Child Care Scholarship Program
Informal Child Care Monitoring Inspections

First letter of the provider’s last name.

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

200 West Baltimore Street Baltimore, MD 21201 | 410-767-0100 Deaf and hard of hearing use Relay.

marylandpublicschools.org
**Informal Care**

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

**Provider Information**

First Name: Abner  
Last Name: Také  
Provider ID #: 482955  
Email: 

**Care Location Inspected**

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(11/8/2019)</td>
<td>2yr 2mos/ Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any concern 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 Corrective Action/Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Health and Safety Training Completed?</td>
<td>N/A</td>
<td>Relative Informal Care</td>
</tr>
</tbody>
</table>

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

- Is in good repair: Y  
- 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

Return to: ccs.informalproviders@maryland.gov by 1pm on 03/08/2022.
### GENERAL CLEANLINESS STANDARDS

<table>
<thead>
<tr>
<th>Standard Met</th>
<th>Y</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No diapers, pull ups only</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 the child has a soiled or wet diaper, clothing or bedding.
- Diapering procedures are followed.
- Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after:
  - After eating;
  - 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>Y</th>
</tr>
</thead>
</table>

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

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

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

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

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### Emergency Ready-to-Go Pack

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

**Disaster Supply Kit**

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

- [ ] Flashlight
- [ ] Bottled water
- [ ] Non-perishable food
- [ ] Backpack(s) or carrying case(s)
- [ ] Portable First Aid Kit
- [ ] Diapers (M/A)
- [ ] Consider special toys, books, and games

---

**Note:**

- [ ] Folder or binder for EPP documents
- [ ] Consider special toys, books, and games

---

**Updated 10/1/2021**
**Emergency Supply Kit**

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thermometer</td>
</tr>
<tr>
<td>2. Change of clothes</td>
</tr>
<tr>
<td>3. Heavy Duty Scissors, duct tape, packing tape &amp; sealing plastic/trash bags</td>
</tr>
<tr>
<td>4. Medications</td>
</tr>
<tr>
<td>5. Blanket(s)</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, hallway closet near the exit door.

**Emergency Documents**

- Informs 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:

**Itemized List (if needed):**

- 1 Flashlight
- 4 extra batteries
- 1 first aid kit
- 2 bottled waters
- 1 bottle of pain & fever medication
- 1 shirt, jacket, and pant
- 1 blanket
- 1 thermometer
- 1 pull-up pack of wipes
- 1 small toy
- 1 backpack

**Shelter-in-Place:** Grab the child and the to-go bag. Provider would make sure all windows and doors are locked, they would go into the master bedroom bathroom (1 door 0 windows), the provider will contact the parent via call/text before, during and after the emergency is over.

**Evac. Loc. (Primary):** Provider will grab the emergency bag and the child, call the parent, and will head downstairs with the child and backpack on back, will go to the recreation center and will go inside the gym (0 windows 1 door) for safety, will contact the parent via call or text during and after as well.

**Evac. Loc. (Alternate):** Provider will grab the child and bag, give the parent a call, go into her vehicle and buckle child in the car seat, will drive to local police station and go inside for shelter after being instructed of safe space by authorities, will contact the parent via call and text during and afterward.

**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: <em>Abebat Teklu</em></td>
<td>Printed Name: [Redacted]</td>
</tr>
<tr>
<td>Signature: [Redacted]</td>
<td>Signature: [Redacted]</td>
</tr>
<tr>
<td>Date: 03/09/2022</td>
<td>Date: 03/08/2022</td>
</tr>
<tr>
<td>Phone: [Redacted]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>

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

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

**Provider Information**

<table>
<thead>
<tr>
<th>First Name: Catherine</th>
<th>Last Name: Thomas</th>
<th>Provider ID #: 633190</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Email:</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>Address Verified? Yes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(01/09/2019)</td>
<td>4yr.</td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td>(03/28/2016)</td>
<td>7yr.</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

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

**Health and Safety Training:**

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

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

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

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

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

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MSDE OCC Informal Care Inspection Checklist  
Page 1 of 3  
Revised 10/2021
<table>
<thead>
<tr>
<th><strong>Guns</strong></th>
<th>Y</th>
<th>Corrective Action Completed: Locks for cabinets with cleaning products or moved to higher level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cleaning agents</strong></td>
<td>Y</td>
<td>Stored in locked shed outside</td>
</tr>
<tr>
<td><strong>Poisonous substances</strong></td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL CLEANLINESS STANDARDS**

| All areas of the home are kept clean, including diapering area. | Y | No diaper age children in care |
| Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner. | Y | Thrown away daily in trash can |
| Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding. | Y | No diaper age children in care |

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

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

<table>
<thead>
<tr>
<th>A child is not subject to any form of abuse, including:</th>
<th>Y</th>
<th></th>
</tr>
</thead>
<tbody>
<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.

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

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

- Thermometer
- Change of clothes
- Heavy Duty Scissors, duct tape/packing tape & sealing plastic/trash bags
- Medications
- Blanket(s)

**Emergency Ready-To-Go Pack**

- Stored downstairs near exit door
- 1 duffle bag/1 backpack (carrying case), 1 flashlight, 4 extra D batteries, 1 first aid kit, 1 pk disposable thermometers, 3 bottled waters, 3 canned foods/1 can opener, 2 outfits (top/bottom/underwear), folder w/ EPP and ECMA docs per child, 1 book, 1 pair scissors, 1 roll duct tape & 1 box sealing plastic, 2 blankets

**Location of The Emergency Ready to go Pack:**

- Smoke detector tested by provider and observed
- Knives in drawer requires locks or must be moved to higher level
- Medicine in hallway closet must be moved higher
- Locks for cabinets with cleaning products or moved to higher level
- Any outlets not covered or occupied
- ERTG Missing: Blankets fitting in the bag

**Items to be reviewed on 01/02/2024:**

- Completed and Observed on 01/02/2024

**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** Catherine  
**Last Name** Thomas

**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 head to the basement (2 doors 3 windows) for shelter area. The ERTG bags will already be in this area, if needed the provider will use the sealing plastic and tape to secure the doors and windows. The provider will call the parent with emergency updates.

**Evacuation Procedures**

**Primary:**

- The provider will account for the children, grab the ERTG bags. Once secured they will shelter in place (1 door 1 window). The provider will call the parent with emergency updates.

**Alternate:**

- If they could not access the primary location, the provider will account for the children, grab the ERTG bags. The provider will call the homeowner to let her know she and the children are on the way. Once inside the provider and children (1 patio door 0 windows). The provider will call the parent with emergency updates.

**Signatures & Date**

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

**PROVIDER**

| Printed Name: | Catherine Thomas |
| Signature: | |
| Date: | 1-25-24 |
| Phone: | |

**INSPECTOR**

| Printed Name: | |
| Signature: | |
| Date: | 01/02/2024 |
| Phone: | 1-877-227-0125 |
**In-Formal Care**

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

**Provider Information**
- **First Name:** Cynthia
- **Last Name:** Thomas
- **ID:** [redacted]
- **Provider ID:** 357039
- **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>07/20/2020</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.  
Y - Yes, N - No, D - Discussed, n/a - Not Applicable

**Health and Safety Training:**

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

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>3 burners working 1 burner broken</td>
</tr>
<tr>
<td>Y</td>
<td>From Ready to go Pack</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action / Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Stored in drawer</td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>Cleaning agents moved to a high shelf.</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

Disaster Supply Kit Comments/Notes:
Handle Bag (Shopping Bag)
Missing the portable first aid kit.
Forehead scan thermometer.
No medications for the children in the bag.
2 16 oz bottles
Canned Foods(Ravioli)
Pack of Diapers
Shirt and Jean Shorts
Blanket
Toy Truck
Scissors, Duct Tape, and Trash Bags.

The child doesn’t take any medications

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: and grab the emergency bag. Shelter in place in the toilettry room and lock the doors(0 windows 1 door). Call 911 then call the parent.

Evacuation:
Grab the emergency ready to go bag, the child and the car keys. Contact the parent before she leaves if it is not an extreme emergency. Go to the neighbor’s home by walking. Will shelter in the living room(9 windows 3 doors).Will call the parent after they are settled. If the provider and the child cannot shelter at this location the provider will grab the bag and head to her vehicle, buckle the child into a car seat, and drive to home. Will enter the home by locating the key if the relative isn’t home. The parent and provider will shelter in the living room (10 windows 2 doors). Will contact the parent when she gets to the relatives home.

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: Cynthia Thomas</td>
<td>Printed Name:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 9.28.2021</td>
<td>Date: 09/22/2021</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Inspection Date: 09/14/2022
Follow up 09/20/2022
Time In: 1:45PM
Time In: 4:30PM
Time Out: 2:40PM
Time Out: 4:42PM
Result: Follow up Needed
Result: PASSED

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

Provider Information
First Name: Alaina
Last Name: Thompson
Provider ID #: [Redacted]
Email: [Redacted]
Provider ID: 420772

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

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

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

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

Home is free of health and safety hazards:
- Is in good repair Y
- Is free of insect or rodent infestation Y No sign of infestation
- Is well-lit and well-ventilated Y
- Has hot and cold running water Y Steam Observed
- Has a working inside toilet Y Flush Observed
- Has utilities for cooking, lighting and heating Y
- Has a working and safe heating system Y Thermostat dialed down
- Has a working refrigerator and stove Y
- Has a working telephone Y Provider’s phone called
- Has operational smoke detector(s) Y
- Has first aid kit/supplies Y Gauze, tape, band-aids, antibacterial
- Has protective coverings on any electrical outlet that is accessible to children Y Covered or in use

Harmful items are stored appropriately and away from children:
- Sharp or pointed items Y Locked in drawer
- Medications of any kind Y
- Matches, lighters and flammable products Y None
- Alcoholic beverages Y None
- Guns Y None
- Cleaning agents Y Laundry Room shelf
- Poisonous substances Y Other than medications and cleaning solutions

MSDE OCC Informal Care Inspection Checklist Page 1 of 3 Revised 10/2021
<table>
<thead>
<tr>
<th>GENERAL CLEANSINESS STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas of the home are kept clean, including diapering area.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Diapering procedures are followed. 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>
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<td>- At other times when necessary to prevent the spread of disease.</td>
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<table>
<thead>
<tr>
<th>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</th>
<th>Standard Met Y/N</th>
<th>Comments/Notes Corrective Action /Timeframe if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is not subject to any form of abuse, including:</td>
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<td>- Physical injury</td>
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<tr>
<td>- Any sexual abuse</td>
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<td>- Mental injury</td>
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<td></td>
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<td>- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;</td>
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<tr>
<td>- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</td>
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<tr>
<td>A child in care is not subjected to mistreatment, including:</td>
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<td>- Spanking, Biting, Hitting, Shaking</td>
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The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are 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
- 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:** Dining room Table

**Item Specification (if needed):**
4 shirts, 2 pants, 2 shorts, 2 extra AA batteries, Crossword puzzles, alcohol wipes, Neosporin, cold compress, Band aids, ointment, gauze, tape, 316oz water bottles, 4 Gatorade, can Vienna sausages, large can of ravioli and spaghetti

**Items to review on 09/19/2022 if needed:** Observed 9/20/2022

Emergency Care & Medication Authorization and Emergency Preparedness Plan in ERTG.

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

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

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

**Shelter In Place Procedure:**
The provider will grab the children, the ERTB and head to the hallway bathroom one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent and let her know what room they are sheltering in and will keep parent updated.

**Evacuation Procedures:**
The provider will call the parent, make sure the ERTG is in the car, then provider will grab the children and head to the provider's vehicle where she will secure the children their seatbelts before driving to the primary evacuation location which is [REDACTED]. Once at the location, the provider will ask to be directed to the shelter room. The provider will call the parents after they are secure in the evacuation location.

If they couldn’t shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will call parent before leaving the care location to let her know they are evacuating. The provider will grab the children and the ERTG and head to the provider’s vehicle where she will secure the children their seatbelts before driving. Once at the location, the provider will ask to be directed to shelter room. The provider will call the parents once 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><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> 9-20-22</td>
<td><strong>Date:</strong> 09/20/2022</td>
</tr>
<tr>
<td><strong>Phone:</strong> [REDACTED]</td>
<td><strong>Phone:</strong> 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Virtual Inspection**
In-person Inspection

---

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

<table>
<thead>
<tr>
<th>Inspection Date: 07/29/2021</th>
<th>Time In: 3:00 PM</th>
<th>Time Out: 3:27 PM</th>
<th>Result: APPROVED</th>
</tr>
</thead>
</table>

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

**Provider Information**
First Name: Alaina
Last Name: Thompson
Provider ID: 420772
Email:

**Care Location Inspected**
Street Address: [redacted]
Verified home address. Number outside of home.
City: [redacted]
County: [redacted]
State: [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>
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<tbody>
<tr>
<td></td>
<td>02/20/2009</td>
<td>11</td>
<td>Y</td>
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<tr>
<td></td>
<td>08/05/2010</td>
<td>10</td>
<td>Y</td>
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<td></td>
<td>08/09/2011</td>
<td>10</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>08/17/2012</td>
<td>10</td>
<td>Y</td>
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</tbody>
</table>

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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? 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 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:** Standard Met

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<table>
<thead>
<tr>
<th>Comments/Notes</th>
<th>Corrective Action /Timeframe if needed</th>
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</table>
and self with a blanket to protect from debris. Call the mother to inform her of the location in the house where they are. Stay until emergency is over. No windows in bathroom and 1 door.

Evacuation:
Location #1: Savista
Location #2: St Charles Mall Shelter in place location.

Grab the ready to go bag. Get the children's coats/jackets on, load children into the vehicle in their seatbelts and call the mother to let her know that they are safe and out of the home. Drive to the location and contact the parent again to inform her of their current location. Bring the children to [redacted]. No windows.

If unable to stay at the first Evacuation location the provider will call the mother and inform her of their next location and the route she is taking to get there. Once at the location she and the children will go into the shelter in place location [redacted] It has no windows. The provider will call the mother once in the location to inform of where they are and that all children are alright. Will contact the parent when the emergency is lifted.

Signature & 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: Alaina Thompson</td>
<td>Printed Name: [redacted]</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature: [redacted]</td>
</tr>
<tr>
<td>Date: 8/5/2021 Phone: [redacted]</td>
<td>Date: 07/29/2021 Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Informal Care**

- **Type of Care (check one):** Non-relative Informal Provider Care
- **Provider Information:**
  - **First Name:** Christin
  - **Last Name:** Titus
  - **Provider ID #:**
  - **Provider ID:** 538112
  - **Email:**
  - **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>
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</thead>
<tbody>
<tr>
<td></td>
<td>7/14/2019</td>
<td>4</td>
<td>/Y</td>
</tr>
<tr>
<td></td>
<td>5/15/2023</td>
<td>7 mos.</td>
<td>/Y</td>
</tr>
</tbody>
</table>

**Safety of the Home**

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

**Health and Safety Training:**

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

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

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

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

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

---

MSDE OCC Informal Care Inspection Checklist 2020-03-26
- Guns
- Cleaning agents
- Poisonous substances

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

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**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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

- Flashlight
- Bottled water
- Batteries
- Non-perishable food
- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
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: In the closet near the front door

Item Specification (if needed):
- 6 mini bottles of water
- 4 granola bars, jar peanut butter, canned corn
- 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: Natonyia
Last Name: Laeda

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

Shelter In Place Procedures:
- The Provider will carry the baby and the ERTG Bag, hold the oldest child’s hand and go to the bathroom (2 door 0 windows). The Provider will contact the parent via cell when settled.

Evacuation Procedures:
The Provider will carry the baby and the ERTG Bag, hold the oldest child’s hand and where she will The Provider will be (1 door 2 window). The Provider will contact the Parent once safe and settled.
The Provider will carry the baby and the ERTG Bag, hold the oldest child’s hand and walk to her vehicle where the oldest will be secured in a booster while the baby will be in a backwards facing car seat. The Provider The Provider and the children will (3 door 0 windows). The Provider will contact the Parent once safe and settled.

Care Hours:

Signatures & Date

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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>INSPECTOR</th>
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<tbody>
<tr>
<td>Printed Name: Christian Titus</td>
<td>Printed Name: [REDACTED]</td>
</tr>
<tr>
<td>Signature: [REDACTED]</td>
<td>Signature: [REDACTED]</td>
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<tr>
<td>Date: 2/15/2024</td>
<td>Date: 2/15/2024</td>
</tr>
<tr>
<td>Phone: [REDACTED]</td>
<td>Phone: 1-877-227-0125</td>
</tr>
</tbody>
</table>
**Inspection Date:** 4/29/2024  
**Time In:** 1:30pm  
**Time Out:** 2:15pm  
**Result:** Passed

### Informal Care

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

### Provider Information

- **First Name:** Deborah
- **Last Name:** Truitt
- **Provider ID:** 510194
- **Email:** [Redacted]

### Care Location Inspected

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

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

<table>
<thead>
<tr>
<th>Scholarship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Present (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/08/2016</td>
<td>7 Y</td>
<td>Yes</td>
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<tr>
<td></td>
<td>2/29/2020</td>
<td>4 Y</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>12/24/2020</td>
<td>3 Y</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Safety of the Home

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

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

#### Health and Safety Training:

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

- **Standard Met:**
  - **Comments/Notes:**
    - Sharp or pointed items: KEPT IN A LOCKED DRAWER.
    - Medications of any kind: KEPT LOCKED AWAY.
    - Matches, lighters and flammable products: KEPT LOCKED AWAY.
    - Alcoholic beverages: KEPT LOCKED AWAY.
    - Guns: KEPT LOCKED AWAY.
    - Cleaning agents: KEPT LOCKED AWAY.
    - Poisonous substances: KEPT LOCKED AWAY.
All areas of the home are kept clean, including diapering areas.

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

Child is changed immediately when they have a soiled or wet diaper, clothing, or bedding.

Handwashing procedures are followed:
- Provider and child's hands are washed thoroughly with soap and warm running water after:
  - Feeding,
  - 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, Hitting, Biting, Shaking
  - Any other means of physical discipline
- Not attending to a child's physical needs
- Shouting, Curting, 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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Ready-to-Go Pack</strong></td>
<td></td>
</tr>
<tr>
<td>24 Stamps:</td>
<td>24 emergency seals for EPP documents</td>
</tr>
<tr>
<td><strong>Disaster Supply Kit</strong></td>
<td></td>
</tr>
<tr>
<td>24 Water Bottles</td>
<td>24 Bottled water</td>
</tr>
<tr>
<td>24 Non-perishable food</td>
<td>24 Non-perishable food</td>
</tr>
<tr>
<td>24 Portable First Aid Kit</td>
<td>24 Portable First Aid Kit</td>
</tr>
<tr>
<td>24 Diapers</td>
<td>24 Diapers</td>
</tr>
<tr>
<td>24 Blankets</td>
<td>24 Blankets</td>
</tr>
<tr>
<td>24 Change of clothes</td>
<td>24 Change of clothes</td>
</tr>
<tr>
<td>24 Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</td>
<td>24 Heavy Duty Scissors, Duct Tape/ Packing Tape &amp; Sealing Plastic/ Trash Bags</td>
</tr>
</tbody>
</table>

**Comments/Notes:****

Corrective Action / Timeframe if needed
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? YES

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

Location of Emergency Ready to go Pack: NEAR EXIT DOOR.

Item Specification (if needed):
- Suitcase
- 5+ Extra Pull Ups and a pack of wipes
- 3 Canned Soups and 3 Chef Boyardee Spaghetti's
- Flash Lights and Back up Batteries
- Duct Tape, 2 Rolls of Heavy Duty Trash Bags and Scissors
- Antibacterial Soap
- 6 Packs of Waters
- 1 Change of Clothing per child
- 2 Books

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: Deborah Last Name: Truitt

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

Shelter In Place Procedures:
The Provider, the children and the ERTG bag will already be in the location sheltering inside a [2 door(s) 8 window(s)]. The provider will contact the parent during the emergency and after the emergency is over.

Evacuation Procedures:
The Provider will gather the children and carry the emergency bag to the car. The Provider will secure the child(ren) in a car seat/booster and contact the parent before relocating to the [2 door(s) 4 window(s)]. The Provider will call prior to arriving at this location to receive instruction on where she and the children will shelter. 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. The Provider will secure the child(ren) in car seat/booster seat and contact the parent before relocating to [2 door(s) 4 window(s)]. The Provider will contact the parent upon arriving to the new location and after the emergency is over.

CARE HOURS:

Signatures & Date

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

PROVIDER
Printed Name: Deborah Truitt
Signature: [Redacted]
Date: 4/30/24
Phone: [Redacted]

INSPECTOR
Printed Name: [Redacted]
Signature: [Redacted]
Date: 4/29/2024
Phone: 1-877-227-0125

MSDE OCC Informal Care Inspection Checklist 2020-03-26
Page 3 of 3
Inspection Date: 03/23/2023  
Time In: 10:30AM  
Time Out: 11:45AM  
Result: PASSED

Informal Care

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

Provider Information

First Name: Deborah  
Last Name: Truitt  
Provider ID #: [redacted]  
Provider ID: 510194  
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>(02/29/2020)</td>
<td>3yr. / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(12/24/2020)</td>
<td>2yr. / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(08/08/2016)</td>
<td>8yr. / 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

Health and Safety Training:

Basic Health and Safety Training Completed?  
- ☑ Y

Home is free of health and safety hazards:

- Is in good repair  
  - Y  
  - All areas were clean
- Is free of insect or rodent infestation  
  - Y  
  - No evidence of infestation
- Is well-lit and well-ventilated  
  - Y  
  - All lights were turned on and natural window lighting
- Has hot and cold running water  
  - Y  
  - Tested by provider and stream observed on camera
- Has a working inside toilet  
  - Y  
  - Flushed by provider and observed, lock on the bathroom door
- Has utilities for cooking, lighting and heating  
  - Y  
  - Thermostat settings tested and observed
- 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  
  - Observed and tested by provider
- Has first aid kit/supplies  
  - Y  
  - Underneath bathroom sink with cabinet lock
- Has protective coverings on any electrical outlet that is accessible to children  
  - Y  
  - All outlets were covered with coverings and/or occupied

Harmful items are stored appropriately and away from children:

- Sharp or pointed items  
  - Y  
  - Stored in locked kitchen drawer
- Medications of any kind  
  - Y  
  - Stored in upper level kitchen cabinet
- Matches, lighters and flammable products  
  - Y  
  - Stored in locked kitchen drawer
- Alcoholic beverages  
  - Y  
  - Does not own
- Guns  
  - Y  
  - Stored on high level shelf in provider’s bedroom closet in lock box. Lock box opened and locked by provider and observed
- Cleaning agents  
  - Y  
  - Cleaning agents stored in locked cabinet in the kitchen
**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.
- Diapering materials in changing area
- Provider has handwashing procedures posted in children's bathroom

**CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS**

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

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

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

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

**Emergency Ready-to-Go Pack**

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

**Disaster Supply Kit**

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
- 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

**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
Medications (N/A)  Blanket(s)

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

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

Location of The Emergency Ready to go Pack: In corner near the couch in the playroom area

Item Specification (if needed):
- Folder w/EPP and ECMA per child, 2 books, 1 first aid kit, 1 ice pack, 2 boxes of gauze, gloves, 1 thermometer, 1 bottle of soap, 1 pair of scissors, 1 roll of duct tape, 1 roll of heavy duty trash bags, no spec. meds, 1 flashlight, 1 pk of AAA batteries, 1 large blanket, 1 pair of tweezers, washcloths, 6pk of bottled waters, 6 canned foods, 1 pk of pull-ups, diapers & wipes, 1 carry-on suitcase (carrying case), and 3 outfits (top/bottom) 1 per child

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

Emergency Documents

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

Planning and Maintenance

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

First Name: Deborah  Last Name: Truitt

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

Shelter In Place Procedure:
The provider will gather and account for the children in care, the ERTG will already be in the playroom. The provider will seal and tape all windows and doors within the playroom (2 doors 8 windows) and then contact the parents by call and text to inform them of the emergency and at the end when they are secured.

Evacuation Procedures:
Primary: The provider will gather the children and the ERTG and will secure the smaller children in their car seats and the older child in her booster seat within the provider’s vehicle. After she secures all children she will drive to __________. Upon arrival to the location the provider and children will go into __________. Once inside she will speak to the evacuation point of contact and will be instructed of where to locate inside __________. The provider will call or text the parent upon leaving the house and when they are secured within __________.

Alternate: If they could not access the primary location, the provider will gather the children and the emergency bag. She will place the small children in their car seats and the older child in their booster seat. Once all children have been secured in the car by the provider they will head to the evacuation location of __________. She will also call the evacuation point of contact to inform them they are on the way and __________. When she and the children arrive. The provider and children will shelter within __________ (2 doors 4 windows). The provider will call and text the parent before and after they are secured.

Signatures & Date

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

**PROVIDER**

Printed Name: Deborah Truitt  Signature: [redacted]

Date: 3-23-23  Phone: [redacted]

**INSPECTOR**

Printed Name: [redacted]  Signature: [redacted]

Date: 03/23/2023  Phone: 1-877-227-0125