Child Care Scholarship Program

Informal Child Care Monitoring Inspections

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**Virtual Inspection**

**In-person Inspection**

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

**Inspection Date:** 4/18/2024  |  **Time In:** 1:30pm  |  **Time Out:** 2:08pm  |  **Result:** Passed

**Informal Care**

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

**Provider Information**

**First Name:** Talisha  
**Last Name:** Saddler  
**Provider ID #:** [Redacted]  
**Provider ID:** 539975  
**Email:** [Redacted]

**Care Location Inspected**

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

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

**Scholarship:**  
**Date of Birth:** 5/15/2021  
**Age:** 2  
**Present (Y/N):** Y

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**Safety of the Home**

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

**Health and Safety Training:**

**Basic Health and Safety Training Completed?**

**Standard Met**

**Corrective Action / Timeframe if needed**

**Comments/Notes**

**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**

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MSDE OCC Informal Care Inspection Checklist 2020-03-26
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.

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

Diapering procedures are followed.

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

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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: HALL CLOSET.

Item Specification (if needed):
- LARGE BACKPACK
- SCISSORS, SEALING PLASTIC AND DUCT TAPE
- CRACKERS, PEANUT BUTTER, VIENNA SAUSAGES
- DIAPERS, WIPES AND CHANGING PAD
- BOOK

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 Talisha
Last Name Saddler

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 child and the ERTG bag and contact the parent to inform them of the emergency. She will shelter in the bathroom with the children (1 door(s) 0 window(s)). The Provider will verify that the child is in the bathroom before sealing the bathroom door and vents. The provider will contact the after securing the child to provide her with an update.

Evacuation Procedures:
The Provider will gather the child by hand and carry the emergency bag on her back to the car. The Provider will secure the child(ren) in a car seat. The provider will go to the McDonalds. The Provider will shelter in the general area (2 door(s) many window(s)). The Provider will contact the parent upon arriving to the new location and after the emergency is over.

The Provider will gather the children and carry the emergency bag to the car/ evacuation location. The Provider will secure the child(ren) in a car seat and contact the parent before relocating to [location]. The Provider will use [location] to the this location where she will [location] (1 door(s) 0 window(s)). The Provider will contact the parent after securing the child and she will contact emergency services if needed.

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>TALISHA SADDLER</td>
<td>[Name Hidden]</td>
</tr>
<tr>
<td>[Signature Hidden]</td>
<td>[Signature Hidden]</td>
</tr>
<tr>
<td>4/24/24</td>
<td>Phone: [Hidden]</td>
</tr>
</tbody>
</table>
## Informal Care

### Provider Information
- **First Name:** Katherine
- **Last Name:** Sale
- **Provider ID:** 504083
- **Email:** [Redacted]

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

### Name of Children in Care (add pages if needed)
- **Date of Birth:** 4/11/2021
- **Age:** 20 Months
- **Present:** Yes

### Safety of the Home

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

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

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

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

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

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

**MSDE OCC Informal Care Inspection Checklist**

Page 2 of 3

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

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

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

Item Specification (if needed):
4 D batteries, 1 pants, 1 shirts, 1 socks,
2 16oz bottles of water, 2 protein bars, can of sardines, crackers, almond butter
Band aids, gauze, tape, alcohol wipes, tweezers

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 Katherine
Last Name Sale

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 Yali, grab the ERTB and go to the finished room. The room has one door and two window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:
The provider will grab the emergency bag, gather the child, put the baby in the stroller before walking to the primary evacuation location, which shelter in the Which has three window and one door. Depending on the severity of the situation if time allows the provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location. The provider will grab the emergency bag, gather then proceed to the provider's vehicle where she will secure the baby in car seat, before driving to the location. The provider will call before letting know they are on their way. They will shelter in the that has two small windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. Depending on the severity of the situation if time allows, the provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Katherine Sale</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 1/9/23</td>
<td>Date: 01/09/2023</td>
</tr>
<tr>
<td>Phone: <strong>(Redacted)</strong></td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Inspection Date: 03/16/2023
Follow-up Inspection Date: 03/28/2023
Time In: 10:30AM
Time Out: 11:36AM
Result: Did not pass. Follow-up required.

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

First Name: Martiza
Last Name: Sala Martinez
Provider ID #: 48352
Email: [redacted]

Address Verified? Yes.

Name of Children in Care (age and needed): [redacted]
Sponsorship: [redacted]
Date of Birth: (07/07/2021)
Age: 1 yr. / Y

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

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

Safety 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

Return to: ccs.informalproviders@maryland.gov

All areas were clean
No evidence of infestation
All lights were turned on and natural window lighting
Tested by provider and steam observed on camera
Flushed by provider and observed, lock on the bathroom door
Corrective Action Completed: Heating/ Cooling system repaired and tested by provider and parent
Outbound call made to provider’s phone
Observed and tested by provider
Stored in drawer in the family (Ointment, Band Aid, Alcohol, Gauze)
All outlets were covered with coverings and/or occupied

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

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

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

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

Diapering procedures are followed.

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

<table>
<thead>
<tr>
<th>Handwashing procedures</th>
<th>Y</th>
<th>Diapering materials in changing area</th>
</tr>
</thead>
</table>

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
- Medications
- Bottled water
- Non-perishable food
- Diapers
- 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
- Consider special toys or games
- Blanket(s)

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

Revised 10/2021
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

**Location of the Emergency Ready-to-go Pack:** Living room near front door exit

**Item Specification (if needed):**
- 1 flashlight, 1 pk of AA batteries, 1 thermometer, no specific medications, 2 bottled waters, 1 canned food, 1 pk of baby food, 2 onesies, 3 diapers & 1 pk of wipes, 1 first aid kit, 1 small blanket, 1 duffle bag (carrying case), 1 toy, 1 pair of scissors, 1 roll of duct tape, 1 heavy duty trash bags, folder w/FPP and ECMA.

Items to be reviewed on 03/20/2023: Corrected & Reviewed on 03/26/2023

- Proper functioning thermostat (heating/cooling) system

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

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

**First Name**
Maritza

**Last Name**
Saia Martinez

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

**Shelter In Place Procedure:**
The provider will account for the child in care and grab the emergency bag and head into the master bedroom (1 door 4 windows). If the need should arise the provider will cover the windows and doors with tape and sealing plastic. The provider will call the parents throughout the emergency.

**Evacuation Procedures:**

**Primary:** The provider will account for the child in care and then grab the emergency bag before leaving the home and call a taxi to transport them to the evacuation location. The provider will secure the child in the car seat and then call... Provider and child will gain entry... Upon entry they will shelter in the... (1 door 1 window). The provider will call the parent once they are secured.

**Alternate:** If they could not access the primary location, the provider will call a taxi and then gather the child and grab the emergency to-go bag. When the taxi arrives the provider will secure the child in her car seat. The provider will call... and head to... The provider and child will either get access via... to enter. They will shelter in the... (1 door 1 window). The provider will call the parent at the beginning and end of 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.

**Printed Name:**
Maritza Saia Martinez

**Signature:**

**Date:** 3/30/23

**Phone:**

**INSPECTOR**

**Printed Name:**

**Signature:**

**Date:** 03/26/2023

**Phone:** 1-877-227-0125
## Virtual Inspection

**Inspection Date:** 04/01/2022  
**Result:** Passed

### In-person Inspection

- **Inspection Date:** 04/01/2022
- **Time In:** 3:45 pm  
**Time Out:** 4:34 pm

### Informal Care

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

**Provider Information:**

- **First Name:** Maritza  
- **Last Name:** Sala Martines,  
- **Provider ID:** 483522  
- **Email:** [Redacted]

#### Care Location Inspected

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

#### Address Verified?  
- [x] 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>7/7/2021</td>
<td>8 mos</td>
<td>Y</td>
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</table>

### Safety of the Home

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

#### Health and Safety Training:

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

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

- [ ] Is in good repair
- [ ] 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 refrigerator and stove
- [ ] Has a working and safe heating system
- [ ] 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></th>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>[Redacted]</td>
<td>Moved to a high cabinet</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>[Redacted]</td>
<td></td>
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<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>[Redacted]</td>
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<td>Alcoholic beverages</td>
<td>Y</td>
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<td>Guns</td>
<td>Y</td>
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<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>[Redacted]</td>
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</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

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

Item Specification (if needed):
- Red flashlight
- 4 AA Batteries
- Scissors, gauze, alcohol pads, ice pack, bandages
- Forehead scanning thermometer
- 1 Mixed vegetables, 3 Jars of food, extra milk.
- 3 Diapers & wipes
- Onesie outfit
- Blanket(Pink)
- Rattle Toy
- Large scissors, duct tape and trash bags (a roll)

To be observed for compliance on:

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

Planning and Maintenance

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

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

Shelter in Place Procedures:
The Provider will contact the Parent to inform her of the emergency. She will then grab the baby and the ERTGB and lock themselves in the room (1 door 4 windows).

Evacuation Procedures:
The Provider will first contact the parent to inform her of the emergency. She will then grab the child and the emergency to go bag and take a cab to the police station. The child will be secured in her car seat. On the way to the police station the Provider will contact the police station to inform them of their arrival. The Provider will shelter in the station (2 doors 8 windows). If the Provider cannot shelter in this location she will first contact the parent to inform her of the emergency. She will then grab the child and the emergency to go bag and take a cab to [REDACTED] where she will gain entry with the key code. The Provider will shelter in the Master bedroom (1 door 1 window).

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: [REDACTED]</td>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
<td>Signature: [REDACTED]</td>
</tr>
<tr>
<td>Date: 4-22-22 Phone:</td>
<td>Date: 04/01/2022 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 01/09/2023

**Time In:** 1:30PM  
**Time Out:** 2:35PM  
**Result:** Passed

**In informal care**

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

**Provider Information**

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

**Care Location Inspected**

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

**Address Verified? Yes**

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

- **Scholarship:** [Redacted]
- **Date of Birth:** 4/11/2021
- **Age:** 20 Months  
- **Present (Y/N):** Yes

---

**Safety of the Home**

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

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

**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  
- Poisonous substances

---

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

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

### CHILD ABUSE, NEGLECT AND MISSTREATMENT STANDARDS

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

- **Bottled water**
- **Non-perishable food**
- **Diapers**
- **Change of clothes**

- **Folder or binder for EPP documents**
- **Backpack(s) or carrying case(s)**
- **Consider special toys or games**
- **Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags**
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

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

Location of The Emergency Ready to Go Pack: In the dining room

Item Specification (if needed):
4 D batteries, 1 pants, 1 shirts, 1 box,
2 16oz bottles of water, 2 protein bars, can of sardines, crackers, almond butter
Band aids, gauze, tape, alcohol wipes, tweezers

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 Katherine
Last Name Sale

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

Shelter In Place Procedure:
The provider will grab the ERTB and go to the finished basement to shelter. The room has one door and two window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:
The provider will grab the emergency bag, gather the child, put the baby in the stroller before walking to the primary evacuation location, which is ___________. Once at the location, they will shelter in the living room which has three window and one doors. Depending on the severity of the situation if time allows the provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location ___________. The provider will grab the emergency bag, gather, then proceed to the provider's vehicle where she will secure the baby in car seat, before driving to the location. The provider will call before letting the parents know they are on their way. They will shelter in the basement room that has two small windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. Depending on the severity of the situation if time allows, 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.

PROVIDER
Printed Name: Katherine Sale
Signature: [Redacted]
Date: 1/9/23

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 01/09/2023
Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist Page 3 of 3 Revised 10/2021
**Inspection Date:** 6/03/2024  
**Time In:** 1:30pm  
**Time Out:** 2:11pm  
**Result:** Passed

### Informal Care

- **Type of Care:**  
  - [ ] Non-relative Informal Provider Care  
  - [x] Relative Informal Provider Care

### Provider Information

- **First Name:** Wayne  
- **Last Name:** Sam  
- **Provider ID:** 536138  
- **Email:** unnamed@name.com

### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2/15/2022</td>
<td>2</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>6/25/2018</td>
<td>5</td>
<td>N</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training

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

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

<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>

- 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>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

#### GENERAL CLEANLINESS STANDARDS

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

All areas of the home are kept clean, including diapering area.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.  

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

Diapering procedures are followed.  

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

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

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

<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 N/A</td>
<td>Blanket(s)</td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td>Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td>Consider special toys or games</td>
<td>Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</td>
</tr>
</tbody>
</table>

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

Location of Emergency Ready to go Pack: In a closet

Item Specification (if needed):
- To be observed for compliance on:

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

Planning and Maintenance

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

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:
Shelter In Place Procedures:
The Provider will first grab the children, then the emergency bag from the closet and shelter in [Redacted] (1 door 0 windows). Will text the Parent to inform her of the lock down. He will follow up with the parent when the lockdown is over.

Evacuation Procedures:
The Provider will first grab the children, then the emergency bag from the closet and take the children to his car. The Provider will secure the children in their car seat/booster seat and drive to the children's [Redacted] location by [Redacted]. She [Redacted] Once inside the Provider and Children will [Redacted] (1 door 0 windows). The Provider will contact the parent once they are secured in the shelter location and will update her when the lockdown is over.

The Provider will first grab the children, then the emergency bag from the closet and take the children to his car. The Provider will secure the children in their car seat/booster seat and drive to [Redacted]. The Provider would [Redacted] through the [Redacted] (1 door 0 windows) until the emergency is over. The Provider would [Redacted] and inform her of the emergency. The Provider will shelter in the [Redacted] contact would be required.

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: Wayne Sam

Signature: [Redacted]

Date: 6-03-2024

**INSPECTOR**

Printed Name: [Redacted]

Signature: [Redacted]

Date: 6/03/2024

Phone: 1-877-227-0125
## Informal Care

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

## Provider Information

- **First Name:** Roselynn
- **Last Name:** Sample-Slick
- **Provider ID:** 5333234
- **Email:**

## Care Location Inspected

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

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

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

## Safety of the Home

### Health and Safety Training:

- **Basic Health and Safety Training Completed:**
  - [ ] Yes
  - [ ] No

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

- **Is in good repair:**
  - [ ] Yes
  - [ ] No

- **Is free of insect or rodent infestation:**
  - [ ] Yes
  - [ ] No

- **Is well-lit and well-ventilated:**
  - [ ] Yes
  - [ ] No

- **Has not and cold running water:**
  - [ ] Yes
  - [ ] No

- **Has a working inside toilet:**
  - [ ] Yes
  - [ ] No

- **Has utilities for cooking, lighting and heating:**
  - [ ] Yes
  - [ ] No

- **Has a working and safe heating system:**
  - [ ] Yes
  - [ ] No

- **Has a working refrigerator and stove:**
  - [ ] Yes
  - [ ] No

- **Has a working telephone:**
  - [ ] Yes
  - [ ] No

- **Has operational smoke detector(s):**
  - [ ] Yes
  - [ ] No

- **Has first aid kit/supplies:**
  - [ ] Yes
  - [ ] No

- **Has protective coverings on any electrical outlet that is accessible to children:**
  - [ ] Yes
  - [ ] No

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

- **Sharp or pointed items:**
  - [ ] Yes
  - [ ] No

- **Medications of any kind:**
  - [ ] Yes
  - [ ] No

- **Matches, lighters and flammable products:**
  - [ ] Yes
  - [ ] No
<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Stored in locked kitchen cabinet</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Cleaning products in locked bathroom and kitchen cabinet and on high shelf in basement storage room</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Does not own</td>
</tr>
<tr>
<td><strong>GENERAL CLEANLINESS STANDARDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>Changing station inside pack and play in living room</td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Taken out daily via outside 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>Changing station had all needed supplies</td>
</tr>
</tbody>
</table>
| Diapering procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:  
  - Toileting;  
  - Diapering;  
  - Before food preparation and eating;  
  - After playing outdoors; and  
  - At other times when necessary to prevent the spread of disease. | Y |                                                     |
| **CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS** |                  |                                                     |
| A child is not subject to any form of abuse, including:  
  - Physical injury  
  - Any sexual abuse  
  - Mental injury | Y |                                                     |
| A child in care is not subjected to any form of neglect, including:  
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;  
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y |                                                     |
| A child in care is not subjected to mistreatment, including:  
  - Any deliberate act that hurts a child physically or emotionally, including:  
    - Spanking, Biting, Hitting, Shaking  
    - Any other means of physical discipline  
    - Not attending to a child's physical needs  
    - Shouting, Cursing, Shaming, Ridiculing  
    - Washing a child's mouth with soap  
    - Putting pepper or other spicy or distasteful items in a child's mouth  
    - Requiring a child to stand on one foot as punishment  
    - Tying child to a cot or other equipment | Y |                                                     |
| The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit. | Y |                                                     |

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also 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
Portable First Aid Kit
Thermometer
Medications
Non-perishable food
Diapers
Change of clothes
Backpack(s) or carrying cases
Consider special toys or games
Heavy Duty Scissors, duct tape/packing tape & sealing plastic/wash 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 living room near exit
Item Specification (if needed):
- 1 carrying case tote bag
- 1 first aid kit
- 1 large blanket
- 1 flashlight
- 1 pk of AA batteries
- 1 thermometer
- no specific medications
- general medication only
- 5 bottled waters
- 1 canned food
- 2 diapers
- 1 pk of wipes
- 1 outfit (top/bottom)
- 1 onesie
- 1 toy
- 1 roll of duct tape
- 1 pair of scissors
- 1 heavy duty trash bag
- 1 pk of sealing plastic and folder w/ EPP and ECMA docs

Items to be reviewed on 10/30/2023: Corrected & Reviewed on 10/30/2023
- Locks for sharps drawer and lighter drawer
- Outlet coverings for bathroom and kitchen
- Lock to basement door
- ERTG: Folder w/ updated EPP and ECMA docs/ Description of Evacuation Plan

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: Roselynn
Last Name: Sample-Blick

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 carry the ERTG and child into the basement area (1 door 2 windows). The provider will use the sealing plastic and tape from ERTG to seal the door and windows if needed. Then store the scissors back into the bag and away from child's reach. The provider will initially call the parent and then text the parent throughout with emergency updates and then call the parent once everything is clear.

Evacuation Procedures
Primary: The provider will gather the child and ERTG and head to the provider's vehicle. Upon arrival the provider will secure the child in his rear-facing car seat and [ ] 0 door 2 windows. Once secured she will call or text the parent with emergency updates.

Alternate: The provider will gather the child and ERTG and head to the provider's vehicle. The provider will secure the child in his rear-facing car seat and [ ] 0 door 2 windows. Upon arrival and entry the provider will receive instruction from the [ ] where to shelter specifically. Once secured she will call or text the parent 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.

Signatures & Date
PROVIDER
Printed Name: Roselynn Sample-Blick
Signature: [ ]
Date: [ ]
INSPECTOR
Printed Name: [ ]
Signature: [ ]
Date: 10/30/2023
Phone: 1-877-227-0125

**Informal Care Inspection Checklist**

**Inspection Date:** 07/14/2022
**Time in:** 9:30 AM  
**Time Out:** 10:24 AM  
**Result:** APPROVED

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

**Provider Information**

**First Name:** Keenen  
**Last Name:** Scott  
**Provider ID:** 440147  
**Email:** [Redacted]

**Care Location Inspected**

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

**Address Verified?** Yes.

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>(12/27/2009)</td>
<td>12yr</td>
<td>Y</td>
</tr>
<tr>
<td>[Redacted]</td>
<td>(04/17/2011)</td>
<td>11yr</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:**

<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>☑ Non-Relative Informal Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Is in good repair  
- Is free of insect or rodent infestation  
- Is well-lit and well-ventilated  
- Has hot and cold running water  
- Has a working inside toilet  
- Has utilities for cooking, lighting and heating  
- Has a working and safe heating system  
- Has a working refrigerator and stove  
- Has a working telephone  
- Has operational smoke detector(s)  
- Has first aid 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  

**MSDE OCC Informal Care Inspection Checklist**

Page 1 of 3  
Revised 10/2021
- **Cleaning agents**
  - Y Stored under kitchen cabinet
- **Poisonous substances**
  - 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>No diaper age children.</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>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diaper age children.</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 (N/A)
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
Thermometer
Change of clothes
Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags

Medications
Blanket(s)

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

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

Emergency Documents

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

Planning and Maintenance

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

First Name
Last Name

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

Itemized List (if needed):
- No diaper age children, 1 flashlight, pk of AAA batteries, 1 high voltage battery, 1 first aid kit, 1 thermometer, ADAHD Medicine [back-ordered-daily dosage required], 3 bottled waters, 1 canned foods, 1 outfit per child, 3 blankets, 1 toy and cellphones, Folder w/ EPP & ECMA per child.

Shelter-in-Place Procedures: Provider will count and gather the children along with the to-go bag and go to basement area (1 patio door, 0 windows). Will get sealing plastic from the emergency kit to tape windows and doors to make sure all areas are safe. Provider will call or text the parent of the emergency, during and after.

Evacuation Location(s):

Primary - Provider will gather and count the children, grab the emergency bag, send the parent a text or call about the emergency and head out the door. Will [ ] The [ ] via buzz/ring camera entry and they will go into the homeowner's front room/living room (1 door 1 window).

Alternate - Provider will gather and count the children, grab the emergency bag, [ ] He will call and text the parent before, during and after the emergency. Provider has spare key to enter the evacuation location, they will go into the basement area (1 door, 1 sliding door/window).

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: Keenan Scott</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 7/15/2022</td>
<td>Phone:</td>
</tr>
</tbody>
</table>
## Informal Care Inspection Checklist

**Inspection Date:** 08/12/2021  
**Follow-up Inspection Date:** 08/13/2021  
**Time In:** 1:30 PM  
**Time Out:** 2:46 PM  
**Result:** PASSED

### Informal Care

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

#### Provider Information

- **First Name:** Keenan  
- **Last Name:** Scott  
- **Provider ID:** 440147  
- **Email:** [Redacted]

#### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/27/2009</td>
<td>11</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>04/17/2011</td>
<td>10</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

#### Health and Safety Training:

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

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

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

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

- **Sharp or pointed items**  
  - Y
  - **Comments/Notes:** Back of kitchen counter
- **Medications of any kind**  
  - Y
  - **Comments/Notes:** Stored in tall bathroom cabinet

---

MSDE OCC Informal Care Inspection Checklist 2020-03-26  
Page 1 of 3
<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>None of these items</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>None in the home</td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>No guns</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Latch on cabinet and a fire extinguisher</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>None in home</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Showed living area and dining room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>Clean, taken out daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Laundry</td>
</tr>
<tr>
<td>Yes, but N/A</td>
<td>N/A</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>Agreed, bathroom and kitchen area clean sinks w/ soap</td>
</tr>
</tbody>
</table>

**EMERGENCY READY-TO-GO PACK**

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

**Disaster Supply Kit**

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

- ✔ Flashlight
- ✔ Bottled water
- ✔ Folder or binder for EPP documents

---

*MSDE OCC Informal Care Inspection Checklist 2020-03-26 Page 2 of 3*
| ✔ Batteries | ✔ Non-perishable food | ✔ Backpack(s) or carrying case(s) |
| ✔ Portable First Aid Kit | ✔ Diapers | ✔ Consider special toys or games |
| ✔ Thermometer | ✔ Change of clothes | ✔ Scissors, tape & sealing plastic |
| ✔ Medications | ✔ Blanket(s) |

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

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

Disaster Supply Kit Comments/Notes: In the follow-up inspection the provider had all necessary items and was very well-organized.

**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: Keenen Scott

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Transportation via the provider as he walks with the children to the evacuation location and will walk to the alternative location if family member is not home at the first location. He has access to both locations with his keys as well.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Keenen Scott</td>
<td>Printed Name: Randa Bropleh</td>
</tr>
<tr>
<td>Signature: Keenen Scott</td>
<td>Signature: Randa Bropleh</td>
</tr>
<tr>
<td>Date: 08/15/2021 Phone: 667-910-0028</td>
<td>Date: 08/13/2021 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**
- First Name: Stanley  
- Last Name: Scott  
- Provider ID: 432836
- Email: [Redacted]

**Care Location Inspected**

**Name of Children in Care (add pages if needed):**
- [Redacted]
- [Redacted]
- [Redacted]

**Safety of the Home**

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

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

**Home is free of health and safety hazards:**
- Standard Met: Y

**Harmful items are stored appropriately and away from children:**
- Standard Met: Y

**GENERAL CLEANLINESS STANDARDS**

- All areas of the home are kept clean, including diapering area.
- Standard Met: Y
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.

<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
</table>
| A child is not subject to any form of abuse, including:  
  - Physical injury  
  - Any sexual abuse  
  - Mental injury | Y | |
| A child in care is not subjected to any form of neglect, including:  
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;  
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. | Y | |
| A child in care is not subjected to mistreatment, including:  
  - Any deliberate act that hurts a child physically or emotionally, including:  
    - Spanking, 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 ai 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 N/A
- ☐ Change of clothes
- ☐ Blanket(s)
- ☐ 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 2020-03-26  Page 2 of 3
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes

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

Location of Emergency Ready to go Pack: Hooked on the wall

Item Specification (if needed):
- Large Black Duffie Bag
- Duct tape, large black scissors & 2 Garbage bags
- 3 outfits
- Uno Cards
- 6 bottled waters
- 2 Canned Vienna Sausages
- 4 Canned Chef Boyardee
- Back up batteries & flashlight
- Child has one emergency inhaler that they keep with them

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 Stanley | Last Name Scott

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 bag and have the children follow 1 door 1 window. The Provider will contact the parent after securing the children.

Evacuation Procedures:
The Provider will grab the emergency bag and have the children follow them out the back door to the SUV where the provider will secure the children in their seatbelts. The provider will contact the parent after securing the children.

The Provider will grab the emergency bag and have the children follow them out the back door to the SUV where the provider will secure the children in their seatbelts. The provider will contact the parent after securing the children.

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: [Handwritten Name]
Signature: [Handwritten Signature]
Date: 3-28-24

INSPECTOR

Printed Name: [Handwritten Name]
Signature: [Handwritten Signature]
Date: 3/27/2024
Phone: 1-877-227-0125
**Informal Care**

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

**Provider Information**

- **First Name:** Stanley  
- **Last Name:** Scott  
- **Provider ID #:**  
- **Provider ID:** 432836
- **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 Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/13/2012</td>
<td>9 / No</td>
</tr>
<tr>
<td></td>
<td>07/09/2016</td>
<td>5 / No</td>
</tr>
<tr>
<td></td>
<td>07/09/2016</td>
<td>5 / 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? N/A
  - Standard Met Y/N  
    - **Comments/Notes:**
      - Corrective Action / Timeframe if needed

- **Home is free of health and safety hazards:**
  - Is in good repair Y
  - Is free of insect or rodent infestation Y
  - Is well-lit and well-ventilated Y
  - Has hot and cold running water Y
  - Has a working inside toilet Y
  - Has utility 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 kits/supplies Y
  - Has protective coverings on any electrical outlet that is accessible to children Y

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

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

- A child is not subject to any form of abuse, including:
  - Physical injury
  - Any sexual abuse
  - Mental injury
- A child in care is not subjected to any form of neglect, including:
  - The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;
  - Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.
- A child in care is not subjected to mistreatment, including:
  - Any deliberate act that hurts a child physically or emotionally, including:
    - Spanking, Biting, Hitting, Shaking
    - Any other means of physical discipline
    - Not attending to a child’s physical needs
    - Shouting, Cursing, Shaming, Ridiculing
    - Washing a child’s mouth with soap
    - Putting pepper or other spicy or distasteful items in a child’s mouth
    - Requiring a child to stand on one foot as punishment
    - Tying child to a cot or other equipment
- The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

- ☒ Flashlight
- ☒ Bottled water
- ☒ Batteries for Flashlight
- ☒ Non-perishable food
- ☒ Portable First Aid Kit
- ☒ Diapers (NIA)
- ☒ 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
<table>
<thead>
<tr>
<th>Item Specification (if needed):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended life battery flashlight</td>
</tr>
<tr>
<td>3 of each Underwears, socks, pants, shirts,</td>
</tr>
<tr>
<td>Underwears, socks, pants, shirts,</td>
</tr>
<tr>
<td>Tables for each child and balls,</td>
</tr>
<tr>
<td>Multiple bags of Chips, 3 large cans of Chef Boyardee, 2 cans of Vienna sausage, 6 pack of 16oz. water bottles</td>
</tr>
<tr>
<td>First Aid - Wipes, band aids, gauze, tape</td>
</tr>
<tr>
<td>Items to review on 04/13/2022 if needed: Observed</td>
</tr>
<tr>
<td>First aid kit for emergency to go bag,</td>
</tr>
<tr>
<td>Blankets need to be in the bag or a smaller bag</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:

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

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

**Shelter In Place Procedure:**

The provider will call the children by name, get them, grab the emergency bag and head to the basement. Two small windows and 2 doors. Soon as they are secure in the basement, the provider will contact parent. If the need to seal the shelter should arise, provider will tape the windows with plastic.

**Evacuation Procedures:**

Call out the children's names and get the children, get the bag and proceed to vehicle parked in the garage. Make sure they are all buckled in their seats with seatbelts before driving to [Redacted]. Once at the location the provider will gain entry using a spare key and proceed to the basement where they will shelter. Provider will call parent once secure at the location. If they cannot shelter at the primary they will go to [Redacted] and proceed to the basement where they will shelter. Provider will call parent once secure.

**Signatures & Date**

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

**PROVIDER**

- Printed Name: [Redacted]
- Signature: [Redacted]
- Date: 4/13/2022
- Phone: [Redacted]

**INSPECTOR**

- Printed Name: [Redacted]
- Signature: [Redacted]
- Date: 04/13/2022
- Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist  
Page 3 of 4  
Revised 10/2021
**Informal Care Inspection Checklist**

**Virtual Inspection**

<table>
<thead>
<tr>
<th>Inspection Date: 09/18/2021</th>
<th>Time In: 2:00 PM</th>
<th>Time Out: 3:24 PM</th>
<th>Result: Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up Inspection Date: 09/24/2021</td>
<td>Time In: 4:00 PM</td>
<td>Time Out: 4:16 PM</td>
<td>Follow-up Result: Approved</td>
</tr>
</tbody>
</table>

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

**Provider Information**
- **First Name:** Stanley
- **Last Name:** Scott
- **Provider ID:** 432836
- **Email:** 

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/09/2016</td>
<td>5 Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>07/09/2016</td>
<td>5 Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>07/13/2012</td>
<td>9 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?**
  - **Standard Met Y/N:** N/A
  - **Corrective Action/Timeframe if needed:** Relative Informal Care

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

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

- **Comments/Notes:**
  - Showed living room, kitchen and dining area; all areas clean
  - No indications of infestation
  - Well-lit and windows in all common areas with windows (air conditioner in window as well) and ceiling fans
  - Test the water with a thermometer and displayed high/low and showed 91.6
  - Flushed the toilet properly, soap area, common medicines and toothpaste in cabinet above the toilet
  - Kitchen utensils in drawer and lower cabinets, but had no locks on cabinet
  - Corrective Action (9/24): Provider added locks to cabinets/drawers etc.
  - Thermostat was working, moved temp up and down, heat only, no central air
  - Opened the fridge/freezer and tasted the food by putting the burner on (gas stove)
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 this Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, that the items are clean, organized, and usable. Comment and note below if needed.

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

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

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

**Disaster Supply Kit Comments/Notes:**
- Rechargeable flashlight w/ a charging cord and additional flashlight - no batteries needed
- **Home-made first aid kit** - alcohol, masks, band-aids,

**Bottled water**
- Canned food ravioli and sausages
- **No diaper age children**
- **No change of clothes only night clothes/underwear** (Corrective Action (9/24): Provider had 3 sets of clothes per child
- **2 blankets**
- **No EPP forms-stated may have them** (Corrective Action (9/24): Provider had all the forms
- Backpack/tote bag
- 3 tablets/1 per child
- Kitchen scissors, tape & trash bags

### Emergency Documents

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

### Planning and Maintenance

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

<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:

**Evacuation Primary:** Grab the kids and the to-go bag, head to the backdoor, get inside the car, kids will buckle themselves in, first location go to the living room (2 windows, 1 door/entry door) or her basement (4 windows/1 entry door). Contact parent when he gets in the car, will call or text her.

**Evacuation Alternate:** Get the kids, grab the to-go bags, get in the vehicle and go to wait in the living room and if it's an extreme emergency go into the basement as well. Living room (2 windows in the living room and 1 entry door). In the basement 1 door(back) window in the front of the basement, contact the parent as soon as he transporting to the second home.
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Printed Name:</strong> Stanley Scott</td>
<td><strong>Printed Name:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Signature:</strong> [Redacted]</td>
<td><strong>Signature:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Date:</strong> 9/24/21</td>
<td><strong>Phone:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Date:</strong> 09/24/2021</td>
<td><strong>Phone:</strong> 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:** Jalyn
- **Last Name:** Sedgwick
- **Provider ID:** [Redacted]
- **Email:** [Redacted]

**Care Location Inspected**

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

**Address Verified?:** Yes

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/24/2022</td>
<td>1</td>
<td>/N</td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

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

**Health and Safety Training:**

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

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

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

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

- **Sharp or pointed items?** **Yes**
  - **Moved to a high cabinet**
- **Medications of any kind?** **Yes**
  - **Kept in a high cabinet**
- **Matches, lighters and flammable products?** **Yes**
  - **Kept on a high table.**
- **Alcoholic beverages?** **Yes**
- **Guns?** **Yes**
- **Cleaning agents?** **Yes**
- **Poisonous substances?** **Yes**

**GENERAL CLEANLINESS STANDARDS**

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

<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 / N</td>
<td>Corrective Action/Timeframe if needed</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 / N</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 / N</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>
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<td></td>
</tr>
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<td>Washing a child's mouth with soap</td>
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<tr>
<td>Putting pepper or other spicy or distasteful items in a child's mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

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

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

MSDE OCC Informal Care Inspection Checklist 2020-03-26 Page 2 of 3
Location of Emergency Ready to Go Pack: On a hook near the front door

Item Specification (if needed):
- Duct Tape, sealing Plastic roll, scissors
- Campbell's soup, rice cereal, canned chicken, oatmeal
- 2 blankets
- 2 changes of clothes
- Plushy toy

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 Jaelyn Last Name Sedgwick

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

Shelter In Place Procedures:
The Provider will pick up the baby, grab the emergency bag and lock all doors. The Provider will [1 door 0 Windows]. The Provider will contact the Parents via call to notify them of their safety.

Evacuation Procedures:
The Provider will pick up the baby and grab the emergency bag from the front door. The Provider will secure the baby in her forward facing car seat and hand [1 door 0 windows]. The Provider will contact the Parents via call to notify them of their safety.

The Provider will pick up the baby and grab the emergency bag from the front door. The Provider will secure the baby in her forward facing car seat and hand [1 door 0 windows]. The Provider will contact the Parents via call to notify them of their safety.

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 Inspector
Printed Name: Jaelyn Sedgwick
Signature: [Redacted]
Date: 3/1/20
Phone: [Redacted]

Printed Name: [Redacted]
Signature: [Redacted]
Date: 3/28/2024
Phone: 1-877-227-0125

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

- **In-person Inspection**

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

**Child Care Scholarship Program**

**INFORMAL CARE INSPECTION CHECKLIST**

---

**Inspection Date:** 06/12/2023  
**Follow-up Inspection Date:** 06/15/2023

<table>
<thead>
<tr>
<th>Time In</th>
<th>Time Out</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30PM</td>
<td>2:32PM</td>
<td>Follow-up Required</td>
</tr>
<tr>
<td>9:00AM</td>
<td>9:07AM</td>
<td>PASSED</td>
</tr>
</tbody>
</table>

---

### Informal Care

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

**Provider Information**

- **First Name:** Carly  
- **Last Name:** Seibel  
- **Provider ID:** 516600  
- **Email:** [redacted]

**Care Location Inspected**

- **Address:** [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>(11/09/2022)</td>
<td>7mos.</td>
<td>Y</td>
</tr>
</tbody>
</table>

---

### Safety of the Home

#### Health and Safety Training:

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

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

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

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

Changing station living room area

Emergency Ready-to-Go Pack

Disaster Supply Kit

Medications

Temperature

Problems/Procedures

Diaper

Non-food-storing Food

Bedding/linens

Clothes

Disaster Supply Kit

Y/N

Comments/Notes

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

A child is not subject to any form of neglect.

A child in a home is not subject to any form of abuse.

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

If any of these violations are noted, an immediate review will be conducted to determine the action or discipline that is appropriate.

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...
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 living room near exit

Item Specification (if needed):
- 2 flashlights, 1.6 v pk of batteries, 1 first aid kit, 1 thermometer, no spec meds, 6 bottled waters, 2 canned foods, 1 can of baby food, 1 duffle bag (carrying case), 1 pk of wipes, 8 diapers, 1 outfit (top/bottom), 2 sleeper onesies, 2 blanket, bag of small toys, 1 roll of duct tape, 4 trash bags, 1 pair of scissors and folder of EPP and ECMA docs

- Items to be reviewed on 06/15/2023; Corrected & Reviewed on 06/15/2023

- Outlet coverings need in all areas (kitchen, bathroom, bedroom)

Page 6 of EPP required

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: Carly
Last Name: Seibel (Provider)

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

Shelter in Place Procedure:
The provider will gather the child in care and her child, lock front and back doors and/or windows. The provider will grab the ERTG bag and head to the basement. The provider will seal the entry way of the basement and windows if the need arises. After she and the children are secured she will call or text the parents when the emergency has ended.

Evacuation Procedures

Primary: The provider will account for the child in care and her child and grab the ERTG. There will be an additional ERTG in the car as well for convenience. The provider and children will go to the vehicle and she will secure the children in their rear-facing car seats and drive to the evacuation location, which will be . Upon arrival the provider has key access into the home, after entry they would go into the master bedroom (1 door 2 windows). Once secured in the home, the provider will contact by call or text the parent before, during and after the emergency if it is safe to do so.

Alternate: If they could not access the primary location, the provider will gather the child in care and her child and ERTG. There will be an additional ERTG in the car as well for convenience. The provider and children will go to the vehicle and secure the children in their rear-facing car seat and drive to the location, which is . Upon arrival the provider will call the point of contact to gain access into the building from there she will receive instruction of where she and the children will shelter. Once secured in the location, the provider will contact the parent before, during and after the emergency if it is safe to do so.

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 visits which will be conducted virtually or in-person.

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Carly Seibel</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: blank</td>
<td>Signature: blank</td>
</tr>
<tr>
<td>Date: 6/16/23</td>
<td>Phone: blank</td>
</tr>
</tbody>
</table>

| Date: 06/15/2023 | Phone: 1-877-227-0125 |
**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 4/04/2024  
**Follow Up Date:** 4/10/2024  
**Result:** Follow Up Needed  
**Result:** Passed

### Provider Information
- **First Name:** Idalia  
- **Last Name:** Sequeria  
- **Provider ID:** 540071  
- **Address Verified:** Yes

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/25/2016</td>
<td>7</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>8/24/2019</td>
<td>4</td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>

### Safety of the Home

**Directions:** Review and determine compliance with each standard. Note any comments or corrective actions needed.

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

#### Home is free of health and safety hazards:
- **Standard Met:** Y  
- **Comments/Notes:**
  - Smoke detector batteries are dying. Constant beep in the background.

#### Harmful Items are stored appropriately and away from children:
- **Standard Met:** Y  
- **Comments/Notes:**

#### GENERAL CLEANLINESS STANDARDS
- **Standard Met:** Y  
- **Comments/Notes:**

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.

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

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

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

Diapering procedures are followed.

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

Handwashing procedures are followed. Provider and child’s hands washed thoroughly with soap and warm running water after:
- Tolleting;
- 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>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

Location of Emergency Ready to Go Pack: In the closet near the front door

Item Specification (if needed):
- Suit Case
- Sealing plastic, duct tape & Scissors
- Canned Fruit animal crackers
- Coloring books
- Back up flashlights and batteries
- Eldest child's medications

To be observed for compliance on 4/10/2024: Observed
- Smoke Detector (New batteries)

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

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

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

Shelter In Place Procedures:
The Provider will grab the emergency bag, conduct a headcount and gather the children (5 doors 5 windows). The Provider will seal doors, vent and windows in the plastic and tape. The Provider will contact the parent before during and after securing the children via text and phone call.

Evacuation Procedures:
The Provider will grab the emergency bag, conduct a headcount of the children and head to her vehicle and secure the youngest in the car seat with the seat belt and the oldest in the seat belt. The Provider will contact the Parent prior to arrival in order to shelter here. The Provider will receive and the Provider will contact the Parent during the evacuation and after arrival via text.

The Provider will grab the emergency bag, conduct a headcount of the children and head to her vehicle and secure the youngest in the car seat with the seat belt and the oldest in the seat belt. The Provider will contact the Parent prior to arrival in order to shelter here. The Provider will receive and the Provider will contact the Parent during the evacuation and after arrival.

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: 4/10/2024</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Care (check one):</th>
<th>Non-relative Informal Provider Care □ Relative Informal Provider Care □</th>
</tr>
</thead>
</table>

**Provider Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Shaifer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Shaifer</td>
</tr>
<tr>
<td>Provider ID:</td>
<td>543724</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Shaifer@maryland.gov">Shaifer@maryland.gov</a></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

| Street Address: | Shaifer, 123 |
| City: | Baltimore |
| County: | Baltimore County |
| State: | Maryland |
| Zip Code: | 20201 |

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>12/28/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>12/28/2011</td>
</tr>
<tr>
<td>Age</td>
<td>12/N</td>
</tr>
<tr>
<td>Present (Y/N)</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

### Health and Safety Training:

<table>
<thead>
<tr>
<th>Basic Health and Safety Training Completed?</th>
<th>Standard Met Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, n/a</td>
<td>Y</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></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>OBSERVED</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></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>WILL BE MOVED/ LOCKED</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

<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>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.

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

Diapering procedures are followed.

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

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

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

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes
**Location of Emergency Ready to go Pack**: Kept in the shelter room

**Item Specification (if needed):**
- Scissors
- Cough Syrup, Tylenol
- 3 Bottles
- 2 canned tunas and a jar of peanut butter

*To be observed for compliance on 5/01/2024: Observation complete*
- Outlet Covers
- Move Cleaning Items
- Change of Clothes in the Bag
- Toy/Reading Book

**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>Marilyn</td>
<td>Shaifer</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 take the children by the hand and walk through the [2 doors with glass windows] where they are. The Provider would turn the air off, lock the doors and contact the parent to inform her that they are sheltering in place.

**Evacuation Procedures:**
The Provider will gather the children by hand and carry the emergency bag to the car. The Provider will secure the child(ren) in a seat belt and contact the parent before relocating to the [2 door(s) with glass windows]. The Provider will contact the parent upon arriving to the new location and after the emergency is over.

The Provider will gather the children and carry the emergency bag to the evacuation location. The Provider will secure the child(ren) in a seat belt and contact the parent before relocating to the [1 door(s) 2 window(s)]. The Provider will contact the parent upon arriving to the new location and after the emergency is over.

**CARE HOURS:**

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td></td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 5/1/24</td>
<td>Phone: [Redacted]</td>
</tr>
</tbody>
</table>

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

**PROVIDER INSPECTOR**

| Printed Name: | Printed Name: [Redacted] |
| Signature: | Signature: [Redacted] |
| Date: 5/01/2024 | Phone: 1-877-227-0125 |
**Informal Care**

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

**Provider Information**

- **First Name:** Linda  
- **Last Name:** Sheffey  
- **Provider ID #:** [Redacted]  
- **Provider ID:** 483014  
- **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>Serenity Sheffey</td>
<td>(09/27/2021)</td>
<td>8mos. / Y</td>
</tr>
<tr>
<td>Stephen Sheffey</td>
<td>(08/14/2020)</td>
<td>1yr / Y</td>
</tr>
<tr>
<td>Aulani Cofield</td>
<td>(07/04/2018)</td>
<td>3yr / 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 - Yes
- **Home is free of health and safety hazards:**
  - Is in good repair: Y
  - Is free of insect or rodent infestation: Y
  - Is well-lit and well-ventilated: Y
  - Has hot and cold running water: Y
  - Has a working inside toilet: Y
  - Has utilities for cooking, lighting and heating: Y
  - Has a working and safe heating system: Y
  - Has a working refrigerator and stove: Y
  - Has a working telephone: Y
  - Has operational smoke detector(s): Y
  - Has first aid kit/supplies: Y
  - Has protective coverings on any electrical outlet that is accessible to children: Y

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Moved to high cabinet in the kitchen</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>High shelf in hallway closet</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>
</tbody>
</table>
### Cleaning agents

- High shelf in hallway closet

### Poisonous substances

- Does not own

## GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td>Changing area clean and organized</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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Y</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

## Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

Medications (N/A)

Blanket(s)

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

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

Emergency Documents

Informal Provider Emergency Preparedness Plan (this completed form)

Authorization for emergency medical care

Planning and Maintenance

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

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

Item Specification (if needed):
1 toy, 2 tablets, 1 thermometer, no medications, 3 outfits (1 per child), 1 flashlight, 1 pk of AA batteries, 1 big blanket, 1 first aid kit, diapers and wipes, canned food & baby food, 4 bottled waters, roll of tape, scissors, trash bags, and folder of EPP and ECMA for each child

Shelter-in-Place Procedures: Provider will call the parents, get the to-go and the children, will walk into the master bedroom closet, will seal the door, if necessary, will stay there until safe to exit and call their parents when the emergency is over.

Evacuation Locations:
Primary - Provider will call or text the parents, gather the children and the to-go bag, will load the kids in their car seats and drive. Provider will have access via her spare key, will go into the basement area, no outside doors, or windows (1 entry door 0 windows), and will contact the parents via call or text once they are settled in.

Alternate - Provider will gather the kids and to-go bag, load them into their car seats and put the to-go bag into the trunk, she will drive to and provider has a spare key to access the home. Upon arrival she and the children will go into the basement foyer area (1 door 0 windows), once settled in she will call the parents and inform them of the emergency.

Items to be reviewed on 06/08/2022: Items corrected and reviewed on 06/08/2022
- First Aid Kit for the home
- Basket or bag to hold the supplies for the diaper changing area
- Battery-operated flashlight and extra batteries
- Folder of the most recent Emergency Preparedness Plan and Emergency Care & Medication forms for each child

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: Linda Shaffer
Signature: 
Date: 6/8/22

INSPECTOR

Printed Name: 
Signature: 
Date: 06/08/2022
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:** Jacqueline
- **Last Name:** Simmonds
- **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>12/08/2021</td>
<td>1 / Yes</td>
</tr>
<tr>
<td></td>
<td>09/16/2011</td>
<td>11 / No, At School</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

**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></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:**

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

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

**GENERAL CLEANLINESS STANDARDS**

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

- **Back of counter:** Y
- **Upper cabinet in Kitchen:** Y
- **Was moved to high shelf in closet:** Y
- **Cabinet lock observed:** Y
- **Other than medications and cleaning solutions:** Y

---

MSDE OCC Informal Care Inspection Checklist

Page 1 of 3

Revised 10/2021
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:
- Tooding;
- 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
- Medications
- Bottled water
- Non-perishable food
- Diapers
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
- 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: In the Dining room

Item Specification (if needed):
- 8 D batteries
- 1 Onesies
- 2 shirts
- 3 pair pants
- 1 Undershirt
- 3 sox
- 3 under wears
- 1 hoodie
- Band aids
- gauze
- tape
- Q-tips
- gloves
- alcohol wipes
- burn ointment
- tongue depressors
- coloring book
- Crayons
- Diary of wimpy kid book
- Uno
- 8 Diapers, Wipes
- 2 16oz bottles of water
- 2 can each of Chef Boyardee Ravioli, Can of Tomato soup, Chicken noodle soup

Items to review on 01/05/2023 if needed: Observed

- Safety lock on cabinet under sink with cleaning agents, alcohol moved to higher shelf, Move Listerine to locked medicine box, move laundry detergent up to Parent’s closet, Band-Aids, gauze and ointment for the home, toy/book for older child, clothes for older child, more diapers for the baby, duct tape, Emergency Preparedness Plan and Emergency care and Medication Authorization in the 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: Jacqueline Last Name: Simmonds

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

Shelter In Place Procedure:
The provider will grab ERTB and gather the children and head to the bathroom. The room has one door no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent immediately after they are secure.

Evacuation Procedures:
The provider will grab the baby and the older child, emergency bag, and her cell phone and walk down three flights of stairs to the main floor and out to the provider’s vehicle where she will get the stroller from her car and secure the baby in stroller before walking half a block to the primary evacuation location. The provider will call to let her know they are on their way or use a spare key to gain entry. Once at the location, they will shelter in the bathroom which has no windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter The provider will call the parent before leaving the care location and after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location The provider will grab the baby and the older child, emergency bag, and her cell phone and walk down three flights to the main floor and out to the provider’s vehicle where she will get the stroller from her car and secure the baby in stroller before walking two blocks to the location. Once at the location the provider will ask where they can shelter. The provider will call the parent before leaving the care location and immediately after they are secure in the alternate evacuation location.

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Jacqueline Simmonds</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 01/05/2023</td>
<td>Phone: [Redacted]</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Heather
- **Last Name:** Stagle
- **Provider ID:** 537159
- **Email:** [redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(04/27/2012)</td>
<td>11yr.</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.

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</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>Non-Relative Informal Care - Certificate Submitted</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</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is in good repair</td>
<td>Y</td>
<td>All areas were clean</td>
<td></td>
</tr>
<tr>
<td>Is free of insect or rodent infestation</td>
<td>Y</td>
<td>No evidence of infestation</td>
<td></td>
</tr>
<tr>
<td>Is well-lit and well-ventilated</td>
<td>Y</td>
<td>All lights were turned on and natural window lighting</td>
<td></td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Tested by provider and observed steam from sink</td>
<td></td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td>Flushed by provider and observed</td>
<td></td>
</tr>
<tr>
<td>Has utilities for cooking, lighting and heating</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</td>
<td></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Tested by provider and observed</td>
<td></td>
</tr>
<tr>
<td>Has a working telephone</td>
<td>Y</td>
<td>Outbound call made by informal team to provider's phone</td>
<td></td>
</tr>
<tr>
<td>Has operational smoke detector(s)</td>
<td>Y</td>
<td>Tested by provider and observed</td>
<td></td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>Band-Aids, Alcohol and Peroxide under bathroom sink</td>
<td></td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>All outlets were covered or occupied</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Knife holder and block on back of kitchen counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in both medicine cabinets</td>
</tr>
<tr>
<td>Matches, lighters and flammable products</td>
<td>Y</td>
<td>Moved to container on top of fridge</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Y</td>
<td>Does not own</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>All cleaning products moved to top shelf of laundry closet and hallway closet</td>
</tr>
</tbody>
</table>
### General Cleanliness Standards

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

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

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

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

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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

Location of The Emergency Ready to Go Pack: Stored on shelf above the dryer
- 1 duffel bag (carrying case), 1 flashlight, 1 bag of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, 3 canned foods/2 pk noodles, 1 outfit (top/bottom), 1 large blanket, folder w/ EPP and ECMA docs per child, 1 book, 1 pair of scissors, 1 roll of duct tape and 2 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: Natasha
Last Name: Summers

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

Shelter In Place Procedure:
The provider will gather the child, and the ERTG and go into the master bedroom (2 doors 2 windows) or master bathroom (1 door 0 windows). If needed the provider will use the sealing plastic and tape to seal the doors, windows and vents. The provider will call then text the parent to relay emergency updates.

Evacuation Procedures
Primary: The provider will gather child and the ERTG and walk the child to her vehicle. Provider will ensure the child is secured in his safety seat belt and then drive to location. Upon arrival, the provider will receive shelter instructions from . Once secured the provider will call and text the parent to relay the emergency updates.

Alternate: If they could not access the primary location, the provider will gather child and the ERTG and walk the child to her vehicle. Provider will ensure the child is secured in his safety seat belt and then drive to location. Upon arrival, the provider will receive shelter instructions from . Once secured the provider will call and text the parent to relay the 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: [Redacted]</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 12-29-23</td>
<td>Date: 12/22/2023</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
<tr>
<td>Health and Safety Training:</td>
<td>Standard Met</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>Y</td>
</tr>
<tr>
<td>Home is free of health and safety hazards:</td>
<td></td>
</tr>
<tr>
<td>• Is in good repair</td>
<td>Y</td>
</tr>
<tr>
<td>• Is free of insect or rodent infestation</td>
<td>Y</td>
</tr>
<tr>
<td>• Is well-lit and well-ventilated</td>
<td>Y</td>
</tr>
<tr>
<td>• Has hot and cold running water</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working inside toilet. <strong>Look under sink</strong></td>
<td>Y</td>
</tr>
<tr>
<td>• Has utilities for cooking, lighting and heating</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working and safe heating system</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working refrigerator and stove</td>
<td>Y</td>
</tr>
<tr>
<td>• Has a working telephone</td>
<td>Y</td>
</tr>
<tr>
<td>• Has operational smoke detector(s)</td>
<td>Y</td>
</tr>
<tr>
<td>• Has first aid kit/supplies</td>
<td>Y</td>
</tr>
<tr>
<td>• Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
</tr>
<tr>
<td>Harmful items are stored appropriately and away from children:</td>
<td></td>
</tr>
<tr>
<td>• Sharp or pointed items</td>
<td>Y</td>
</tr>
<tr>
<td>• Medications of any kind</td>
<td>Y</td>
</tr>
<tr>
<td>• Matches, lighters and flammable products</td>
<td>Y</td>
</tr>
<tr>
<td>• Alcoholic beverages</td>
<td>Y</td>
</tr>
<tr>
<td>• Guns</td>
<td>Y</td>
</tr>
<tr>
<td>• Cleaning agents</td>
<td>Y</td>
</tr>
<tr>
<td>• Poisonous substances</td>
<td>Y</td>
</tr>
</tbody>
</table>
### General Cleanliness Standards

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

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

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

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

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

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

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

Diapering procedures are followed.

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

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

### Child Abuse, Neglect and Mistreatment Standards

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

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

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: Bedroom Closet

Item Specification (if needed):
- 4 D batteries
- Gloves
- Cold pack
- Alcohol wipes
- Band-aids
tape
- Gauze
- Ointment
- Ointments
- 1 pant
- 1 box of
- 8 diapers
- 2 16oz bottles of water
- Container each of apple sauce, baby food, carrots, Cookie snacks, toy phone, toy car, book

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: Glendora

Last Name: Small

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 baby, grab the ERTB and head to the bathroom. The room has one door and no window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent before going to shelter and then after they are and secure.

Evacuation Procedures:
The provider will call Lyft car service then grab the emergency bag and diaper bag, gather the baby, then proceed to the Lyft where she will secure the baby in his rear facing car seat before being driven to the primary evacuation location, which is the . Once at the location, they will shelter in the bedroom which has 2 windows and two doors. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is the . The provider will call Lyft, grab the emergency bag and diaper bag, gather the baby, then proceed to the Lyft car where she will secure the baby in his rear facing car seat, before being driven to the location. The provider will call the parents before leaving the care location to let her know they are on their way. They will shelter in the bathroom that has no window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and after they are secure in the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Glendora Small</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Date: 12/23/2022</td>
</tr>
<tr>
<td>Date: 12/24/2022</td>
<td>Phone: [redacted]</td>
</tr>
</tbody>
</table>
**INFORMAL CARE INSPECTION CHECKLIST**

**Inspection Date:** 06/22/2023  
**Time In:** 10:30 AM  
**Time Out:** 11:32 AM  
**Result:** PASSED

---

### Informal Care

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

---

### Provider Information

- **First Name:** Angie  
- **Last Name:** Smith  
- **Provider ID:** 515494  
- **Email:**

---

### Care Location Inspected

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

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

- **Scholarship:**  
- **Date of Birth:** (07/21/2022)  
- **Age Present (Y/N):** 11 mos. / Y

---

### Safety of the Home

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

#### Health and Safety Training:

**Basic Health and Safety Training Completed?**

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

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

- **Item:**  
- **Standard Met Y/N:**
- **Comments/Notes:**

- **Is in good repair**  
- **Y**  
- **All areas were clean**

- **Is free of insect or rodent infestation**  
- **Y**  
- **No evidence of infestation**

- **Is well-lit and well-ventilated**  
- **Y**  
- **All lights were turned on and natural window lighting**

- **Has hot and cold running water**  
- **Y**  
- **Tested by provider and stream observed on camera**

- **Has a working inside toilet**  
- **Y**  
- **Flushed by provider and observed**

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

- **Has a working and safe heating system**  
- **Y**  
- **Thermostat tested by provider for cooling & heating**

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

- **Has a working telephone**  
- **Y**  
- **Outbound call made to provider's phone**

- **Has operational smoke detector(s)**  
- **Y**  
- **Tested by provider and observed**

- **Has first aid kit/supplies**  
- **Y**  
- **Stored on in drawer in bathroom (Band-Aids, Gauze, Ointment)**

- **Has protective coverings on any electrical outlet that is accessible to children**  
- **Y**  
- **All outlets covered or occupied**

---

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

- **Item:**  
- **Standard Met Y/N:**
- **Comments/Notes:**

- **Sharp or pointed items**  
- **Y**  
- **Stored in knife holder on back of counter**

- **Medications of any kind**  
- **Y**  
- **Stored on high shelf in kitchen cabinet**

- **Matches, lighters and flammable products**  
- **Y**  
- **Moved to high kitchen cabinet**

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

- **Toxic substances**  
- **Y**  
- **Does not own**

- **Cleaning agents**  
- **Y**  
- **Cleaning products stored in locked kitchen and bathroom cabinets**

- **Poisonous substances**  
- **Y**  
- **Does not own**

---

### GENERAL CLEANLINESS STANDARDS

**Standard Met Y/N**

---

**Return to:**  
ccs.informalproviders@maryland.gov

---

Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th>All areas of the home are kept clean, including diapering area.</th>
<th>Y</th>
<th>Provider has pack &amp; play in upstairs room or changes child on changing pad downstairs in living room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td>Diapers taken out daily via diaper genie or outside 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 available in child’s bedroom</td>
</tr>
<tr>
<td>Diapering procedures are followed.</td>
<td>Y</td>
<td>---</td>
</tr>
<tr>
<td>Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:</td>
<td></td>
<td>---</td>
</tr>
<tr>
<td>• Toilleting;</td>
<td>Y</td>
<td>---</td>
</tr>
<tr>
<td>• Diapering;</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>• Before food preparation and eating;</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>• After playing outdoors; and</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>• At other times when necessary to prevent the spread of disease.</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

| A child in care is not subjected to mistreatment, including: | Y | --- |
| • Any deliberate act that hurts a child physically or emotionally, including: | --- | --- |
| • Spanking, 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>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>---</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>---</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>---</td>
</tr>
<tr>
<td>Thermometer</td>
<td>---</td>
</tr>
<tr>
<td>Bottled water</td>
<td>---</td>
</tr>
<tr>
<td>Non-perishable food</td>
<td>---</td>
</tr>
<tr>
<td>Diapers</td>
<td>---</td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td>---</td>
</tr>
<tr>
<td>Backpack(s) or carrying case(s)</td>
<td>---</td>
</tr>
<tr>
<td>Consider special toys or games</td>
<td>---</td>
</tr>
<tr>
<td>Heavy Duty Scissors, duct tape/ packing tape &amp; sealing plastic/trash bags</td>
<td>---</td>
</tr>
</tbody>
</table>

MSDE OCC Informal Care Inspection Checklist  
Page 2 of 3  
Revised 10/2021
Medications

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

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

Location of the Emergency Ready-to-Go Pack: Stored at top of basement near exit

Item Specification (if needed):
- 1 flashlight, 2 additional AA batteries in case, 1 first aid kit, 1 roll of duct tape, 1 roll of trash bags, 6 bottled waters, 1 duffle bag (carrying case), 2 empty boxes, 3 baby bottles, 3 canned foods, 4 dried foods, 3 baby foods/formula, 1 pk of wipes and diapers, 2 pouches (top/bottom), 1 blanket, 1 pair of scissors, 4 small toys, and folder w/ EPP and ECMA docs
- Items to be reviewed on 11/01/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: Shelby
- Last Name: Smith

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

Shelter In Place Procedure:
The provider will gather the child and ERTG and go to the second floor laundry room (1 door 0 windows). If needed the provider will use sealing plastic and tape to seal the door and remain there until the emergency has ended. The provider will call or text the parent once they inside and safe.

Evacuation Procedures

Primary: The provider will account for the child and grab the ERTG. The provider will secure the child in the rear-facing car seat and then drive upon arrival the provider will receive instruction from where to shelter and then contact the parent via call or text to inform her they are there.

Alternate: If they could not access the primary location, the provider will account for the child and grab the ERTG. The provider and child will head to her vehicle and she will secure the child in the rear-facing car seat. She will drive to the location which is secured in the location the provider will call or text the parent with emergency updates.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Angie Smith</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 06/22/2023</td>
<td>Date: 06/22/2023</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care Inspection Checklist**

**Inspection Date:** 04/14/2022  
**Time In:** 1:45PM  
**Time Out:** 3:32PM  
**Result:** Passed if form is returned by 5:00PM on 4/15/2022

**Type of Care:**
- [ ] Non-relative Informal Provider Care  
- [x] Relative Informal Provider Care

**Provider Information**

- **First Name:** Belinda  
- **Last Name:** Smith  
- **Provider ID:** 484899  
- **Email:**

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/21/2009</td>
<td>12/Yes</td>
</tr>
<tr>
<td></td>
<td>4/13/2016</td>
<td>7/Yes</td>
</tr>
<tr>
<td></td>
<td>6/22/2016</td>
<td>5/Yes</td>
</tr>
<tr>
<td></td>
<td>11/8/2018</td>
<td>3/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.

<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>

**Health and Safety Training:**

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

**Home Is Free of Health and Safety Hazards:**

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

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

**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/N Corrective Action/Timeframe if needed</td>
<td></td>
</tr>
</tbody>
</table>

- Moved to higher cabinet
- Hall closet
- None
- None
- Moved to laundry
### GENERAL CLEANLINESS STANDARDS

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

- All areas of the home are kept clean, including diapering area.
- Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.
- Child is changed immediately when 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:
  - 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
- Folder or binder for EPP documents
- Batteries for Flashlight
- Non-perishable food
- Backpack(s) or carrying case(s)
- Portable First Aid Kit
- Diapers
- Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Thermometer</td>
<td>☐ Blanket(s)</td>
</tr>
<tr>
<td>☐ Change of clothes</td>
<td>☐ Heavy Duty Scissors, duct tape/ packing tape &amp; sealing plastic/ trash bags</td>
</tr>
</tbody>
</table>

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

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

**Location of The Emergency Ready to go Pack:** In the office

**Item Specification (if needed):**
- Tweezers, scissors, band aid, wounds and burn kit, gauze ice pack CPR/AED, alcohol wipes, Q-tips ointments, Tylenol
- 3 C batteries, 3 Pull ups, 4 Shorts, 4 shirts, 4 under ware, 4 t-shirt, pants, 2 large blankets
- 4 toys dinosaurs, 4 books and tablets
- 4 16oz. Water bottles, tuna, chef Boyardee, crackers, beans,

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

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

**Planning and Maintenance**

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

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

**Shelter In Place Procedure:**
- The provider will gather the children[Redacted] and the emergency to go bag and head to the family room in the basement where she will do a roll call to make sure everyone is accounted for. The family room has a patio window and provider will seal the windows with plastic if the need arose. Once secure the provider will call the parent.

**Evacuation Procedures:**
- The provider will gather the children[Redacted] and the emergency to go bag and head to the car where she will secure the children in car seat, booster seat and seat belt before driving to [Redacted]. Provider has a code to enter through the garage and head to [Redacted] basement. If the need arose to they would seal the windows with plastic. If they could not go to the primary location, they will go to alternate evacuation location to [Redacted] which is walking distance. Once let in [Redacted] they will go to the basement to shelter. Provider will contact parent once they are secure.

**Signatures & Date**

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Printed Name:</strong> [Redacted]</td>
<td><strong>Printed Name:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Signature:</strong> [Redacted]</td>
<td><strong>Signature:</strong> [Redacted]</td>
</tr>
<tr>
<td><strong>Date:</strong> 4/15/2022 <strong>Phone:</strong> [Redacted]</td>
<td><strong>Date:</strong> 04/14/2022 <strong>Phone:</strong> 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

- **First Name:** Katherine
- **Last Name:** Smith
- **Provider ID #:** [Redacted]
- **Provider ID:** 417460
- **Email:** [Redacted]

**Inspection Checklist**

- **Inspection Date:** 11/08/2022
- **Follow Up Inspection:** 11/14/2022
- **Time In:** 10:30AM
- **Time Out:** 11:54AM
- **Result:** Failed. Follow up needed.

**Follow Up Inspection:**

- **Time In:** 9:00AM
- **Time Out:** 9:28AM
- **Result:** PASSED

---

**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

---

**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>3/18/2010</td>
<td>12</td>
<td>No At school</td>
</tr>
<tr>
<td></td>
<td>6/5/2012</td>
<td>10</td>
<td>No At school</td>
</tr>
<tr>
<td></td>
<td>11/30/2016</td>
<td>6</td>
<td>No At school</td>
</tr>
</tbody>
</table>
### GENERAL CLEANLINESS STANDARDS

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

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

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

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

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

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

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

Location of the Emergency Ready to Go Pack: On shelf in basement

Item Specification (if needed):
2 Short sleeve shirt, 2 long sleeve shirt, 2 Jean pants, 2 Pants, dress, 1 shorts & underwear, 3 Pajamas, socks, 5 blankets
Band-Aids, tape, burn cream, first aid cream, alcohol wipes, cold pack, tweezers, pain relief
6 16oz bottles of water, 6 C batteries, 2 AA batteries, 3 cups mac & cheese, can of corn, green beans & yarn
Boogie bars, finger puppets, tapes, 3 books, books,

Items to review on 11/14/2022 if needed: Observed 11/14/2022

Outlet covers in dining room, hallway, Family room, Kids rooms
Emergency Care & Medication for all the children in the bag. Heavy duty scissors,
Cleaners moved out from under kitchen sink & bathroom, knives out of top drawer, butcher knife block moved higher, paints in basement moved higher shelf,

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will gather the children and go down stairs to the laundry room. The ERTS will already be on the shelf in the laundry room. If the need should arise the provider will use plastic and tape to seal the shelter door, there are no windows. The provider will call the parent once they are situated and secure in the laundry room.

Evacuation Procedures:
The provider will grab the emergency bag, have the children grab their bag packs, and head to the provider's vehicle where she will make sure all the children are buckled in their seat belts, before driving to the primary evacuation location.

Once at the location, they will shelter in the family room which has one window and one door. The provider will call the parent to let her know and also have [redacted] to let her know they are on the way. Provider will periodically call the parent to update her on their situation.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [redacted] The provider will grab the emergency bag, the children, proceed to the provider's vehicle where she will make sure the children are buckled in their seat belts, before driving to the location. The provider will call [redacted] are in the car to tell her they are on their way. They will shelter in the den that has two small 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 parent before leaving the care location and after they arrive at the alternate evacuation location.

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Katherine</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 11/14/2022</td>
<td>Date: 11/14/2022</td>
</tr>
</tbody>
</table>
**Informal Care**

**Type of Care (check one):** □ Non-relative Informal Provider Care □ 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>Kim</td>
<td>Smith</td>
<td>522688</td>
<td></td>
</tr>
</tbody>
</table>

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present</th>
<th>Y</th>
<th>N</th>
<th>D</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(06/06/2014)</td>
<td>9yr</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(06/14/2010)</td>
<td>13yr</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

### Health and Safety Training:

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

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

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

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

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

**Comments/Notes**

- All areas were clean
- No evidence of infestation
- All lights were turned on and natural window lighting
- Tested by provider and steam observed via kitchen sink
- Flushed by provider and observed
- Thermostat tested by provider for cooling & heating
- Tested by provider and observed
- Outbound call made by informal team to provider's phone
- Tested by provider and observed
- First aid kit stored in parent's bedroom
- All outlets covered or occupied
- Stored on top of kitchen cabinet in knife holder
- Does not own
- Does not own
- Does not own
- All cleaning products moved to top shelf of hallway closet
- 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>No diaper age children in care</td>
</tr>
</tbody>
</table>

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

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

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

Diapering procedures are followed.

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<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 end note below if needed.

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

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

Location of The Emergency Ready to go Pack: Stored on coat rack by exit door
Item Specification (if needed):
- 2 flashlights, 3 AAA batteries, 1 first aid kit, 1 thermometer, no specific medications, 3 bottled waters, 1 pk of noodles, 2 canned foods, 2 outfits (top/bottom), 1 blanket, folder w/ EPP and ECNA does per child, 1 toy, 1 puzzle book, 1 pair of scissors, 1 roll of duct tape, and 3 trash bags
- Items to be repaired 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: Sykes
Last Name: Mitchell

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 downstairs bedroom (1 door 1 window). The provider will use the sealing plastic and tape to seal the door and window if needed. The provider will call, text or email if needed to inform the parent of emergency updates.

Evacuation Procedures
Primary: The provider will gather both children, the ERTG and secure the children by hand-holding to  Upon arrival the provider will  Once secured the provider will call, text or email the parent if needed with emergency updates.

Alternate: If they could not access the primary location, the provider will gather both children, the ERTG and secure the children by hand-holding to  Upon arrival the provider will  about where to shelter specifically. Once secured the provider will call, text or email the parent if needed with emergency updates.

Care Hours:

Signatures & Data

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: Kim Smith
Signature: [Signature]
Date: 11/2/23

INSPECTOR

Printed Name: [Name]
Signature: [Signature]
Phone: [Number]
Date: 11/02/2023
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:** Roslyn
- **Last Name:** Smith
- **Provider ID:** 280068
- **Email:**
- **Street Address:**
- **City:**
- **County:**
- **State:**
- **Zip Code:**

**Care Location Inspected**

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/20/2008</td>
<td>14 / No, At School</td>
</tr>
<tr>
<td></td>
<td>4/17/2010</td>
<td>12 / No, At School</td>
</tr>
<tr>
<td></td>
<td>9/26/2013</td>
<td>9 / No, At School</td>
</tr>
<tr>
<td></td>
<td>1/19/2015</td>
<td>8 / No, At School</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

<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>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></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>Steam observed</td>
</tr>
<tr>
<td>Has hot and cold running water</td>
<td>Y</td>
<td>Flush observed</td>
</tr>
<tr>
<td>Has a working inside toilet</td>
<td>Y</td>
<td></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>Digital thermostat dialed up</td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td>Provider’s cell called</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>Band aids, aquaphor, q-tips, Rubbing Alcohol</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>In use or behind furniture</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>Back of counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>None</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></td>
</tr>
<tr>
<td>Guns</td>
<td>Y</td>
<td>Cabinet must be locked in kitchen and bathroom</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Observed</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>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></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 N/A</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, Bitting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Washing a child’s mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services, Child Placing Services Unit.</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

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

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

Item Specification (if needed):
- 2 AA batteries, 3 sweat pants, 1 pair jeans, 4 shirts, 3 large blankets
- Band aids, bandages, peroxide, ointment, gauze, tape
- Puzzles, Board games Jumanji, checkers, chess, tic tac toe
- 4 16oz bottles of water, 2 cans of tuna, Soup, Fruit cocktail, 4 large ramen soup bowls

Items to review on 1/26/2023 if needed: Observed 01/26/2023

Lock cabinet with cleaning supplies in the kitchen and the upstairs bathroom.

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 Roslyn | Last Name Smith

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 all the children by name to come downstairs and shelter to the foyer of the home by the front door which has no windows. The emergency bags are already stored in the foyer. If the need arises the provider will use plastic and tape to seal the door. The provider will call the parent as soon as the provider knows that there is a shelter in place emergency and will keep updating the parent every 15 minutes.

Evacuation Procedures:
The provider will call all the children by name and them, grab the 3 emergency bags, and proceed to the provider's vehicle where she will put them in their booster seats and the older children their seatbelts, before driving to the primary evacuation location, which is ... know they are on their way. Once at the location, they will shelter in the living room which has two windows and one door. The provider will call the parents before leaving the care location and immediately after they are secure in the evacuation location she will keep updating the parent every 15 minutes.

The alternate evacuation location is ... provider will grab the emergency bags, gather the children, then proceed to the provider's vehicle where she will put them in their booster seats and the older children their seatbelts before driving to the location. The provider will call the parent before letting them know they are on their way. They will shelter in the living room that has two windows and one door. If the need arises the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and immediately after they are secure in the alternate evacuation location she will keep updating the parent every 15 minutes.

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: Smith</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature: [redacted]</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 1/26/2023</td>
<td>Date: 01/26/2023</td>
</tr>
<tr>
<td>Phone: [redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

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

**Provider Information**

First Name: Katherine  
Last Name: Smith  
Provider ID: 417460  
Email: 

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03/16/2010</td>
<td>11</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>05/05/2012</td>
<td>9</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>11/30/2015</td>
<td>5</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?  
  - Standard Met Y/N: N/A  
  - Comments/Notes: Relative Informal Care

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

- Is in good repair  
  - Standard Met Y/N: Y  
  - Comments/Notes: Home improvement in the basement

- Is free of insect or rodent infestation  
  - Standard Met Y/N: Y

- Is well-lit and well-ventilated  
  - Standard Met Y/N: Y

- Has hot and cold running water  
  - Standard Met Y/N: Y

- Has a working inside toilet  
  - Standard Met Y/N: Y

- Has utilities for cooking, lighting and heating  
  - Standard Met Y/N: Y

- Has a working and safe heating system  
  - Standard Met Y/N: Y

- Has a working refrigerator and stove  
  - Standard Met Y/N: Y

- Has a working telephone  
  - Standard Met Y/N: Y

- Has operational smoke detector(s)  
  - Standard Met Y/N: Y

- Has first aid kit/supplies  
  - Standard Met Y/N: Y

- Has protective coverings on any electrical outlet that is accessible to children  
  - Standard Met Y/N: Y  
  - Comments/Notes: All outlets are covered with furniture or being used by other items

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

- Sharp or pointed items  
  - Standard Met Y/N: Y  
  - Comments/Notes: Top shelf, out of reach

- Medications of any kind  
  - Standard Met Y/N: Y  
  - Comments/Notes: Top cabinet also

- Matches, lighters and flammable products  
  - Standard Met Y/N: Y  
  - Comments/Notes: No of these items in household

- Alcoholic beverages  
  - Standard Met Y/N: Y  
  - Comments/Notes: No guns in household

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

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

Disaster Supply Kit Comments/Notes: Reschedule EPP documents review on Monday, speak with . Completed review of Emergency Preparedness and Medical Emergency form on 8/2 @ 10:45 am.

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: Provider's Vehicle (Van)

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Katherine Smith</td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 08/11/2021</td>
<td>Date: 07/30/2021</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
### Informal Care

**Inspection Date:** 01/19/2022  
**Time In:** 1:30 pm  
**Time Out:** 2:30 pm  
**Result:** Approved

#### Provider Information

- **First Name:** Roslyn  
- **Last Name:** Smith  
- **Provider ID:** 280068

#### 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>01/19/2015</td>
<td>6 Years</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>04/17/2010</td>
<td>11 Years</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>08/26/2013</td>
<td>8 Years</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>08/20/2008</td>
<td>13 Years</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.  

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

#### Health and Safety Training:

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

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

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

- **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:

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

---

**MSDE OCC Informal Care Inspection Checklist 2020-03-26**  
**Page 1 of 4**
### General Cleanliness Standards

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Clutter was removed from the home. Home is clear of safety hazards.</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 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:
  - 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

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

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

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

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

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit

- **Flashlight**
- **Bottled water**
- **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**

---

MSDH OCC Infant Care Inspection Checklist 2/26/03-26  | Page 2 of 4
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)?

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

Location of Emergency Ready to Go Pack: 3 bags Near the front door under a table.

Item Specification (if needed):
- First Aid Kit: Scissors, cold compress, insect relief, gauze, bandages, peroxide, forehead scanning thermometer
- Blue Jeans
- Blue Jacket
- White and black polka dot shirt
- Blue Jeans, White Tshirt
- Blue Jeans, Green long sleeve top
- Dark blue Jeans and a baby blue shirt
- Nonperishable Foods: Canned tuna, Canned Soup, 4 Packs of Ramen
- Bottled Water: 4 16.9 oz waters
- Children aren't in diapers
- 4 Large Blankets Red and
- Lantern style flash light
- 3 AA Batteries
- Game: Chess, Checkers, Tic Tac Toe, ?Puzzle, Family Feud, Jumanji Board Games
- Red Scissors, White Duct Tape, 4 Large Trash Bags
- ECMA:

Emergency Documents

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

Planning and Maintenance

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

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

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

Shelter In Place Procedures:

The Provider will contact the parent via email as well as contact the parent via the oldest child, grab the ERTGB, count out each child and shelter in the foyer(1 door 0 windows).

Evacuation Procedures:

The Provider will call each child by name, age and number and have them meet in the foyer. Grab the ERTGB and go to the 6 passenger van, open all doors and put the 2 youngest children in the booster seat and the 2 oldest in the seat belt. The oldest child will be in the front seat. The provider will then put the ERTGB in the trunk and drive to [Redacted] and call him to inform him of their arrival. Prior to arrival the provider will contact the parent to inform him of their relocation. Upon arrival the children and provider will number and have them meet in the foyer. Grab the ERTGB and go to the 6 passenger van, open all doors and put the 2 youngest ERTGB in the trunk and drive to [Redacted] to inform her that they will be sheltering at her home. The provider will then put the parent and inform her of the change in location. Once the provider arrives she and the children will shelter in the living room(1 door 2 windows).

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

MNCCE OCC Informed Care Inspection Checklist 2020-03-26 Page 3 of 4
<table>
<thead>
<tr>
<th>Safety of the Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>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</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 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></td>
</tr>
<tr>
<td>Has a working refrigerator and stove</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has a working and safe heating system</td>
<td>Y</td>
<td>Thermostat tested by provider for cooling &amp; heating</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>Outbound call made by informal team to provider's phone</td>
</tr>
<tr>
<td>Has first aid kit/supplies</td>
<td>Y</td>
<td>Tested by provider and observed</td>
</tr>
<tr>
<td>Has protective coverings on any electrical outlet that is accessible to children</td>
<td>Y</td>
<td>First aid kit stored in hallway closet</td>
</tr>
<tr>
<td>Harmful items are stored appropriately and away from children:</td>
<td>Standard Met</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Sharp or pointed items</td>
<td>Y</td>
<td>Knife holder stored on back of kitchen counter</td>
</tr>
<tr>
<td>Medications of any kind</td>
<td>Y</td>
<td>Stored in hallway closet moved to higher shelf</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>Stored on bar counter but moved to top shelf of laundry room for safety</td>
</tr>
</tbody>
</table>
### Guns
- Does not own

### Cleaning agents
- Cleaning products stored in locked kitchen cabinet

### Poisonous substances
- Bug/Weed Killer moved to top shelf on laundry rack

### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>No 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>Trash thrown away daily via trash cans</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
</tbody>
</table>

### Handwashing procedures are followed.
- 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</th>
<th>Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td>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: | 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, Belize, Hitting, Shaking | |
| Any other means of physical discipline | |
| Not attending to a child’s physical needs | |
| Shouting, Cursing, Shaming, Ridiculing | |
| Washing a child’s mouth with soap | |
| Putting pepper or other spicy or distasteful items in a child’s mouth | |
| Requiring a child to stand on one foot as punishment | |
| Tying child to a cot or other equipment | |

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

---

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

---

MSDE OCC Informal Care Inspection Checklist  Page 2 of 3  Revised 10/2021
Thermometer
Change of clothes
Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)
Blanket(s)

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

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

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

Item Specification (if needed):
- 2 backpacks (carrying case), 3 flashlights, 1 pk of AA and D batteries, 1 first aid kit, 1 thermometer, no specific med., 5 bottled waters, 6 canned foods and additional snacks, 1 large emergency blanket, 1 roll duct tape, 3 trash bags, 1 pair of scissors, 3 outlet stoppers, 1 bag of toys and folder w/ EPP and ECMA docs per child.

Items to be reviewed on 09/20/2023. Corrected & Reviewed on 09/20/2023.
- ERTG: Change of Clothes for Ea. Child
- Toys or Games for 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: Shambria
Last Name: Smith

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

Shelter in Place Procedure:
The provider will account for the children and grab the ERTG bags and go into the basement (1 door 1 window). The provider will lock all doors and windows. The provider will use the sealing plastic and tape to seal the door and window if needed. Once secured the provider will call and text the parent with emergency updates.

Evacuation Procedures
Primary: The provider will account for the children, grab the ERTG bags and will head to the provider’s vehicle, all while holding each other’s hands. The provider will secure the youngest child in his forward-facing car seat and the middle child in a booster seat and oldest child in her car seat belt. The provider will drive to the location once inside the provider and children would shelter in (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will account for the children, grab the ERTG bags and will head to the provider’s vehicle, all while holding each other’s hands. The provider will secure the youngest child in his forward-facing car seat and the middle child in a booster and oldest child in her car seat belt. The provider will drive to the location once inside the provider and children would shelter in (1 door 1 window). Once secured the provider will call or text the parent with emergency updates.

Care Hours:

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 10-01-2023</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Date: 09/20/2023</td>
</tr>
</tbody>
</table>
In informal care

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

**Provider Information**
- **First Name:** Cecilia
- **Last Name:** Solomon
- **Provider ID:** 462624
- **Email:** Email:
- **Street Address:**
- **City:**
- **County:**
- **State:**
- **Zip Code:**

**Care Location Inspected**
- **Street Address:**
- **Address Verified:** Yes
- **Name of Children in Care (add pages if needed):**
  - [ ] 11/30/2018 3 /Yes
  - [ ] 02/15/2013 8 /Yes

**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

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

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

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

**Provider Information**

First Name: **Austine**  
Last Name: **Spriggs**  
Provider ID #: [redacted]  
Email: [redacted]

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(03/07/2014)</td>
<td>9yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(11/18/2015)</td>
<td>7yr.</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>(04/17/2017)</td>
<td>6yr.</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.

<table>
<thead>
<tr>
<th>Health and Safety Training:</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>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 operational smoke detector(s)
- Has first aid kit/supplies
- Has protective coverings on any electrical outlet that is accessible to children

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Corrective Action Completed: 2 Knife holders moved to back kitchen counter</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Stored in top kitchen cabinet/ Locked provider's bedroom</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Does not own</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Corrective Action Completed: Alcohol removed from home</td>
<td></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>
</tbody>
</table>

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

### CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

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

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

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

### 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

-方向: 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>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight</td>
<td>Bottle water</td>
</tr>
<tr>
<td>Batteries for Flashlight</td>
<td>Non-perishable food</td>
</tr>
<tr>
<td>Portable First Aid Kit</td>
<td>Diapers (N/A)</td>
</tr>
<tr>
<td>Folder or binder for EPP documents</td>
<td>Backpack(s) or carrying case(s)</td>
</tr>
<tr>
<td>Consider special toys or games</td>
<td></td>
</tr>
</tbody>
</table>
Location of The Emergency Ready to go Pack: Stored in the coat closet by exit
- 1 duffle bag (carrying case), 1 first aid kit, 1 thermometer, 1 flashlight, 1 pk of AAA batteries, 4 toys, no specific medications, 8 bottled waters, 4 canned foods, 3 outfits (top/bottom), 1 large blanket, 1 pair of scissors, roll of sealing plastic 1 roll of duct tape, 2 card games and folder w/ EPP and ECMA does per child

Items to be reviewed on 12/7/2023: Corrected & Reviewed on 12/7/2023
- Outlet covering needed
- Alcohol moved to safe location
- Sharp knives moved to back of counter
- Cleaning products moved in basement/upstairs bedroom or door lock added

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: Austine | Last Name: Spriggs

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, lock all doors and windows and head to the upstairs bathroom (1 door 0 window). If needed the provider will seal the door and vent with sealing plastic and tape. The provider will call the parents or 911 if it is an immediate emergency.

Evacuation Procedures
Primary: The provider will gather all children, perform a head count and grab the ERTG. The provider and children will use the hand-holding buddy system. Upon arrival the provider will receive instructions from about where they should shelter. Provider will call the parent with emergency updates.

Alternate: If they could not access the primary location, the provider will gather all children, perform a head count and grab the ERTG. The provider will use the hand-holding buddy system upon arrival the provider will call the

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: Austine Spriggs
Signature: ____________________________
Date: 12/7/2023

INSPECTOR
Printed Name: ____________________________
Signature: ____________________________
Date: 12/7/2023 | Phone: 1-877-227-0125

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

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

**Provider Information**

- **First Name:** Austine
- **Last Name:** Spriggs
- **Provider ID:** 504527
- **Email:**

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2/2/2011</td>
<td>11</td>
<td>/ N</td>
</tr>
<tr>
<td></td>
<td>3/7/2014</td>
<td>8</td>
<td>/ N</td>
</tr>
<tr>
<td></td>
<td>11/18/2016</td>
<td>7</td>
<td>/ N</td>
</tr>
<tr>
<td></td>
<td>4/17/2017</td>
<td>5</td>
<td>/ N</td>
</tr>
<tr>
<td></td>
<td>4/23/2019</td>
<td>3</td>
<td>/ N</td>
</tr>
</tbody>
</table>

**Safety of the Home**

**Health and Safety Training:**

- **Basic Health and Safety Training Completed?**
- **Certificate Submitted?**

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Yes/No</td>
<td>Comments/Notes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>N</td>
<td>Does not own</td>
</tr>
<tr>
<td>Guns</td>
<td>N</td>
<td>Does not own</td>
</tr>
<tr>
<td>Cleaning agents</td>
<td>Y</td>
<td>Corrective Action Completed on 01/18/2023</td>
</tr>
<tr>
<td>Poisonous substances</td>
<td>Y</td>
<td>Provider has grass weed killer in her shed outside the home</td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td>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>No diaper age children in care</td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td>No diaper age children in care</td>
</tr>
<tr>
<td>Diapering procedures are followed.</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>No diaper age children in care</td>
</tr>
</tbody>
</table>
| • Toileting;  
• Diapering;  
• Before food preparation and eating;  
• After playing outdoors; and  
• At other times when necessary to prevent the spread of disease. | Y | No diaper age children in care |

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>Standard Met</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>No diaper age children in care</td>
</tr>
</tbody>
</table>
| • Physical injury  
• Any sexual abuse  
• Mental injury | Y | No diaper age children in care |
| A child in care is not subjected to any form of neglect, including: | Y | No diaper age children in care |
| • 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 | No diaper age children in care |
| A child in care is not subjected to mistreatment, including: | Y | No diaper age children in care |
| • Any deliberate act that hurts a child physically or emotionally, including:  
• Spanking, Biting, Hititng, 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 | No diaper age children in care |

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

Diapers (N/A)

Thermometer

Change of clothes

Medications

Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Front room closet near exit

Item Specification (if needed):
- 1 pack of AA batteries, 1 flashlight, 4 canned foods, powder milk, 1 roll of sealing plastic, 1 pair of scissors, 1 roll of duct tape, 1 thermometer, 1 portable first aid kit, no diaper age children in care, 5 outfits per child, folder w/ ECMA for all children and EPP forms, 6 bottled waters, 1 big blanket, 2 card games.

Items to review on 01/18/2023 if needed: Corrected & Reviewed on 01/18/2023
- Locks for cabinets and draws in kitchen
- Outlet covers in living room, kitchen, bathroom, upstairs hallway, upstairs bathroom and master bedroom
- ERTG needs: 6 bottled waters, 1 pack of UNO cards

Emergency Documents

Information 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
--- | ---
Austine | Spriggs

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 and ERTG and go into the Provider will use sealing plastic and tape to seal door if needed and contact the parent via call or text once they are secured in the location.

Evacuation Procedures:
The provider will grab the emergency bag, gather the children, utilizing the Provider will call the parent to relay the information that they are secure and then call 911 if necessary.

If the provider and children cannot go to the primary location they will go to the alternate location which Provider will grab the ERTG bag and the children using the Upon arrival, provider will have back door access to the (1 door 1 window) of the they are secured the provider will call the parent to alert her of the emergency.

Signatures & Date

Acknowledgement By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. 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: Austine Spriggs
Printed Name: 
Signature: 
Date: 01/18/2023

INSPECTOR
Printed Name: 
Signature: 
Date: 01/18/2023 Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist

Page 3 of 3 Revised 10/2021
**Informal Care**

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

**Provider Information**

<table>
<thead>
<tr>
<th>Provider ID:</th>
<th>482992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</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?**

- [x] Yes

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/23/2020</td>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**Safety of the Home**

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

**Health and Safety Training:**

<table>
<thead>
<tr>
<th>Basic Health and Safety Training Completed?</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

- Sharp or pointed items: [x] Yes
- Medications of any kind: [x] Yes
- Matches, lighters and flammable products: [x] Yes
- Alcoholic beverages: [x] Yes
- Guns: [x] Yes
- Cleaning agents: [x] Yes
- Poisonous substances: [x] Yes
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>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>Y</td>
<td></td>
</tr>
<tr>
<td>Toileting;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before food preparation and eating;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After playing outdoors; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At other times when necessary to prevent the spread of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Comments/Notes</th>
<th>Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
<td></td>
<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>Y</td>
<td></td>
</tr>
<tr>
<td>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any deliberate act that hurts a child physically or emotionally, including:</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Spanking, Biting, Hitting, Shaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other means of physical discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not attending to a child’s physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shouting, Cursing, Shaming, Ridiculing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing a child’s mouth with soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting pepper or other spicy or distasteful items in a child’s mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requiring a child to stand on one foot as punishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tying child to a cot or other equipment</td>
<td></td>
<td></td>
</tr>
<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
- Change of clothes
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- Consider special toys or games
- Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

MSDE OCC Informal Care Inspection Checklist

Page 2 of 3

Revised 10/2021
Medications

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

Blanket(s)

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 closet by the front door.

Item Specification (if needed):
4 16oz water bottles, canned Beans, ravioli, soup, paste
First aid kit - band aide, ointment, alcohol wipes gauze, tape, tweezers, burn cream, gloves,
4 diapers & pack of baby wipes
2 tops, 2 pants,
Baby Tylenol, masks,
2 AA batteries, 4 C batteries
Barcley ball, book

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

Emergency Documents

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

Planning and Maintenance

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

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

Shelter In Place Procedure:
The provider will call parent and communicate what’s going on then grab the child and the emergency bag, unlock child gate and go down the stairs to the basement. The basement has two small windows and two doors.

Evacuation Procedures:
The provider will contact parent than grab the child and the emergency to go bag. Provider will then proceed to her vehicle where she will secure the child in his car seat and drive to the primary evacuation location. If driving was not an option.

Alternate Location:
The provider will call parent, grab the baby and emergency bag. The provider will then proceed to her vehicle where she will secure the child in his car seat and drive to the alternate evacuation location. If driving was not an option provider can secure baby in stroller and walk down to 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.

PROVIDER

Printed Name: Daniella Stanley
Signature: [signature]
Date: 03/09/2022

INSPECTOR

Signature: [signature]
Date: 03/09/2022
Phone: 1-877-227-0125

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

**Inspection Date:** 4/16/2024  
**Time In:** 1:31 pm  
**Time Out:** 2:31 pm  
**Result:** Passed

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

**Provider Information**

- **First Name:** Luciana  
- **Last Name:** Stewart  
- **Provider ID #:** 544630  
- **Provider 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>3/01/2023</td>
<td>1</td>
<td>Y</td>
</tr>
</tbody>
</table>

---

**Safety of the Home**

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

**Health and Safety Training:**

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

---

MSDE OCC Informal Care Inspection Checklist 2020-03-36  
Page 1 of 3
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</td>
<td>Corrective Action / Timeframes if needed</td>
</tr>
</tbody>
</table>

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

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

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

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

---

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

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

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

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? YES
Location of Emergency Ready-to-Go Pack: ON THE COAT RACK NEAR THE FRONT DOOR

Item Specification (if needed):
- SEALING PLASTIC, DUCT TAPE & SCISSORS
- MUFFINS, SOUP, APPLE SAUCE
- 2 BOTTLED WATERS
- SOLAR POWERED FLASHLIGHT AND LARGE FLASHLIGHT WITH DIAPERS AND WIPES
- TOY CONTROLLER

To be observed for compliance on:

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

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

First Name Luciana
Last Name Stewart

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 and the ERTG bag and contact the parent to inform her of the emergency. The Provider will shelter in a door 2 windows. They will shelter in a door 0 windows if the emergency calls for this protection. The Provider will contact the parent during the emergency and after the emergency is over.

Evacuation Procedures:
The Provider will gather the children and roll the bag to the car. The Provider will secure the children in a rear facing car seat and contact the parent before relocating (1 door 1 window). The Provider will contact the parent upon arrival to the new location and after the emergency is over.

The Provider will gather the children and roll the bag to the car. The Provider will secure the children in a rear facing car seat and contact the parent before relocating (1 door 0 windows). The Provider will contact the parent upon arrival to the new location and after the emergency is over.

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

INSPECTOR

Printed Name: Luciana Stewart
Printed Name: 

Signature: 
Signature: 

Date: 4/16/2024
Phone: 1-877-227-0125
**Virtual Inspection**

**D In-person Inspection**

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

**Child Care Scholarship Program**

**INFORMAL CARE INSPECTION CHECKLIST**

Return to: ccs.informalproviders@maryland.gov

---

**Inspection Date:** 6/05/2024  **Time In:** 3:30pm  **Time Out:** 4:17pm  **Result:** Passed

---

### Informal Care

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

**Provider Information**

- **First Name:** Sharon
- **Last Name:** Stiltner
- **Provider ID:** 552352
- **Email:** 

**Care Location Inspected**

**Street Address:**

**City:**

**County:**

**State:**

**Zip Code:**

---

### 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</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Health and Safety Training Completed?</strong></td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Standard Met</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></td>
</tr>
<tr>
<td>- Is well-ill 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 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>Hazard</th>
<th>Standard Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sharp or pointed items</td>
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<td>- Medications of any kind</td>
<td>Y</td>
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</tr>
<tr>
<td>- Matches, lighter and flammable products</td>
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<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**

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>
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 Met</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subjected to any form of abuse, including:</td>
<td>Y</td>
<td>Corrective Action Timeframe if needed</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, Slapping, Kicking, 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

- **Flashlight**
- **Bottled water**
- **Batteries**
- **Non-perishable food**
- **Portable First Aid Kit**
- **Diapers**
- **Thermometer**
- **Change of clothes**
- **Medications**
- **Blankets(s)**

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

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

Item Specification (if needed):

- To be observed for compliance on:

Emergency Documents

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

Planning and Maintenance

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

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

Shelter in Place Procedures:

The Provider would contact the parent and inform her of the emergency. She will gather the child and the bag and shelter in the 1 door 2 windows. If the need arose for them to shelter (2 doors 4 windows). The Provider will update the Parent once the emergency is over.

Evacuation Procedures:

The Provider will carry the child and carry the emergency bag to evacuation location. The Provider will contact the parent before relocating to the (1 door(s) 4 window(s)). Once inside the Provider will shelter in the (2 door(s) 4 window(s)). The Provider will contact the parent upon arriving to the new location and after the emergency is over.

The Provider will carry the child and carry the emergency bag to evacuation location. The Provider will contact the parent before relocating to her (1 door(s) 1 window(s)). The Provider will go to the this location where she will shelter in the (1 door(s) 1 window(s)). The Provider will contact the parent upon arriving to the new location and after the emergency is over.

CARE HOURS:

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Signatures & Dates

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
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<tbody>
<tr>
<td>Printed Name:</td>
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<tr>
<td>Date: 6/5/2024</td>
<td>Date: 6/05/2024</td>
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<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
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