

Certified in-home aide (IHA) programs are inspected at least once each year. Non-compliances are documented in the inspection report, which may also include documenting statements and supplemental information. Inspection reports can be viewed on the child care website at http://jfs.ohio.gov/CDC/Childcare.stm. 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 | County | |
| Richetta L Allen | 2200022679 | In-Home Aide | LUCAS | |

| Inspection Information | | | | |
|------------------------|-------------|-------------------|--------------------|--|
| Inspection Type: | | Inspection Scope: | Inspection Notice: | |
| Annual | | Full | Unannounced | |
| Reviewer: | Visit Date: | Begin Time: | End Time: | |
| Julie Tursic | 12/08/2023 | 9:48 AM | 11:05 AM | |

| Summary of Findings | | |
|--------------------------|--------------------------------------|--|
| Number of Rules Verified | Number of Rules with Non-Compliances | |
| 33 | 0 | |

| Enrollment at the Time of Inspection | | |
|--------------------------------------|-------|--|
| Age Group | Total | |
| Infant (Birth to < 18 m) | 0 | |
| Young Toddler | 0 | |
| Older Toddler | 0 | |
| Preschool | 1 | |
| School Age | 1 | |
| Total Enrollment | 2 | |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| ONE | Mixed Age Group | 1 to 1 | |

Summary of Non-Compliances

If a program disagrees with a noncompliance finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-14-02 details the process for submitting a request for review. The request for review must be submitted within 15 calendar days from the receipt of the inspection report.

| No Non-Compliances were obse | rved during this inspect | ion | |
|------------------------------|--------------------------|-----|--|
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Rules In-Compliance/Not Verified

| Rule | | | |
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| Status Documenting Statement(s), if applicable | Dulo | Chahus | Decumenting Statements If applicable |
| Rule Status Documenting Statement(s), If applicable | | | Documenting Statement(S), it applicable |
| Rule | | Compliant | |
| Status Documenting Statement(s), If applicable | Application and Approvals | | |
| Status Documenting Statement(s), If applicable | | | |
| Rule Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule | 5101:2-14-02 In-Home Aide | Compliant | |
| Status Documenting Statement(s), If applicable | Qualifications | | |
| Status Documenting Statement(s), If applicable | | • | <u> </u> |
| Status Documenting Statement(s), If applicable | Rule | Status | Documenting Statement(s), If applicable |
| Rule | 5101:2-14-02 In-Home Aide | Compliant | 0 (" 11 |
| Rule | | | |
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| Rule Status Documenting Statement(s), If applicable | Requirements | | |
| Rule Status Documenting Statement(s), If applicable | | | |
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| Rule Status Documenting Statement(s), If applicable | 5101:2-14-05 Safe and Sanitary | Compliant | |
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| Status Documenting Statement(s), If applicable | Diseases | | |
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| Rule Status Documenting Statement(s), If applicable | 5101:2-14-05 Pets | Compliant | |
| Rule Status Documenting Statement(s), If applicable | - | | |
| | Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-14-06 Child Enrollment and | Compliant | |
|--|---------------------|--|
| Medical Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-06 Health Conditions | Compliant | Documenting statement(s), it applicable |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-06 Child Record Retention | Compliant | |
| and Confidentiality | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-07 Medical, Dental, and | Compliant | Documenting Statement(s), ii applicable |
| General Emergency | Compilant | |
| Requirements/Drills | | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-07 Incident/Injury | Compliant | |
| Dula | Chahua | Decimanding Chahamand Auf and Ball |
| Rule 5101:2-14-07 Emergency and | Status | Documenting Statement(s), If applicable |
| Disaster Plan | Compliant | |
| Disaster Flair | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-08 Ratio and Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-08 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-08 Child Guidance | Compliant | Documenting Statement(3), it applicable |
| 33312 2 : 33 3 33 | T Compilation | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-08 Child Abuse and | Compliant | |
| Neglect Reporting | | |
| Dulo | Chabus | Designmenting Statements If and itself |
| Rule 5101:2-14-09 Requirements for Field | Status Compliant | Documenting Statement(s), If applicable |
| Trip Safety | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-09 IHA Driver | Compliant | |
| Requirements | | |
| P. I. | Chatana | December 6: 1 1/) If |
| Rule E101:2 14 00 Vahiela Inspections | Status | Documenting Statement(s), If applicable |
| 5101:2-14-09 Vehicle Inspections | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-14-10 Sleeping and Napping | Compliant | |
|-------------------------------------|-----------|---|
| Requirements | | |
| | Τ. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-10 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-10 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-11 Meals and Snacks | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-12 Medication | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-13 Infant Daily Care | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-13 Infant Bottle and Food | Compliant | |
| Preparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-14-13 Diapering | Compliant | |
| | | |