# **Family Child Care Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details    |                 |                   |
|--------------------|-----------------|-------------------|
| Program Name       | Program Number  | Program Type      |
| BARAKA, BEVERLY A  | 000000901282320 | FCC - Type B Home |
| Address            |                 | County            |
| 182 W. WARREN AVE. |                 | MAHONING          |
|                    |                 |                   |
| YOUNGSTOWN         |                 |                   |
| OH 44507           |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Se                  | соре             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     | Begin Time       |                   |              |  |
| 08/22/2024             | 10:50 AM                       | 10:50 AM         |                   | 11:30 AM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Jenna Meister          |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 2                              | 0                | 0                 | 2            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   | *                | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 2     |

| Staff-Child Ratios at the Time of Inspection |                          |        |  |  |
|--|--------------------------|--------|--|--|
| Group Age Group/Range Ratio Observed Comment |                          |        |  |  |
| beverly baraka                               | 18 months to < 30 months | 2 to 2 |  |  |

## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances  |
|---|
| No Serious Risk Non-Compliances were observed during this inspection  |
|   |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
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#### **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 145 in the following room bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/21/2024

#### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-17 Materials and Equipment

Code: The program is required to provide equipment appropriate for the children in the program in sufficient quantities that all children can be actively involved. Play materials must be accessible to the children and arranged in an orderly manner.

Findings: During the inspection, it was determined that equipment, materials and furnishings provided for indoor and outdoor play did not meet the requirement of the rule as noted in number 4below.

- 1. Equipment and materials were not varied and adequate to meet the developmental needs of the children.
- 2. Equipment and materials were not provided in a sufficient quantity that each child can be actively involved in an activity.
- 3. Play materials were not readily accessible to the children.
- 4. Play materials were not arranged in an orderly manner so that children have opportunities to select, remove and replace play materials with minimal assistance during the day.
- 5. Durable, child-sized or safely adapted furniture was not provided for children.

Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/21/2024

### Rules In-Compliance/Not Verified

| 5101:2-13-02 License Visible | Compliant |   |
|------------------------------|-----------|---|
| Rule                         | Status    | Documenting Statement(s), If applicable |

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-02 Voluntary Temporary | Compliant |   |
| Closure                          |           |   |
|                                  |           |   |

|                                      | 1         |   |
|--------------------------------------|-----------|---|
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location      | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | Ť         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| ×                                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection              | Compliant |   |
| Requirements                         |           |   |
|                                      | <u> </u>  |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements   | Compliant |   |
| for Type B Homes                     |           |   |
| ***                                  |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B  | Compliant |   |
| Homes                                |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and           | Compliant |   |
| Combustible Materials in a Type B    |           |   |
| Home                                 |           |   |
|                                      |           | •                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B     | Compliant |   |
| Home                                 |           |   |
|                                      |           |   |
| ,                                    |           | •                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant | , , ,                                   |
| Suspension                           |           |   |
| 040501131011                         |           |   |
|                                      |           | <u> </u>                                |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records           | Compliant |   |
| JIOI.Z IJ 07 Jtdii Netorus           | Compliant |   |
|                                      |           |   |
| <del>!</del>                         | 1         | <u> </u>                                |
|                                      |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| 2.1                                   |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant | bocumenting statement(s), it applicable |
| STOTIZ TO OF DACKBIOUTIU CHECKS       | Compilant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant |   |
|                                       |           |   |
| L                                     | L         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant | (-),                                    |
| Development                           |           |   |
|                                       |           |   |
| P. L.                                 | S         | D                                       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment        | Compliant |   |
|                                       |           |   |
| L                                     |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                | Compliant | B                                       |
|                                       | ,         |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment           | Compliant |   |
|                                       |           |   |
|                                       | ļ.        |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
|                                       |           |   |

| 5101:2-13-13 Clean environment and equipment | Compliant |   |
|--|-----------|---|
| P. J.  | C+-+      | D   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Handwashing                     | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Smoke Free                      | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Toothbrushing                   | Compliant |   |
|  |           |   |
| L  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-14 Requirements for Field          | Compliant |   |
| and Routine Trips                            | ,         |   |
| (S)  |           |   |
| Rule   | Status    | Decumenting Statement/s) If applicable      |
| 5101:2-13-14 Ratio and Supervision           | Compliant | Documenting Statement(s), If applicable     |
| for Field and Routine Trips                  | Compliant |   |
| Tor Field and Routine Trips                  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-14 Driver Requirements             | Compliant |   |
|  |           |   |
|  | <u>.</u>  |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-14 Vehicle Inspections             | Compliant |   |
|  |           |   |
|  | I.        |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-14 Vehicle Requirements            | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-15 Child Medical and               | Compliant | 2 - Camarian & Garanten (a), it applicable  |
| Enrollment Records                           |           |   |
|  |           |   |
| D. J.  | Chahira   | Decomposition Chahaman and A. If any Italia |
| Rule 5101:2-13-15 Health Conditions          | Status    | Documenting Statement(s), If applicable     |
| 2101:5-12-13 Health Conditions               | Compliant |   |

| DESIGNATES:   |  |  |
|---|--|--|
|   |  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention                    | Compliant  |  |
| and Confidentiality                                     |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and                       | Compliant  |  |
| General Emergency Plan                                  | ,  |  |
| TESTICALIST ACTION SHARE THE YEAR CONTROL P. S. GRANESS |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills                           | Compliant  |  |
| ,   |  |  |
|   |  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard                     | Compliant  |  |
| Precautions   | The second secon |  |
| Treductions   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases                      | Compliant  |  |
| 3101.2 10 10 communicable biseases                      | Compliant  |  |
|   |  |  |
|   |  | <u> </u>                                 |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury                            | Compliant  | Documentally occurrent(e)) in applicable |
| 5101.2 15 10 incident/injury                            | Compliant  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency                                  | Compliant  |  |
| Preparedness and Response Plan                          | Jonnyhant  |  |
| Treparediress and Nesponse Flan                         |  |  |
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| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance                                 | Compliant  |  |
| 5101.2 15 to Attendance                                 | Compilant  |  |
|   |  |  |
|   | 1  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
|   | Compliant  | Boodinenting Statement(3), it applicable |
| 5101:2-13-19 Supervision                                | Compilant  |  |
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| Dule  | Chatus   | Decumenting Statement (1) If a selice 1  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision                     | Compliant  |  |
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| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Child Guidance  | Compliant  |  |
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|  | *  | 8  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Sleep and Nap   | Compliant  |  |
| Requirements   | Control Protocolary  |  |
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|  | *  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Crib and Playpen  | Compliant  |  |
| Requirements   | - Compilation  |  |
| Requirements   |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Evening and Overnight   | Compliant  | Documenting Statement(s), it applicable    |
| Land   | Compliant  |  |
| Care   |  |  |
|  |  |  |
| Dula   | Chahua   | Decree entire Statement (a) If a malicable |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Sanitary Environment  | Compliant  |  |
| and Hygiene  |  |  |
|  |  |  |
| -  | ×  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Meals and Snacks  | Compliant  |  |
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|  |  | 80.30 80 00 0040                           |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Fluid Milk  | Compliant  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Food Handling   | Compliant  |  |
| entre determination of the second designation of the second determination of the secon | The state of the s |  |
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|  | <u>.</u>   |  |
| Rule   | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Infant Daily Care   | Compliant  |  |
| 515112 15 25 illiant bany care   | Compilant  |  |
|  |  |  |
|  | 1  |  |
| Rule   | Ctatus   | Documenting Statement/s) If applicable     |
|  | Status   | Documenting Statement(s), If applicable    |
| 5101:2-13-23 Infant Bottle and Food  | Compliant  |  |
| Preparation  |  |  |
|  |  |  |

| Rule                                   | Status     | Documenting Statement(s), If applicable  |
|--|------------|--|
| 5101:2-13-23 Diapering                 | Compliant  | Documenting Statement(S), it applicable  |
| 5101.2-15-25 Diapering                 | Compliant  |  |
|  |            |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant  | boodinenting statement(o)) if applicable   |
| Swimming                               | Compilarit |  |
| Swittining                             |            |  |
|  |            | <u>'</u>   |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101;2-13-25 Medication                | Compliant  | U U II   |
| Requirements                           |            |  |
| Requirements                           |            |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant  |  |
|  |            |  |
|  |            |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant  |  |
| •                                      | •          |  |
|  |            |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant  |  |
| Procedures                             |            |  |
|  | 1          |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Carbon Monoxide           | Compliant  |  |
| Detectors - Type B Only                |            |  |
|  |            |  |
|  |            |  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff          | Compliant  |  |
| Requirements                           |            |  |
|  |            |  |
| D. J.                                  | Chatara    | D  |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space              | Compliant  |  |
|  |            |  |
|  |            |  |
| Dula                                   | Chahua     | Dearwood Control of the Control of t |
| Rule                                   | Status     | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming               | Compliant  |  |
|  |            |  |
|  |            |  |
|  |            |  |



| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-24 On-site Pools  | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets           | Compliant |   |
|                             | 8         | <u>u</u>                                |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |