>
</tr>
<tr>
<td></td>
<td>Top: 3 tops: 4 pairs of bottoms, Hats and pajamas</td>
</tr>
<tr>
<td></td>
<td>Blanket: 3 blankets Large enough for the baby</td>
</tr>
</tbody>
</table>

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 grab the baby safely in a baby evacuation apron and the ERTG bag and run to the bathroom (0 windows 1 door). The Provider will contact the Parent via email and or texting before and after the emergency.

**Evacuation Procedures:**

The Provider will grab the baby safely in a baby evacuation apron and the ERTG bag and put the baby in her car seat then drive to the local church. The Provider will contact a neighbor that works at the church to gain entry. Once inside the Church the Provider and the baby will shelter in the basement of the church (3 door 0 windows). The Provider will contact the Parent before and after they are secured. If the Provider cannot shelter at the Church the Provider will grab the baby safely in a baby evacuation apron and the ERTG bag and put the baby in her car seat then drive to the local School. The Provider will contact the Safety Coach in order to gain entry. The Provider and the child will shelter in the Cafeteria (2 door 3+ Windows). The Provider will contact the Parent before relocating and after 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><strong>Signed:</strong></td>
<td><strong>Printed Name:</strong></td>
</tr>
<tr>
<td>Mercedez Macles</td>
<td></td>
</tr>
</tbody>
</table>
### Informal Care Inspection Checklist

**Inspection Date:** 10/10/2022  
**Time In:** 12:00 PM  
**Time Out:** 1:05 PM  
**Result:** PASSED

#### Informal Care

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

#### Provider Information

- **First Name:** Hannah  
- **Last Name:** Martin  
- **Provider ID:** [Redacted]  
- **Email:** [Redacted]

#### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/26/2020</td>
<td>23 Mos. / Yes</td>
</tr>
<tr>
<td></td>
<td>08/10/2018</td>
<td>4 Yrs. / 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

| Standard Met Y/N | Comments/Notes | Corrective Action / Timeframe if needed
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health and Safety Training:</strong></td>
<td>Y</td>
<td>Certificate Submitted</td>
</tr>
<tr>
<td><strong>Basic Health and Safety Training Completed?</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>Home is free of health and safety hazards:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has hot and cold running water</td>
<td>Y</td>
<td></td>
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<td>- Has a working inside toilet</td>
<td>Y</td>
<td></td>
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<tr>
<td>- Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has a working and safe heating system</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has a working telephone</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has operational smoke detector(s)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has first aid kit/supplies</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>Harmful items are stored appropriately and away from children:</strong></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Sharp or pointed items</td>
<td>Y</td>
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<tr>
<td>- Medications of any kind</td>
<td>Y</td>
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<tr>
<td>- Matches, lighters and flammable products</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Alcoholic beverages</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Guns</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Poisonous substances</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**MSDE OCC Informal Care Inspection Checklist**  
Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toileting;</td>
<td></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 Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<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>
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<td></td>
</tr>
<tr>
<td>- Not attending to a child's physical needs</td>
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</tr>
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<td>- Shouting, Cursing, Shaming, Ridiculing</td>
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<td></td>
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<tr>
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<td></td>
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<tr>
<td>- Putting pepper or other spicy or distasteful items in a child's mouth</td>
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<td></td>
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<tr>
<td>- Requiring a child to stand on one foot as punishment</td>
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<td></td>
</tr>
<tr>
<td>- Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>Bottled water</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>Non-perishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers</td>
</tr>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>Blanket(s)</td>
</tr>
</tbody>
</table>

Folder or binder for EPP documents
Backpack(s) or carrying case(s)
Consider special toys or games
Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
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 front door

Item Specification (if needed):
- 2 shirts, 2 pants, shorts, 2 pairs socks, 1 underwear, 2 jacket, 2 blankets, wipes
- 3 AA batteries, 2 books
- Band aids, gauze, tape, alcohol wipes,
- 2 16oz water bottles, 2 cans of chicken noodle soup, 2 granola bars,

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: Amanda
Last Name: Burrill

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

Shelter in Place Procedure:
The provider will grab the children, the ERTB and head to the basement living room which has 3 doors and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents once they are secure.

Evacuation Procedures:
The provider will grab the children, the ERTB, her phone and car keys and proceed to her vehicle where she will secure the children in their car seats that are already in the vehicle before driving to the primary evacuation location which is the provider's house. Once at the location, they will head to the basement that has no windows and 3 doors. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they alternates evacuation location which is the basement that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents after they are secure in the alternate evacuation location.

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

PROVIDER
Printed Name: Hannah Martin
Signature: [Redacted]
Date: 10-10-2022
Phone: [Redacted]

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 10/10/2023
Phone: 1-877-227-0125
### Informal Care

#### Type of Care (check one):

- [ ] Non-relative Informal Provider Care
- [x] Relative Informal Provider Care

#### Provider Information

- **First Name:** Maria
- **Last Name:** Martinez De Vargas
- **Provider ID #:** xxxxx
- **Country:**  
- **State:**  
- **Zip Code:**  
- **Email:**  

#### Care Location Inspected

- **Street Address:**  
- **City:**  
- **County:**  
- **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>(09/06/2018)</td>
<td>4yr. / Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(07/07/2022)</td>
<td>9mos. / 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:**

- Completeness: Completed?

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
</tr>
<tr>
<td>Y</td>
<td>Outbound call made to provider's phone</td>
</tr>
<tr>
<td>Y</td>
<td>First aid kit stored in locked bedroom cabinet</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in knife container holder on back of kitchen counter</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in upper level kitchen cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in bathroom and kitchen cabinets with locks</td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Diapering area in living room or provider's bedroom w/ supplies</td>
</tr>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
</tr>
</tbody>
</table>

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

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

- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, 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**
- **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/fresh bags**

---

**MSDE OCC Infant Care Inspection Checklist**

Page 2 of 3

Revised 10/2021
| Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? | Y |
|---|
| Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? | Y |
| Location of The Emergency Ready to Go Pack: Stored in hallway closet near exit |
| Item Specification (if needed): |
| - 1 flashlight, 1 pk of D batteries, 1 first aid kit, no spec meds, 4 bottled waters, 2 outfits (top/bottom) 4 diapers w/ 1 pk of wipes, 1 thermometer, sen med (Tylenol/ibuprofen), 8 heavy duty trash bags, 1 roll of duct tape, 2 blankets, 5 canned foods, 1 can of baby formula, 1 pair of scissors, 1 carry-on suitcase (calling case), folder w/ EPP and ECMA for each child, 3 toys |
| 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: Jennifer | Last Name: Vargas |
| Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider. |
| Shelter In Place Procedure: |
| The provider will gather the children and the ERTG and head into laundry room (1 door 0 windows). The provider will use sealing plastic and tape to seal the door if needed. The provider will call the parents before, during and after the emergency to give them updates. |
| Evacuation Location(s) Procedures: |
| Primary: The provider will call the parent, account for the children and the ERTG and walk to the grandmother’s vehicle. She would secure the younger child in the rear-facing car seat and older child in the forward-facing car seat. The provider and children will drive to [Redacted]. The provider will gain [Redacted] that [Redacted] The provider and children will go to the [Redacted] 1 door 2 windows). The provider will give the parents a call before, during and after the emergency. |
| Alternate: If they could not access the primary location, the provider will take the children and ERTG back to the grandmother’s vehicle. She would secure each child in their car seats. Younger (rear-facing) car seat and older (forward-facing) car seat. The grandmother would drive them [Redacted] The provider will [Redacted] She and the children will go into [Redacted] (1 door 2 windows). The provider will call the parents before, during and after the emergency. |
| Acknowledgement: By signing below, the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person. |
| PROVIDER |
| Printed Name: Maria Hernandez De Vargas |
| Signature: [Redacted] |
| Date: 06/10/23 |
| INSPECTOR |
| Printed Name: [Redacted] |
| Signature: [Redacted] |
| Date: 05/01/2023 |
| Phone: 1-877-227-0125 |
**Informal Care**

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

**Provider Information**

First Name: Pamanetha  
Last Name: Massey  
Provider ID #: [redacted]  
Email: [redacted]

**Care Location Inspected**

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

**Name of Children in Care**

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(01/23/2023)</td>
<td>4mos./ N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(01/23/2023)</td>
<td>4mos./ N</td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

**Health and Safety Training:**

Basic Health and Safety Training Completed?  
- [Y] Yes, [N] No, [D] Discussed, [n/a] Not Applicable

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

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

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

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

**MSDE OCC Informal Care Inspection Checklist**

Page 1 of 3  
Revised 10/2021
- Poisonous substances

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Y</th>
<th>Standard Met 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 with all supplies in the children's room</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Disposed daily via bathroom 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>All diapering supplies in children's room</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

**Location of The Emergency Ready to Go Pack:** Stored in the laundry room near exit

**Item Specification (if needed):**
- 1 tote (carrying case), 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no spec meds., 2 bottled waters, 1 gallon of water, 3 canned foods, 1 can of baby formula, 2 outfits (onesie/top), 2 blankets, 2 diapers w/ 1 pk of wipes, folder w/ EPP and ECMA per child, 2 small toys, 1 pair of scissors, 1 roll of duct tape and 2 heavy duty trash bags

**Items to be reviewed on 05/09/2023:** Corrected & Reviewed 05/09/2023

- First aid kit for the home

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

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

**Shelter In Place Procedure:**
The provider will gather the children and grab the ERTG and go into the upstairs bedroom (1 door 2 windows), if the need should arise the provider will use sealing plastic and tape to secure the areas. The provider will call the parent before, during and after, in addition to calling 911 if needed.

**Evacuation Procedures:**

**Primary:** The provider will account for the children and grab the ERTG tote, the provider will carry the bag and children to the provider's vehicle. She will secure each child in their rear-facing car seats and upon arrival the provider will and once she and the children are secured she will call the parent. The provider and children will go into (1 door 1 window) on first floor. Provider will call the parent to give emergency updates.

**Alternate:** If they could not access the primary location, the provider will gather the children, grab the ERTG and head to her vehicle. She will secure each child in their rear-facing car seats and drive. On the way the provider will call the parent via cell phone. Upon arrival the provider will speak with to gain instruction about where to shelter for safety. Once secured she will call the parent again to give emergency updates.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Pamanetha Massey</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 05/25/2023</td>
<td>Date: 06/09/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Virtual Inspection

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

Return to:
ccs.informalproviders@maryland.gov

INFORMAL CARE

Inspection Date: 08/10/2023
Follow-up Inspection Date: 08/11/2023
Time In: 10:30AM
Time Out: 11:51AM
Result: Follow-up Required.
Follow-up Result: PASSED

Informal Care

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

Provider Information

First Name: Adrienne
Last Name: Matthews
Provider ID #: ____________________________
Provider ID: 518054
Email: ____________________________

Care Location Inspected

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

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

Safety of the Home

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

Health and Safety Training:

Basic Health and Safety Training Completed?

Home is free of health and safety hazards:

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

Harmful Items are stored appropriately and away from children:

• Sharp or pointed items
• Medications of any kind
• Matches, lighters and flammable products
• Alcoholic beverages
• Guns
### GENERAL CLEANLINESS STANDARDS

| All areas of the home are kept clean, including diapering area. | Y | Corrective Action / Timeframe if needed |
| Trash, garbage and wet and soiled diapers are disposed in a sanitary manner. | Y | Trash thrown away daily via diaper baggies |
| Changing area in provider's bedroom | 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 | |
| • Todeling; | Y | |
| • Diapering; | Y | |
| • Before food preparation and eating; | Y | |
| • After playing outdoors; and | Y | |
| • At other times when necessary to prevent the spread of disease. | Y | |

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

### 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 (NA)**
- **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 in dining room near exit

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

Planning and Maintenance

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

First Name: Adrienne  Last Name: Matthews

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

Shelter In Place Procedure:
The provider will gather the children and ERTG and go into the master bedroom (1 door 1 window) and proceed to lock the door and then seal the doors vent and window if the need should arise with the sealing plastic and tape. The provider would call or text the parent, once she and the children are secured.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG and head to the provider’s vehicle. The provider will carry the smallest child and hold the hands of the older children walking to her car. The provider will secure the youngest child in rear-facing car seat, middle child in booster seat and the oldest child in their booster seat. The provider will drive to [mask] along the way to [mask]. The provider and children would seek shelter [mask] (2 doors 2 windows) and then call or text the parent once secured with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider’s vehicle. The provider will carry the smallest child and hold the hands of the older children walking to her car. The provider will secure the youngest child in their rear-facing car seat, middle child in booster seat and the oldest child in their booster seat. The provider will drive to [mask] along the way and [mask]. The provider and children would seek shelter [mask] (1 door 2 windows) and then call or text the parent once secured with emergency updates.

Care Hours:

Signatures & Date

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

PROVIDER

Printed Name: Adrienne Matthews

Signature: [mask]

Date: 08/11/2023

Phone: 1-877-227-0125

INSPECTOR

Printed Name: [mask]

Signature: [mask]

Date: 08/11/2023

Phone: 1-877-227-0125
Virtual Inspection

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

Return to:
ccs.informalproviders@maryland.gov

Inspection Date: 5/16/2024  Time In: 3:30pm  Time Out: 4:25pm  Result: Passed

**Informal Care**

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

**Provider Information**

First Name: Samone  Last Name: Matthews  Provider ID: 545245

Provider ID Email: [Email Redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/1/2024</td>
<td>4 mos. / Y</td>
</tr>
<tr>
<td></td>
<td>1/1/2024</td>
<td>4 mos. / 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

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

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harmful items are stored appropriately and away from children:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

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

Y
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**

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of Emergency Ready to go Pack: Kept in Closet

Item Specification (if needed):
- Scissors, packing tape and window sealing plastic
- Sleeve of diapers and pack of wipes.
- 3 Bottles of Water
- 2 Bottles
- Jar Baby Food
- 2 Plush Rattle 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 Samone Last Name Matthews

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

Shelter In Place Procedures:
The Provider will gather the children in their car seats and the ERTG bag. He/She will shelter in the (1) door(s) 0 window(s)). The provider will contact the parent immediately after securing herself and the children.

Evacuation Procedures:
The Provider will load the children and the emergency bag into the stroller and stroll them all to the car. The Provider would then secure the children in their rear facing car seats and call the (2) door(s) 0 window(s). The Provider will contact the Parent once she arrives safely at the location.

The Provider will load the children and the emergency bag into the stroller and stroll them all to the car. The Provider would then secure the children in their rear facing car seats and call the (1) door(s) 1 window(s). The Provider will contact the Parent once she arrives safely at the location.

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.

PROVIDER

Printed Name: Samone Matthews
Signature: [Redacted]
Date: 5/19/2024
Phone: [Redacted]

INSPECTOR

Printed Name: [Redacted]
Signature: [Redacted]
Date: 5/16/2024
Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist 2020-03-26 
Page 3 of 3
Inspection Date: 08/10/2023  
Time In: 2:30PM  
Time Out: 3:38PM  
Result: PASSED

Informal Care

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

Provider Information

First Name: Shirley  
Last Name: Maynard  
Provider ID #:  
Provider ID #:  
Email:  
Email: 

Care Location Inspected

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

Name of Children in Care (add pages if needed)

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(03/04/2013)</td>
<td>10yr.</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>(04/19/2014)</td>
<td>9yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(08/10/2017)</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

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

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

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

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

**Poisonous substances**

- Does not own

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

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

- Physical injury
- Any sexual abuse
- Mental injury

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

- Y

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

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

- Y

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of The Emergency Ready-to go Pack: Stored in downstairs family room

Item Specification (if needed):
- 1 suitcase (carrying case), 1 flashlight, 2 D extra batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 5 dried packed foods, and fruit, 3 outfits (top/bottom/underwear), 3 blankets, folder w/ EPP and ECMA docs per child, 3 stuffed animals, 1 pair of scissors, 1 roll of duct tape, and heavy duty trash bags
- Items to be reviewed on xx/xx/xxxx: N/A

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

Planning and Maintenance

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

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 go into the basement (1 door 2 windows) in which the ERTG is already located and proceed to lock the door and then seal the door, vents and windows if the need should arise with the sealing plastic and tape. The provider would call the parent, once she and the children are secured.

Evacuation Procedures
Primary: The provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to ________________, the provider will use ________________ upon arrival. The provider and children would seek shelter in the ________________ (1 door 1 window) and then call the parent once secured with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle. The provider will secure the oldest and middle child in their car seat belts and the youngest child in the booster seat. Once secure she and the children will drive to ________________, the provider will ________________ upon arrival. The provider and children would seek shelter in the ________________ (1 door 1 patio window) and then call the parent once secured with emergency updates.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shirley Maynard</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 08/11/23</td>
<td>Date: 08/10/2023</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  Page 3 of 3  Revised 10/2021
<table>
<thead>
<tr>
<th>Inspection Date: 07/05/2022</th>
<th>Time In: 1:50PM</th>
<th>Time Out: 3:25PM</th>
<th>Result: PASSED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up Inspection Date: 07/12/2022</td>
<td>Time In: 8:45AM</td>
<td>Time Out: 8:47 AM</td>
<td></td>
</tr>
</tbody>
</table>

**Informal Care**

**Type of Care (check one):**

- □ Non-relative Informal Provider Care
- ○ Relative Informal Provider Care

**Provider Information**

**First Name:** Shirley  
**Last Name:** Maynard  
**Provider ID:** 377383

**Care Location Inspected**

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

**Address Verified?** Yes

**Date of Birth**  
- **Age / Present (Y/N):**
  - 8/10/2017 4 / Yes
  - 4/19/2014 8 / No, at Summer Camp
  - 3/04/2013 9 / No, at Summer Camp
  - 4/28/2010 12 / No, at Summer Camp

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age / Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/10/2017</td>
<td>4 / Yes</td>
</tr>
<tr>
<td></td>
<td>4/19/2014</td>
<td>8 / No, at Summer Camp</td>
</tr>
<tr>
<td></td>
<td>3/04/2013</td>
<td>9 / No, at Summer Camp</td>
</tr>
<tr>
<td></td>
<td>4/28/2010</td>
<td>12 / No, at Summer Camp</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

**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></td>
<td>Knives back of counter</td>
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</table>

<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>
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<td>Garage</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Y</td>
<td></td>
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<tr>
<td>Y</td>
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</tr>
<tr>
<td>Y</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

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

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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MSDE OCC Informal Care Inspection Checklist

Page 2 of 4

Revised 10/2021
Medications: N/A
Blanket(s): N/A

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

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

**Location of The Emergency Ready to go Pack:** Corner in Family Room

**Item Specification (if needed):**
- 2 D Batteries, Band-Aids, scissors, tape, gauze, cortisone cream, ointment, facemask
- 4 16 oz water bottles, 3 Chicken Noodle soup, chicken & rice, Doritos, fruit cups, cookies,
- 4 Shirts, 4 pants, 2 large blankets, book, cards, toys,

**Items to review on 07/12/2022 if needed:** Corrected & Reviewed on 07/12/2022
- Provider must have the EPP & ECMA printed and stored within emergency bag

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

**Planning and Maintenance**

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

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

**Shelter In Place Procedure:**
The provider will gather the children calling them by name before heading to the basement to shelter in the main room, where there are two windows and two doors. The ERTG is already kept in the basement. The provider will use trash bags and duct tape to seal windows, should the need arise. Once everyone is secure, provider will call the parent.

**Evacuation Procedures:**
The provider will gather the children and the ERTG and head to her vehicle where she will make sure all the children are secure in car seat for (redacted) seat belts for the other children. The provider will call parent to let her know they are on their way to her house. The provider will drive to (redacted), which is the primary evacuation location, where she will use a spare key to gain entry and proceed to the living room where they will shelter. The living room has two doors and one large window.

If they couldn't shelter in the primary evacuation location they would go to (redacted). Provider will follow the same procedures used to evacuate from care location, where she will gather the children and the ERTG and head to her vehicle where she will make sure all the children are secure in car seat for (redacted) and seat belts for the other children. The provider will call (redacted) let her know they are on their way to her house so she can let them in. Once there they will proceed to the living room where there is one door and one window. Provider will call parent once they get in the car to head to Evacuation location and after getting to the evacuation location.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Shirley Hayward</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 7-12-22</td>
<td>Date: 07/12/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 12/20/2023  
**Time In:** 1:30PM  
**Time Out:** 2:29PM  
**Result:** PASSED

### Informal Care

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

#### Provider Information

- **First Name:** Terry  
- **Last Name:** McFarland  
- **Provider ID #:** [redacted]  
- **Provider ID:** 535919  
- **Email:** [redacted]

#### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>(12/19/2019)</td>
<td>4yr./Y</td>
<td></td>
</tr>
<tr>
<td>[redacted]</td>
<td>(11/17/2021)</td>
<td>2yr./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?**
  - [Y] Yes

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

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

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

- **Sharp or pointed items**
  - [Y] Yes
  - **Comments/Notes:** Knife holder and block on back of kitchen counter
- **Medications of any kind**
  - [Y] Yes
  - **Comments/Notes:** Stored in bin on top of fridge
- **Matches, lighters and flammable products**
  - [Y] Yes
  - **Comments/Notes:** Moved to top of laundry shelf
- **Alcoholic beverages**
  - [Y] Yes
  - **Comments/Notes:** Does not own
- **Guns**
  - [Y] Yes
  - **Comments/Notes:** Does not own
- **Cleaning agents**
  - [Y] Yes
  - **Comments/Notes:** All cleaning products in locked kitchen and bathroom cabinets
- **Poisonous substances**
  - [Y] Yes
  - **Comments/Notes:** Does not own
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Both children in diapers changing station in living room</td>
</tr>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- ☐ Flashlight
- ☐ Bottled water
- ☐ Batteries for Flashlight
- ☐ Non-perishable food
- ☐ Portable First Aid Kit
- ☐ Diapers
- ☐ Thermometer
- ☐ Change of clothes
- ☐ Medications (N/A)
- ☐ Blanket(s)

- ☐ Folder or binder for EPP documents
- ☐ Backpack(s) or carrying case(s)
- ☐ Consider special toys or games
- ☐ Heavy Duty Scissors, duct tape/peeling tape & sealing plastic/trash bags

---

MSDB OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

| Location of The Emergency Ready to go Pack: Stored in the hallway closet by exit |
| 1 back pack (carrying case), 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, 3 bottled waters, 3 canned foods, 1pk of wipes/9 diapers, 2 outfits (sleeping sets), 1 large blanket, folder w/ EPP and ECMA docs per child, 2 books, 1 pair of scissors, 2 rolls of duct tape and 1 roll of trash bags |
Items to be reviewed on xx/xx/xxxx: N/A

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

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

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 bathroom (1 door 1 window). The provider will lock the door and use trash bags and tape to seal the door and window if needed. The provider will call the parent with emergency updates.

Evacuation Procedures
Primary: The provider will gather all children and grab the ERTG. The provider and children will go to the provider's vehicle where she will secure each child in their forward-facing car seat and drive. Upon arrival the provider
They will shelter in one of (1 door 1 window). The provider will call the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will gather all children and grab the ERTG. The provider and children will go to the provider's vehicle where she will secure each child in their forward-facing car seat and
Upon arrival the provider will receive shelter instructions from
The provider will call the parent with emergency updates.

Care Hours:

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 12/29/23</td>
<td>Date: 12/20/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 03/07/2023  
**Time In:** 10:30AM  
**Time Out:** 11:29AM  
**Result:** PASSED

## Informal Care

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

### Provider Information

- **First Name:** Allison  
- **Last Name:** McIntyre  
- **Provider ID:** 508595  
- **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>(08/25/2022)</td>
<td>6 mos./Y</td>
<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

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

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

#### Health and Safety Training:

- **Basic Health and Safety Training Completed?**  
  - [Y] Relative Informal Care – Certificate Submitted

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

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

- **Is in good repair**  
  - [Y] All areas were clean and in great condition

- **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 lots of 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, lock on the bathroom door

- **Has utilities for cooking, lighting and heating**  
  - [Y]

- **Has a working and safe heating system**  
  - [Y] Thermostat settings tested and observed

- **Has a working refrigerator and stove**  
  - [Y] Tested by provider and observed

- **Has a working telephone**  
  - [Y] Called provider's working phone

- **Has operational smoke detector(s)**  
  - [Y] Observed and tested by provider

- **Has first aid kit/supplies**  
  - [Y] Retrieved from kitchen cabinet by provider and observed

- **Has protective coverings on any electrical outlet that is accessible to children**  
  - [Y] All outlets were covered with coverings and/or occupied

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>Stored in upper level kitchen cabinet</td>
</tr>
</tbody>
</table>

- **Sharp or pointed items**  
  - [Y] Stored in upper level kitchen cabinet

- **Medications of any kind**  
  - [Y] Stored in upper level kitchen cabinet

- **Matches, lighters and flammable products**  
  - [Y] Does not own

- **Alcoholic beverages**  
  - [Y] Does not own

- **Guns**  
  - [Y] Does not own
**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Provider keeps diapers, wipes and baby products in compartments of the changing pad</td>
</tr>
<tr>
<td>Y</td>
<td>Small trash container to dispose of any diapers wet items</td>
</tr>
<tr>
<td>Y</td>
<td>Diapering area has all needed supplies</td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</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
- bottled water
- non-perishable food
- diapers
- folder or binder for EPP documents
- backpack(s) or carrying case(s)
- consider special toys or games
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

Location of The Emergency Ready to Go Pack: In the living room by the exit door.

Item Specification (if needed):
- 1 flashlight, 1 bag of extra D batteries, 1 first aid kit, 1 thermometer, 5 bottled waters, 4 canned foods, 7 diapers, 1 pk of wipes, 1 pk of baby food, 1 can of formula, 1 onesie, 3 shirts & 1 bottom, 2 small blankets, 1 small book and 1 toy, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic, no specific medications, 1 carry-on suitcase, folder w/ EPP & ECM documents

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: [Redacted] Last Name: [Redacted]

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

Shelter In Place Procedure:
The provider will account for the child and ensure emergency bag is in the living room (1 door 3 windows). She will then lock and seal any doors or windows in the space as needed. Once they are safely secured she will text the parent and inform her of the emergency.

Evacuation Procedures:
Primary: The provider will carry the child and roll the emergency bag and go to her vehicle. She will secure the child in his car seat and then text his parent where they are evacuating to. Upon arrival the provider [Redacted] would go into the [Redacted] (1 door 1 double-faced window). Once they are settled and any necessary area sealed and locked, she would call or text the parent to inform them of more emergency details.

Alternate: The provider will grab the child and roll the emergency bag and head to her car. She will then secure the baby in his car seat. The provider will call or text the parent once they are secured in the vehicle before driving to [Redacted]. Upon arrival they would go to [Redacted] (1 door 1 wide window). Provider will call the parent once they are safe.

Signatures & Date

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

**PROVIDER**

Printed Name: **[Redacted]**
Signature: [Redacted]
Date: 03/07/2023 Phone: [Redacted]

**INSPECTOR**

Printed Name: [Redacted]
Signature: [Redacted]
Date: 03/07/2023 Phone: 1-877-227-0125
**Virtual Inspection**

**In-person Inspection**

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program

INFORMAL CARE INSPECTION CHECKLIST

**Inspection Date:** 09/29/2023  
**Time In:** 1:30PM  
**Time Out:** 2:46PM  
**Result:** PASSED

### Informal Care

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Provider ID</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>George</td>
<td>McKnight</td>
<td>530281</td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

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

**Address Verified:** Yes

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

<table>
<thead>
<tr>
<th>Scholarship Date of Birth Age Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(09/20/2017) 6yr. / N 08/12/2019 4yr. / N 09/11/2022 1yr. / 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.

#### Health and Safety Training:

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

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

<table>
<thead>
<tr>
<th></th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Tested by provider and observed the ice melt in the clear glass</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
</tr>
<tr>
<td>Has a working safe heating system</td>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating &amp; utility bill submitted</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Outbound call made by informal team to provider's phone</td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Alcohol and Band-Aids stored on high shelf in kitchen cabinet</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>All outlets were covered or occupied</td>
</tr>
<tr>
<td>Has first aid kits/supplies</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></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>Stored in locked kitchen pantry on top shelf</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in high cabinet in kitchen</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Moved to a higher cabinet shelf in kitchen</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>

MADE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/01/21
- 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></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td></td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td></td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td></td>
</tr>
<tr>
<td>Non-perishable food</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>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td></td>
</tr>
<tr>
<td>Change of clothes</td>
<td></td>
</tr>
<tr>
<td>Medications (N/A)</td>
<td></td>
</tr>
<tr>
<td>Blankets</td>
<td></td>
</tr>
<tr>
<td>Heavy Duty Scissors, duct tape/ packing tape &amp; sealing plastic/trash bags</td>
<td></td>
</tr>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td>Location of The Emergency Ready to go Pack: Stored near basement door exit</td>
<td></td>
</tr>
<tr>
<td>Item Specification (if needed):</td>
<td></td>
</tr>
<tr>
<td>flashlight, 1 pkg of AAA batteries, 4 bottled waters, 20 dried food and canned items, 1 pkg of tissues and 6 pull ups, 3 blankets, 1 roll of sealant tape and heavy duty tape, 3 contractor bags, 1 pair of sunglasses, 3 waffles (top/bottom/underwear), folder w/ EPP and ECMA, and 2 tablets and 1 toy</td>
<td></td>
</tr>
<tr>
<td>Items to be reviewed on xx/xxxxx:</td>
<td>NA</td>
</tr>
<tr>
<td>Emergency Documents</td>
<td></td>
</tr>
<tr>
<td>Informal Provider Emergency Preparedness Plan (this completed form)</td>
<td></td>
</tr>
<tr>
<td>Authorization for emergency medical care</td>
<td></td>
</tr>
<tr>
<td>Planning and Maintenance</td>
<td></td>
</tr>
<tr>
<td>Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:</td>
<td></td>
</tr>
<tr>
<td>First Name: Geovese</td>
<td>Last Name: McKnight</td>
</tr>
<tr>
<td>Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.</td>
<td></td>
</tr>
<tr>
<td>Shelter In Place Procedure:</td>
<td></td>
</tr>
<tr>
<td>The provider will gather the children and grab the ERTG and go into the downstairs hallway (0 door 0 window). There are no direct doors, windows or vents to be sealed in this space. The provider will call or text the parent once secured with emergency updates.</td>
<td></td>
</tr>
<tr>
<td>Evacuation Procedures</td>
<td></td>
</tr>
<tr>
<td>Primary: The provider will account for the children, grab the ERTG and shoes for each child and head to the provider's vehicle. The provider will ensure the oldest child is in his car seat belt, toddler in a booster seat and youngest child in his rear-facing car seat and drive to the 0. Upon arrival, the provider will receive instruction from the 0 in where to shelter specifically, the provider will text the parent once secured with emergency updates.</td>
<td></td>
</tr>
<tr>
<td>Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and shoes for each child and head to the provider's vehicle. The provider will ensure the oldest child is in his car seat belt, toddler in a booster seat and youngest child in his rear-facing car seat and drive to the 0. Upon arrival, the provider will call the provider and children will shelter in the 0 (1 door 0 window). The provider will text the parent once secured with emergency updates.</td>
<td></td>
</tr>
<tr>
<td>Care Hours:</td>
<td></td>
</tr>
<tr>
<td>Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.</td>
<td></td>
</tr>
<tr>
<td>Printed Name: Provider: Geovese McKnight</td>
<td>Printed Name: Inspector:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 6/23</td>
<td>Date: 09/29/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

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

**Provider Information**

- **First Name:** Janette
- **Last Name:** McLain
- **Provider ID:** [redacted]
- **Email:** [redacted]

**Care Location Inspected**

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

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

- **Scholarship:**
- **Date of Birth:** 11/09/2015
- **Age:** 8
- **Present (YN):** 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, **NA:** Not Applicable

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

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

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

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

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

**GENERAL CLEANLINESS STANDARDS**

- All areas of the home are kept clean, including diapering area. 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:
- Toiletting;
- Diapering;
- Before food preparation and eating;
- After playing outdoors; and
- At other times when necessary to prevent the spread of disease.  Y

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard litet Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

**Item Specification (if needed):**

- Packing Tape/ Duct Tape

**To be observed for compliance on 4/10/2024: Observed**

**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: Janette
Last Name: McLean

**Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: In a closet near the front door Shelter In Place Procedures:**

The Provider will gather the child and head to the child’s room (2 windows 1 door). The Provider will contact the parent prior to heading to the bedroom. The Provider will also update the parent once secured in the shelter location.

**Evacuation Procedures:**

The Provider will gather the children and the emergency bag and request information on where to shelter. The Provider will contact the parent once secured.

The Provider will gather the children and the emergency bag and walk/drive to the local church. The Provider will contact the parent once secured.

**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: Janette McLean</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 4/10/24</td>
<td>Date: 4/10/2024</td>
</tr>
</tbody>
</table>
INFORMAL CARE INSPECTION CHECKLIST

**Inspection Date:** 02/16/2023  
**Time In:** 10:39AM  
**Time Out:** 11:37AM  
**Result:** PASSED

**Informal Care**

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

**Provider Information**

**First Name:** Melissa  
**Last Name:** Melendez Ortiz  
**Provider ID:** 597194

**Address 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>(09/02/2020)</td>
<td>2yr</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:

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

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

- Is in good repair  
- Is free of insect or rodent infestation  
- Is well-lit and well-ventilated  
- Has hot and cold running water  
- Has a working 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>
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</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
<td>Non-Relative Informal Care - Certificate Submitted</td>
</tr>
</tbody>
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### Harmful Items are stored appropriately and away from children:

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

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

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
<td>Non-Relative Informal Care - Certificate Submitted</td>
</tr>
</tbody>
</table>
### All areas of the home are kept clean, including diapering area.

| Y | Child is potty-trained but if the provider needs to use diapers and wipes they are stored in high shelf in child's bedroom closet |

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

| Y | Easy disposable and clean |

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

| Y | Child is potty-trained but if the provider needs to use diapers and wipes they are stored in high shelf in child's bedroom closet |

### 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.

<p>| Y | Light bulb | Bottled water | Folder or binder for EPP documents |
| Y | Batteries for flashlight | Non-perishable food | Backpack(s) or carrying case(s) |
| Y | Portable First Aid Kit | Diapers (N/A) | Consider special toys or games |
| Y | Thermometer | Change of clothes | Heavy Duty Scissors, duct tape, packing tape &amp; sealing plastic/trash bags |</p>
<table>
<thead>
<tr>
<th><strong>Medications</strong></th>
<th><strong>Blankets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td>Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)?</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Location of the Emergency Ready-to-Go Pack</strong>: Bag is stored on top of refrigerator</td>
<td></td>
</tr>
<tr>
<td><strong>Item Specifications (if needed):</strong></td>
<td></td>
</tr>
<tr>
<td>- 1 flashlight, 1 extra D battery, 1 thermometer, 2 bottled waters, 1 first aid kit, 2 fruit pouches, 2 canned foods, 1 pk of diapers and 1 pk of wipes, 1 big blanket, 1 sweat suit (top/bottom), 1 pair of socks, shoes &amp; underwear, 3 small toys, 1 roll of duct tape, 1 pair of scissors, 2 heavy duty trash bags, 1 binder of EPP and ECMA docs, and no specific medications</td>
<td></td>
</tr>
<tr>
<td><strong>Items to review on xx/xx/xxxx if needed</strong>: N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

**Planning and Maintenance**

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

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

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

**Shelter In Place Procedure:**

The provider will gather the child and the disaster supply kit and go into either the first floor bathroom (1 door 0 windows) or second floor bathroom (1 door 0 windows) depending on which level she is on with the child at the time of the emergency. If the need arises, the provider will use the tape and sealing plastic to seal the doors. The provider would call the parent before the emergency and call and text them throughout until the emergency is over.

**Evacuation Procedures:**

**Primary:** The provider will count the child as present and then carry the child and emergency bag to her vehicle. She will put the child in his car seat and ensure he is safely buckled in. Once secured, the provider will drive to the _______ and the provider will call the _______ when they arrive. Upon arrival the _______ will direct the provider and child to the area to locate for shelter. The provider will call the parent at the beginning of the emergency, and will text the parent during until they are safe and the emergency has ended.

**Alternate:** If the provider cannot go to the primary location, the provider will count the child as present and carry the child and emergency bag to her vehicle. She will secure the child in his car seat and then drive _______. The provider will contact the _______ by calling him and gain instruction on where she and the child would _______. The provider will call the parent before the emergency and will text the parent throughout until they are safe.

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

<table>
<thead>
<tr>
<th><strong>PROVIDER</strong></th>
<th><strong>INSPECTOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Melissa Melendez Atz</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 02/16/2023</td>
<td>Date: 02/18/2023</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

**Notes:**

- Location of the Emergency Ready-to-Go Pack: Bag is stored on top of refrigerator.
## Informal Care

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

### Provider Information

- **First Name:** Christopher
- **Last Name:** Miller
- **Provider ID #:** 529814
- **Email:** [redacted]

### Care Location Inspected

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

### Name of Children in Care

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(09/03/2020)</td>
<td>3yr.</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Test by provider and observed steam in the bathroom</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>
<tr>
<td>Y</td>
<td>Test by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Alcohol, wipes, gauze pads, Band-Aids, ointment in kitchen cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>All outlets were covered or occupied</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in knife block on back of kitchen counter</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in medicine cabinet of provider’s bathroom</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in holder on top of china cabinet</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
</tr>
</tbody>
</table>
- Cleaning agents
  - Poisonous substances

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Y</th>
<th>Corrective Action Completed: Lock added to kitchen cabinet with cleaning products</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</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Trash thrown away daily</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>Changing station had all needed 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>• Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
</tr>
<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 the child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to the 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
- 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
## Emergency Supply Kit

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermometer</td>
<td>Change of clothes</td>
</tr>
<tr>
<td>Medications</td>
<td>N/A Blanket(s)</td>
</tr>
</tbody>
</table>

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

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

**Location of the Emergency Ready to go Pack:** Stored in the hallway closest by exit door

**Item Specification (if needed):**
- 1 backpack (carrying case), 1 flashlight, 1 pk of extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, 2 canned foods, 4 granola bars, 1 outfit (top/bottom/sheets/underwear), 1 blanket, 2 toys, 1 pair of scissors, 1 roll of duct, 1 roll of trash bags and folder w/ EPP and ECMA docs
- Items to be reviewed on 09/29/2023: Corrected and reviewed on 09/28/2023
- Lock needed on kitchen cabinet with cleaning products
- ERTG: Folder with Emergency Preparedness Plan (5 pgs) and Emergency Care & Medication Authorization (2 pgs)
- Description of Shelter in Place and Evacuation Plans

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

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

**Shelter In Place Procedure:**
The provider will gather the child and the ERTG bag and go into the basement (2 doors, 2 windows). The provider will use the sealing plastic from ETRG to tape and seal the doors and windows if the need arises. The provider will call or text the parents once secured with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the child, grab the ERTG and walk to the location. The provider will ensure the child is secured in his stroller before walking to the location. Upon arrival, the provider will receive instruction from the parents about where to shelter specifically. The provider will call or text the parents once secured with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child, grab the ERTG and walk to the location. The provider will ensure the child is secured in his stroller before walking to the location. Upon arrival, the provider will receive instruction from the parents about where to shelter specifically. The provider will call or text the parents once secured with emergency updates.

**Care Hours:**

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Tiffany Miller</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: [Redacted]</td>
<td>Date: 09/28/2023</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 09/15/2022  
**Time In:** 1:45PM  
**Time Out:** 2:56PM  
**Result:** Passed

### Provider Information
**First Name:** Lisa  
**Last Name:** Moore  
**Provider ID:** 495236  
**Email:**

### Care Location Inspected
**Street Address:**

### 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>8/27/2020</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

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

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
  - **Standard Met:** N
- **Comments/Notes:**
  - **Corrective Action / Timeframe if needed:** Provider to Register for 10/01/2022 class

#### 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 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  
  - **Corrective Action / Timeframe if needed:** Up on the back of the counter
- **Medications of any kind:** Y  
  - **Corrective Action / Timeframe if needed:** Locked in cabinet
- **Matches, lighters and flammable products:** Y
- **Alcoholic beverages:** Y  
  - **Corrective Action / Timeframe if needed:** High Cabinet
- **Guns:** Y  
  - **Corrective Action / Timeframe if needed:** None
- **Cleaning agents:** Y  
  - **Corrective Action / Timeframe if needed:** Locked in cabinet
- **Poisonous substances:** Y  
  - **Corrective Action / Timeframe if needed:** Other than medications and cleaning solutions
### GENERAL CLEANLINESS STANDARDS

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

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

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

**Diapering procedures are followed.**

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

**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>Y</th>
<th></th>
</tr>
</thead>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

- Physical injury
- Any sexual abuse
- Mental injury

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>Y</th>
<th></th>
</tr>
</thead>
</table>

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021
**Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?**  Y

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

**Location of The Emergency Ready to go Pack:** Front hall closet

**Item Specification (if needed):**

1 shirt, 1 pant, pairs socks, Shoes, 8 diapers, wipes, turtle toy.
2 extra AA batteries, Triple antibiotic Ointment, Cold compress, Gloves, Band aids, gauze, tape, alcohol wipes, Tylenol
2 16oz water bottles, Can of beef & Veggie soup, Tomato Soup, Mac & cheese.

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

**Emergency Documents**

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

**Planning and Maintenance**

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

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

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

**Shelter In Place Procedure:**
Provider will call immediately, then will grab Kai, the ERTB and head to the basement which has one door and two windows. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parent again once they are secure.

**Evacuation Procedures:**
The provider will call TG and proceed to the provider's vehicle where she will secure him in his car seat before driving to the primary evacuation location which is [Redacted]. Provider will [Redacted] before leaving the care location to let her know they are on the way [Redacted] be there to let them in. Once at the location head to the basement that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location, during and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the parent's house. The provider will call before letting parent & the parents partner know they are on their way so they can be let in. They will shelter in the basement that has one window and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location, during 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 popup 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: Lisa Moore</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 9/15/2022</td>
<td>Date: 9/15/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Cynthia
- **Last Name:** Morrison
- **Provider ID #:** [Redacted]
- **Provider ID:** 431652
- **Email:** [Redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>(07/06/2018)</td>
<td>4yr</td>
<td>Y</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>(08/01/2014)</td>
<td>7yr</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.

**Health and Safety Training:**

- Basic Health and Safety Training Completed? [Y/N]: [Y]

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

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

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

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

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

**Standard Met Y/N | Comments/Notes | Corrective Action/Timeframe if needed**

- Safety lock added to cabinet [Y]
- Stored in locked totes in the dining area [Y]
- Does not own [Y]
- Does not own [Y]
- Knives and pizza cutter moved on top of the fridge [Y]

**Inspection Date:** 07/05/2022
**Follow-up Inspection:** 07/05/2022
**Time In:** 9:30 AM
**Time Out:** 10:44 AM
**Result:** APPROVED
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diaper age children.</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children.</td>
</tr>
<tr>
<td>Y</td>
<td>No diaper age children.</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

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- [ ] Flashlight
- [ ] Batteries for Flashlight
- [ ] Portable First Aid Kit
- [ ] Thermometer
- [ ] Bottled water
- [ ] Non-perishable food
- [ ] Diapers (N/A)
- [ ] Change of clothes
- [ ] Folder or binder for EPP documents
- [ ] Backpack(s) or carrying case(s)
- [ ] Consider special toys or games
- [ ] Heavy Duty Scissors, duct tape/
Medication (NIA) 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, stored in the dining cabinet

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:

Item Specification (if needed): 2 flashlights, 1 pk of AA batteries, backpack carrying case, 6 pk of bottled water, 1 thermometer, no specific medications, 6 pack of crackers, canned and packed foods, breakfast bars, 2 outfits (1/child), 1 big blanket, mask, sanitizer, wipes, masks, Lysol, card games and tablet, 1 roll of duct tape, 1 pair of scissors, 3 trash bags, binder of EPP and ECMA documents.

Shelter-In-Place Procedures: Provider will make all children are accounted for, will grab the emergency bag, will call 911 and the parent. Will seal any windows or doors if needed in the bedroom/bathroom area for shelter.

Evacuation Location(s):

Primary - Provider will walk with the two children and hold their hands will having the emergency bag on back and walk to the neighbor's home. Provider will have access to the home via a spare key left by the homeowner. Once they have gained entry, they will go to her living room area (1 door 2 windows). Will contact the parent as soon as they get settled in the home and inform her of the emergency.

Alternate - Provider will go into her car in car seat belt, provider will grab the emergency bag as well. She will drive to They will go into the living area for shelter (3 doors 3 windows). Will contact the parent on the way to location and as soon as they arrive and get settled in.

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: [Signature] [Date: 12/17/2022]

Inspector: [Signature] [Date: 07/08/2022] [Phone: 1-877-227-0125]
**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Antoinette</th>
<th>Last Name:</th>
<th>Mott</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID #:</td>
<td>289203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(02/03/2017)</td>
<td>6yr / N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(06/24/2012)</td>
<td>11yr / N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stored onto of the fridge</td>
<td>Stored in locked hallway closet and onto of the cabinet in provider’s bedroom</td>
</tr>
<tr>
<td>Stored in locked hallway closet</td>
<td>Does not own</td>
</tr>
<tr>
<td>Stored in locked hallway closet</td>
<td>Does not own</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL CLEANLINESS STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<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></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>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<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>
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<td></td>
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<tr>
<td>• Not attending to a child's physical needs</td>
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<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
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<td>• 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>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

Location of The Emergency Ready to go Pack: Stored bin living room near exit

Item Specification (if needed):
- Folder w/EPP and ECMA per child, 2 flashlights, 4 extra D batteries, 1 first aid kit, 1 thermometer, no spec meds, 10 bottled waters, 6 canned foods, 2 outfits(top/bottom/underwear), 2 blankets, 1 duffle bag (carrying case), flash cards and coloring books/crayons, gloves, bug protectant, 1 pair of scissors, 2 rolls of duct tape, and 1 roll of sealing plastic

- Items to be reviewed on 07/12/2023: Corrected & Reviewed on 07/12/2023
- Locks added to two rooms upstairs with safety hazards

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
Antoinette
Last Name
Mott

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

Shelter In Place Procedure:
The provider will gather the children and ERTG and go into the basement(1 door 1 window). The Provider will use sealing plastic and tape to seal all doors, windows and vents if the need to should arise. The provider will call and text the parent throughout with emergency updates.

Evacuation Procedures
Primary: The provider will account for the children, grab the ERTG bag and head to the vehicle. The provider will secure the younger child in their booster seat and older child in a car seat belt. She will drive to upon arrival the provider will speak with a to receive instruction about where to shelter. Once secured the provider will call, text and video call the parent throughout with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children by taking a head count, gather the children, grab the ERTG and head to her vehicle. The provider will secure the younger child in their booster seat and older child in a car seat belt. She will drive to upon arrival she will receive instruction from or of where to shelter for safety. Once secured the provider will call, text and video call the parent throughout 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.

Provider Inspections:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antoinette Mott</td>
<td></td>
<td>03/09/2023</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inspectors' Name</th>
<th>Signature</th>
<th>Date</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>07/12/2023</td>
<td>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:** Antoinette
- **Last Name:** Mott
- **Provider ID:** 289203
- **Email:** [Redacted]

**Care Location Inspected**

- **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>2/3/2017</td>
<td>5</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>6/24/2012</td>
<td>10</td>
<td>No</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>N</td>
<td>Provider is registered for the course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home is free of health and safety hazards:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No sign of infestation</td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Steam observed</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed observed</td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Provider cell phone called</td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>Band aids, gauze, tape, alcohol wipes, ointment</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harmful items are stored appropriately and away from children:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>On top of the fridge</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Linen closet with locks</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>None</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>None Other than medications and cleaning solutions</td>
</tr>
<tr>
<td>GENERAL CLEANLINESS STANDARDS</td>
<td>Standard Met</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Toileting;</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
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<tr>
<td>• After playing outdoors; and</td>
<td></td>
<td></td>
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<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></td>
<td></td>
</tr>
<tr>
<td>• Physical injury</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>• Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to any form of neglect, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any deliberate act that hurts a child physically or emotionally, including:</td>
<td>Y</td>
<td></td>
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<tr>
<td>• Spanking, Biting, Hitting, Shaking</td>
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<td>• Any other means of physical discipline</td>
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<td>• Not attending to a child's physical needs</td>
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<td>• Shouting, Cursing, Shaming, Ridiculing</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>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

Location of The Emergency Ready to go Pack: In the corner of the living room

Item Specification (if needed):
4 16oz Water bottles, 4 Cans of chicken noodle soup, Large can SpaghettiOs, apple sauce, 2 Beef stew, Ravioli, 5 shirts, 4 shorts, 2 underwear, 1 pants, 6 D batteries, 2 blankets, coloring books, crayons, bingo game, flashcards, Band-aids, ointment, gauze, Neosporin, gloves, Benadryl cream, Tylenol, antiseptic wipes

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

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will call and let the parents know there is an emergency situation then the provider will take the ERTB and the children and head to the basement and shelter in the front of the basement. There are two doors and two windows that the provider would seal with plastic and tape if the need should arise. Once secure, the provider will call the parent back to inform them what is going on and keep them updated.

Evacuation Procedures:
The provider will call and let the parents know there is an emergency situation then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before heading to [Redacted] which is the primary evacuation location. The provider will ask the reception desk where they will shelter once they get to the location. Once secure the provider will call parent to let them know what is going on and update them periodically.

If they could not shelter at the primary location, they will head the alternate location which is [Redacted] Before leaving the care location the provider will call parent and inform them that there is a emergency situation. Then the provider will gather children and get the ERTB, go out the front door and head to provider's vehicle. Provider will then secure one of the children in her booster seat and the other secured with seat belt before driving to the mall. Once they get to the evacuation location the provider will get directed to the shelter area. Once secure the provider will call the parent again and keep updating them.

Signatures & Date

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

PROVIDER
Printed Name: [Redacted]
Signature: [Redacted]
Date: 8/5/2022

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 08/04/2022 Phone: 1-877-227-0125
**Virtual Inspection**

**In-person Inspection**

**Maryland State Department of Education/Office of Child Care**

**Child Care Scholarship Program**

**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 10/26/2023  
**Follow-up Inspection Date:** 10/27/2023

<table>
<thead>
<tr>
<th>Time In:</th>
<th>Time Out:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30AM</td>
<td>10:51AM</td>
</tr>
</tbody>
</table>

**Result:** Follow-up Required.

**Result:** PASSED

**Informal Care**

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

**Provider Information**

**First Name:** Gail  
**Last Name:** Mullen  
**Provider ID #:** [Redacted]  
** Provider ID:** 530711  
**Email:** [Redacted]

**Care Location Inspected**

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(05/19/2011)</td>
<td>12yr. / N</td>
</tr>
<tr>
<td></td>
<td>(06/30/2016)</td>
<td>7yr. / 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.  

<table>
<thead>
<tr>
<th>Y - Yes, N - No, D - Discussed, n/a - Not Applicable</th>
</tr>
</thead>
</table>

**Health and Safety Training:**

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

**Basic Health and Safety Training Completed?**

<table>
<thead>
<tr>
<th>Y - Yes, N - No, D - Discussed, n/a - Not Applicable</th>
</tr>
</thead>
</table>

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

- Is in good repair  
  ✔   All areas were clean
- Is free of insect or rodent infestation  
  ✔   No evidence of infestation
- Is well-lit and well-ventilated  
  ✔   All lights were turned on and natural window lighting
- Has hot and cold running water  
  ✔   Tested by provider and steam observed on camera via bathroom shower and mirror
- Has a working inside toilet  
  ✔   Flushed by provider and observed
- Has utilities for cooking, lighting and heating  
  ✔   Thermostat tested by provider for cooling & heating
- Has a working and safe heating system  
  ✔   Tested by provider and observed
- Has a working refrigerator and stove  
  ✔   Outbound call made by informal team to provider's phone
- Has a working telephone  
  ✔   Tested by provider and observed
- Has operational smoke detector(s)  
  ✔   Corrective Action Completed: First aid kit and additional medical supplies under bathroom sink
- Has protective coverings on any electrical outlet that is accessible to children  
  ✔   All outlets covered or occupied

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

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

- Sharp or pointed items  
  ✔   Stored in knife holder on back counter
- Medications of any kind  
  ✔   Corrective Action Completed: Medications moved to top of fridge inside a bin
- Matches, lighters and flammable products  
  Y   Does not own
- Alcoholic beverages  
  ✔   Corrective Action Completed: Alcoholic beverages moved to top shelf of baker's rack
- Guns  
  Y   Does not own

**MSDE OCC Informal Care Inspection Checklist**

Page 1 of 3  
Revised 10/21/2021
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diaper age children in care</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

#### Diapering procedures are followed.

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

- Physical injury
- Any sexual abuse
- Mental injury

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- Flashlight
- Bottled water
- Batteries for Flashlight
- Non-perishable food
- Portable First Aid Kit
- Diapers (N/A)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
1. Outlet coverings for all areas of the home
2. Medical Supplies for the home
3. Lock for kitchen cabinet with cleaning products
4. Moving medication to a higher level
5. Alcohol beverages moved to a higher level
6. ERTG: Extra batteries for flashlight, thermometer, change of clothes for each child, 1-2 blankets, games or books for both children

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: Gail
Last Name: Mullen

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

Shelter In Place Procedure:

The provider will gather the children and ERTG and go into the master bathroom (1 door 0 window). The provider will use the sealing plastic and tape to secure the door if needed. The provider will call or text the parent to inform them of emergency updates.

Evacuation Procedures

Primary: The provider will gather the children and the ERTG, they will head to the provider's vehicle. She will ensure both children are secured in their seat belts and [description of securing]. Upon arrival the provider will [description of arrival], and would [description of windows] (2 doors 2 windows). The provider will call or text the parent to inform them of emergency updates.

Alternate: If they could not access the primary location, the provider will gather the children and the ERTG, they will head to the provider's vehicle. She will ensure both children are secured in their seat belts and [description of securing]. Upon arrival the provider will [description of arrival]. The provider will call or text the parent to inform them of emergency updates.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Gail M. Mullen</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: [signature]</td>
<td>Signature: [signature]</td>
</tr>
<tr>
<td>Date: 1/3/23</td>
<td>Phone: [phone]</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Takara
- **Last Name:** Murphy
- **Provider ID #:** [redacted]
- **Provider ID:** 528946
- **Email:** [redacted]

**Care Location Inspected**

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

**Address Verified?** Yes.

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

- **Scholarship:**
- **Date of Birth:** (04/15/2023)
- **Age:** 6mos./Y
- **Present (Y/N):** Y

**Health and Safety Training:**

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

**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>Relative Informal Care – Certificate Submitted</td>
</tr>
<tr>
<td>Y</td>
<td>All areas were clean</td>
</tr>
<tr>
<td>Y</td>
<td>No evidence of infestation</td>
</tr>
<tr>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
</tr>
<tr>
<td>Y</td>
<td>Tested by provider and steam observed on camera via kitchen sink</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>
<tr>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Y</td>
<td>Bin w/ medical supplies stored in living room</td>
</tr>
<tr>
<td>Y</td>
<td>All outlets covered or occupied</td>
</tr>
<tr>
<td>Y</td>
<td>Stored in knife holder on back counter</td>
</tr>
<tr>
<td>Y</td>
<td>Medicine bin moved to top shelf of provider’s bedroom closet</td>
</tr>
<tr>
<td>Y</td>
<td>Lighter stored on person of additional adult household member</td>
</tr>
<tr>
<td>Y</td>
<td>Corrective Action Completed. Alcoholic beverages moved to higher level</td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</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>
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</thead>
<tbody>
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<tr>
<td>Y</td>
<td>Does not own</td>
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</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

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<tr>
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<th>Comments/Notes</th>
<th>Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>Bottled water</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>Non-persishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers</td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td>Backpack(s) or carrying case(s)</td>
</tr>
</tbody>
</table>
**Emergency Ready-to-Go Pack**

- 1 flashlight, 1 first aid kit, 1 thermometer, 1 pk of AA batteries, no specific meds, 2 bottled waters, 2 canned foods, 6 jars of baby food, 3 diapers, 1 pk of wipes, 2 onesies, 2 rolls of duct tape, 6 black large bags, 1 pair of scissors, 1 blanket, 1 backpack (carrying case), 1 toy, and folder w/ EPP and ECMA docs
- Items to be corrected on 11/08/2023: Corrected & Reviewed on 11/08/2023
- Lock added to basement door
- Lock for kitchen cabinet with cleaning products
- Alcoholic beverages moved higher

**Location of the Emergency Ready to Go Pack:** Stored in the living room door near the exit

**Item Specification (if needed):**

- 1 flashlight, 1 first aid kit, 1 thermometer, 1 pk of AA batteries, no specific meds, 2 bottled waters, 2 canned foods, 6 jars of baby food, 3 diapers, 1 pk of wipes, 2 onesies, 2 rolls of duct tape, 6 black large bags, 1 pair of scissors, 1 blanket, 1 backpack (carrying case), 1 toy, and folder w/ EPP and ECMA docs
- Items to be corrected on 11/08/2023: Corrected & Reviewed on 11/08/2023
- Lock added to basement door
- Lock for kitchen cabinet with cleaning products
- Alcoholic beverages moved higher

**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: Takara

Last Name: Murphy

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

**Shelter In Place Procedure:**

The provider will gather the child and ERTG and stay within the living (1 door, 2 windows). The provider will lock the door, windows, and vents and use the sealing plastic and tape to seal the spaces if needed. The provider will call, text, email or face time the parent to inform them of emergency updates.

**Evacuation Procedures**

Primary: The provider will gather the child and ERTG, and secure the child in his stroller and upon arrival the provider will receive instructions about where to shelter specifically. The provider will call, text, email or face time the parent to inform them of emergency updates.

Alternate: If the could not access the primary location, the provider will gather the child and the ERTG, and secure the child in his stroller and upon arrival the provider will receive instructions about where to shelter specifically. The provider will call, text, email or face time the parent to inform them of emergency updates.

**Care Hours:**

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Takara Murphy</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 11/08/2023</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3

Revised 10/2021
**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Provider ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn</td>
<td>Myers</td>
<td>354427</td>
</tr>
</tbody>
</table>

**Care Location Inspected**

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(10/17/2012)</td>
<td>1yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(03/06/2014)</td>
<td>8yr</td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>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 a working telephone
- Has operational smoke detector(s)
- Has first aid kit/supplies
- Has protective coverings on any electrical outlet that is accessible to children

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

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

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

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Stored in knife holder on top shelf of pantry closet</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Stored in high cabinet of bathroom and kitchen</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Stored on high garage shelf</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Stored on high garage shelf</td>
</tr>
</tbody>
</table>
### All areas of the home are kept clean, including diapering area

<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area</th>
<th>Y</th>
<th>No diaper age children in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner</td>
<td>Y</td>
<td>Trash thrown away daily via kitchen or bathroom 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></td>
</tr>
<tr>
<td>Diapering procedures are followed</td>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met</th>
<th>Comments/Notes Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subject to any form of neglect, including:</td>
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<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>
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<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>
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### A child in care is not subjected to mistreatment, including:

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Thermometer
- Bottled water
- Non-perishable food
- Diapers (N/A)
- 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
- Medications (N/A)
- Change of clothes
- Blanket(s)

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

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

Item Specification (if needed):
- 1 flashlight, 2 pk of D batteries, 1 first aid kit, 1 thermometer, 1 asthma pump for oldest child, 1 roll of duct tape, 1 pair of scissors, 1 box of sealing plastic, 6 bottled waters 5 pouches of juice, 10 + dried foods/snacks, 4 outfits (top/bottoms/underwear), 2 blankets, folder w/ EPP and ECMA docs per child, and 2 backpacks (carrying case)

- 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 | Last Name
---|---
Dawn | Myers

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

Shelter In Place Procedure:
The provider will gather the children and ERTG and go into the basement bedroom (1 door 0 windows). If the need should arise the provider will use the sealing plastic and tape from the ERTG to seal the door and vents. Once secured the provider will call or text the parent with emergency updates.

Evacuation Procedures

Primary: The provider will account for the children, grab the ERTG and head to her vehicle. The provider will ensure each child is secured in their car seat belts and drive to [redacted] Upon arrival the provider [redacted] and they will head into [redacted] 1 door 0 windows). Once they are secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG and heading to her vehicle. The provider will ensure each child is secured in their car seat belts and drive [redacted] Upon arrival the provider [redacted] and will head into [redacted] 1 door 1 window). Once secured the provider will call or text the parent with emergency updates.

Care Hours:

---

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

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<tr>
<td>Printed Name:</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 08/18/2023</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  Page 3 of 3  Revised 10/2021
INFORMAL CARE INSPECTION CHECKLIST

Inspection Date: 08/10/2022
Time In: 1:45 PM
Time Out: 2:32 PM
Result: PASSED

INFORMAL CARE

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

First Name: Dawn
Last Name: Myers
Provider ID: 354427

Provider Information:

CARE LOCATION INSPECTED

Street Address: ____________________________
City: ____________________________
County: ____________________________
State: ____________________________
Zip Code: ____________________________

Name of Children in Care (add pages if needed):
Scholarship: ____________________________
Date of Birth: 10/17/2012
Age: 10
Present (Y/N): Y / No

Safety of the Home

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

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

Health and Safety Training:

Basic Health and Safety Training Completed?

Home is free of health and safety hazards:

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

Harmful items are stored appropriately and away from children:

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


does not apply
### GENERAL CLEANLINESS STANDARDS

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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- 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
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    - Not attending to a child's physical needs
    - Shouting, Cursing, Shaming, Ridiculing
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### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- Flashlight
- Batteries for Flashlight
- Portable First Aid Kit
- Bottled water
- Non-perishable food
- Diapers N/A
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
The thermometer, change of clothes, blankets, and medications are available

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

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

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

Item Specification (if needed):
- 5 shirts, dress, 3 pants, panties, shorts, 2 pairs socks, inhaler
- 2 extra DD batteries, coloring books, crayons, go fish game, Uno
- Band aids, ointment, cold compress, gloves, alcohol wipes, Neosporin, Benadryl
- 4 16oz water bottles, 2 Box tuna & cracker, 2 Hi C juice boxes, 4 packs of cheese crackers, fruit snacks, graham cracker snacks

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 [redacted]

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

Shelter In Place Procedure:
The provider will grab the children, the ERTB, and head to the bedroom in the basement one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. Once secure, the provider will call the parent and let her know that they are sheltering in place.

Evacuation Procedures:
Get all the ERTB in the car. Then provider will grab the children and proceed to the provider's vehicle where she will secure the children in their seatbelts before driving to the primary evacuation location which is the [redacted] Once at the location, the provider will gain entry with the spare key and head to the basement that has no windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the provider's friend's house. The provider will call before placing them on their way. They will shelter in the basement that has no window and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents 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.

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<td>Printed Name: [redacted]</td>
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