# LICENSING CHECKLIST - GROUP CHILD CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-ECS
SFN 1425 (Rev. 3-2021)

## VISIT INFORMATION

| Purpose of Visit | Date of Visit | Time Visit Began | Time Visit Ended |
|---|---|---|---|
| ☐ Pre-licensing ☒ Announced/Renewal | 07/12/2022 | 12:30pm | 2:00pm |

Completion Date of New Provider Orientation (for new licenses only)

## PROVIDER INFORMATION

| License Number | License Expiration Date | Maximum Number of Children | Ages of Children |
|---|---|---|---|
| 51-82-4245G | 08/20/2022 | 15 | 0-12 |

Full Legal Name of Program

| Full Legal Name of Owner/Operator | | Program's Telephone Number | |
|---|---|---|---|
| Tamera Bragg | | (701) 389-2265 | |
| **Physical Address** | **City** | **State** | **ZIP Code** |
| 1325 27th Street Se #1011 | Minot | ND | 58701 |
| **Mailing Address (if different)** | **City** | **State** | **ZIP Code** |
| N/A | | | |

## LICENSE APPLICATION / DISPLAY

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Licensing Fee Submitted with Application ☒ One Year Application ☐ Two Year Application | | ☒ | ☐ | ☐ |
| License displayed | 75-03-09-04(2) | ☒ | ☐ | ☐ |
| License denied/revoked in the last 12 months | | ☐ | ☒ | ☐ |

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## DUTIES OF PROVIDER/OPERATOR

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Written plan/policies for operation of each home or facility. ***(Provide a copy to the Licensing Specialist)*** | 75-03-09-08(1)(d) | ☒ | ☐ | |
| Notify the department or its authorized agent of any major changes in the operation of the group child care, including staff member changes. | 75-03-09-08(1)(e) | ☒ | ☐ | |
| Maintenance of enrollment, attendance, health, other required records. | 75-03-09-08(1)(f) | ☒ | ☐ | |
| Maintain necessary information to verify staff member's qualifications and to ensure safe care. | 75-03-09-08(1)(h) | ☒ | ☐ | |
| Child care is sufficiently staffed at all times to meet the child and staff ratios for children in attendance and that no more children than the licensed capacity are served at any one time. ***(Refer to Adult to Child Ratio Worksheets)*** | 75-03-09-08(1)(i) | ☒ | ☐ | |
| Preadmission visits are provided to parents to discuss and view facility, program, and policies. | 75-03-09-08(1)(j) | ☒ | ☐ | |
| Written agreements regarding fees and payment are in place. | 75-03-09-08(1)(k) | ☒ | ☐ | |
| Provides unlimited access and opportunities for parents to observe their child in care and upon parental request provides reports on their children. | 75-03-09-08(1)(l) | ☒ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Parent is provided name of group care operator, group care supervisor, staff members, and emergency designee. | 75-03-09-08(1)(m) | ☒ | ☐ | |
| Report as mandatory reporter any suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03. | 75-03-09-08(1)(n) | ☒ | ☐ | |
| Written parental permission for unsupervised departure. | 75-03-09-08(1)(o) | ☒ | ☐ | |
| Each child is released only to the child's parent, legal custodian or guardian or an individual who has been authorized by the child's parent, legal custodian or guardian. | 75-03-09-08(1)(p) | ☒ | ☐ | |
| Report to authorized agent within 24 hours: A death/serious accident/illness requiring medical treatment or other situation specified in this section. | 75-03-09-08(3)(a-e) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**STAFFING REQUIREMENTS**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Meets staffing requirements/maximum group size ***(Refer to Adult to Child Ratio Workshe***et) | 75-03-09-09(1)(2)(a-b) | ☒ | ☐ | |
| Child's developmental age used in determining number of children that can be in care at any given time when child has special needs. | 75-03-09-09(4) | ☒ | ☐ | ☐ |
| Observations<br>Grand-daughter- cystic fibrosis- Medication with feeding as needed. | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**QUALIFICATIONS OF GROUP CHILD CARE SUPERVISOR**

| |
|---|
| Name of Center Supervisor<br>Tamera Braggs |

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Credentials verified | 75-03-09-10(2)(a-g) | ☒ | ☐ | |
| Current CPR/AED and First Aid Certification. | 75-03-09-12(9)(10) | ☒ | ☐ | |
| Certified a minimum of 10 hours of department approved training, related to child care annually.<br>● The ten hours of training in the first year following initial licensure must include a department-approved basic child care course<br>● At least three years has passed since the last completion date of that training course.<br>● Certified annual completion of 1 hour of sudden infant death prevention prior to having unsupervised access to infants. | 75-03-09-10(3) | ☒ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Supervisor present at least 60% of the time in the home/facility | 75-03-09-10(4) | ☒ | ☐ | |
| Has completed required criminal background checks. | 75-03-09-27, 75-03-09-28 NDCC 50-11.1-04 | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**DUTIES OF GROUP CHILD CARE SUPERVISOR**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Plan, supervise, and conduct daily activities. ***(Programming schedule provided to Licensing Specialist)*** | 75-03-09-11(1) | ☒ | ☐ | |
| Caregivers and children under age 18 shall have adult supervision at all times. | 75-03-09-11(2) | ☒ | ☐ | |
| Develop and deliver orientation for new staff members, keep record of items covered. | 75-03-09-11(3) | ☒ | ☐ | |
| Instruction of each employee on process of reporting a complaint, suspicion of licensing violation, suspected child abuse or neglect incident. | 75-03-09-11(4) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**QUALIFICATIONS OF STAFF MEMBERS**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Any staff member between 14 and 16 years of age has written parental permission, provider is in compliance with NDCC 34-07. | 75-03-09-12(1) | ☐ | ☐ | ☒ |
| Has immediate family member age 12 or older as staff member. | 75-03-09-12(1) | ☒ | ☐ | |
| Staff member ensures safe care for children under supervision. | 75-03-09-12(4) | ☒ | ☐ | |
| Certify completion of department approved basic childcare course within 90 days of employment, substitute staff and emergency designees exempt. | 75-03-09-12(5) | ☒ | ☐ | |
| Certify attendance at the specified amount of minimum department- approved training annually. At least three years has passed since the last completion date of that training course. Substitute staff and emergency designees are exempt. | 75-03-09-12(6)(a-f) | ☒ | ☐ | |
| Certified annual completion of 1 hour of sudden infant death prevention prior to unsupervised care of infants. | 75-03-09-12(7) | ☒ | ☐ | ☐ |
| Within 90 days of employment, and prior to having unsupervised access to children, staff will be certified in infant/pediatric CPR, AED and First Aid. ***(Current CPR/AED and First Aid cards provided to Licensing Specialist)*** | 75-03-09-12(9)(10) | ☒ | ☐ | |
| Volunteers providing care shall meet qualifications of staff member and receive orientation for all assigned tasks. | 75-03-09-12.1 | ☐ | ☐ | ☒ |
| Has completed required criminal background checks. | 75-03-09-27, 75-03-09-28 NDCC 50-11.1-04 | ☒ | ☐ | |

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|---|
| Observations |
| Deficiencies to be Corrected and Plan of Correction |
| Reinspection Notes |

**REQUIREMENTS FOR FACILITY**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Group home/facility is properly lighted. | 75-03-09-14(1) | ☒ | ☐ | |
| When used for napping, floor is carpeted/padded/warm, free from drafts. Each child has individual blanket or sleeping mat. | 75-03-09-14(2)(a) | ☒ | ☐ | |
| Another room is available for supervised play for those children unable to nap. | 75-03-09-14(2)(b) | ☒ | ☐ | |
| The provider shall ensure that the group child care has a drinking supply from a community water system or from a source tested and approved by the department of environmental quality. | 75-03-09-14(3)(a) | ☒ | ☐ | |
| **Water quality report provided to Licensing Specialist** | | ☐ | ☐ | ☒ |
| Home/facility has hot/cold running water. | 75-03-09-14(3)(b) | ☒ | ☐ | |
| The water in the faucet used by children may not exceed 120 degrees Fahrenheit | 75-03-09-14(3)(b) | ☒ | ☐ | |
| Tested Temperature<br>Turns water off at hand washing site- 120F-Maintains | | | | |
| Minimum one sink per toilet facility and one flush toilet per 15 children, excluding those not toilet trained. | 75-03-09-14(4)(b)(d) | ☒ | ☐ | |
| Child size toilet adapters, training chairs or potty chairs available for use by children. Training chairs emptied promptly/cleaned/sanitized after each use. | 75-03-09-14(4)(c) | ☒ | ☐ | |
| Sanitary hand dry equipment, individual cloth or paper towels available at each sink. Safe step stools available. | 75-03-09-14(d)(e) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**TRANSPORTATION**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Is transportation provided? | | ☒ | ☐ | |
| Provider has a written transportation policy/who will provide/how parental permission is obtained, inform parent of insurance coverage. | 75-03-09-15(1) | ☒ | ☐ | ☐ |
| Provider ensures all vehicles used to transport children are in safe operating condition. | 75-03-09-15(1) | ☒ | ☐ | ☐ |
| Staffing requirements are met, safety precautions are in place and provider has liability insurance.<br>***(Provide proof of Liability Insurance to Licensing Specialist)*** | 75-03-09-15(2) | ☒ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| The driver must be 18 years of age or older and shall comply with all relevant federal, state, and local laws, including child restraint system laws. | 75-03-09-15(4) | ☒ | ☐ | ☐ |

Observations
Does transport, but rarely and only if needed. Has permission slip for transportation if needed.

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

**EMERGENCY EVACUATION/DISASTER PLAN**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Establish and post emergency disaster plan. | 75-03-09-16(1) | ☒ | ☐ | |
| Verify SFN517 Child Care Evacuation Disaster Plan on file is current. | | ☒ | ☐ | |
| Emergency procedures are in place, including emergency food, water, first aid supplies and plans for what will be done if parents are unable to pick up their child or childcare has to be relocated as a result of emergency. | 75-03-09-16(1)(a-c) | ☒ | ☐ | |
| Fire and emergency evacuation drills must be performed monthly. | 75-03-09-16(2) | ☒ | ☐ | |

Observations

Reinspection Notes

Deficiencies to be Corrected and Plan of Correction

**FIRE INSPECTIONS**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Annual fire inspection completed, with all necessary corrections made. | 75-03-09-17(1) | ☒ | ☐ | |

Date of Last Fire Inspection (provide a copy to the Licensing Specialist)
03/15/2022

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## SANITATION AND SAFETY REQUIREMENTS

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Is this a non-residential facility?<br>Non-residential licensed child care facilities providing a full meal service are required by state law to be licensed as a food establishment, receive routine food safety inspections, and meet ND Food Code requirements. | 75-03-09-18(1) | ☐ | ☒ | |
| Base Kitchen - Child Care kitchen facility prepares meals on-site, some of which are served to children on-site and others that are delivered to other locations for service (including multiple receiving or satellite child care locations).<br>If yes, Date of Last Food Safety Inspection (provide a copy to the Licensing Specialist) | | ☐ | ☐ | ☒ |
| On-site Kitchen - Child Care kitchen facility where all meals are prepared and served on-site.<br>If yes, Date of Last Food Safety Inspection (provide a copy to the Licensing Specialist) | | ☐ | ☐ | ☒ |
| Combination Kitchen - Child Care kitchen facility in which some meals are prepared and served on-site and other meals are received fully or partially prepared from an off-site location for service at the child care facility.<br>If yes, Date of Last Food Safety Inspection (provide a copy to the Licensing Specialist) | | ☐ | ☐ | ☒ |
| Service Kitchen Only - All meals are provided and served by a Licensed Food Establishment Base Kitchen or Licensed Third-Party Retail Food Service Operation that meet one or more of the following:<br>● Licensed caterer, restaurant, school cafeteria, or other traditional retail food operation that provide meals to child care facilities.<br>● Receiving or Satellite Kitchens that receive prepared meals from a base kitchen and conduct little or no food preparation. | | ☐ | ☐ | ☒ |
| Bathroom sinks, tables, chairs, and floors are cleaned daily. | 75-03-09-18(2) | ☒ | ☐ | |
| Established routine maintenance and cleaning procedures. | 75-03-09-18(3) | ☒ | ☐ | |
| Staff members wash and dry hands as recommended by federal centers of disease control. | 75-03-09-18(4) | ☒ | ☐ | |
| Indoor and outdoor equipment, toys and supplies are safe and in good repair, clean, and in sanitary condition. | 75-03-09-18(5) | ☒ | ☐ | |
| Grounds are free from health or safety hazards. | 75-03-09-18(6) | ☒ | ☐ | |
| Garbage containers are covered or inaccessible to children. The operator may allow paper waste to be kept in open waste containers. | 75-03-09-18(7) | ☒ | ☐ | |
| Contained outdoor play area if near busy street or unsafe area. | 75-03-09-18(8) | ☒ | ☐ | |
| Guns and ammunition kept in locked storage, separate from each other, trigger lock may be used. | 75-03-09-18(9) | ☐ | ☐ | ☒ |
| Indoor floors, steps are not slippery, splinter free. Steps/walkways are free from accumulations of water, ice, snow, and debris. | 75-03-09-18(10) | ☒ | ☐ | |
| Railings or safety gates where necessary to prevent falls. | 75-03-09-18(11) | ☒ | ☐ | |
| Exit doorways and pathways are usable, free from blockage. | 75-03-09-18(13) | ☒ | ☐ | |
| Light bulbs shielded or shatterproof in areas used by children. | 75-03-09-18(14) | ☒ | ☐ | |
| Combustible materials are kept away from light bulbs and other heat sources. | 75-03-09-18(15) | ☒ | ☐ | |
| Comfortable room temperature, adequate ventilation, humidity. | 75-03-09-18(16) | ☒ | ☐ | |
| Safe lead content on damage painted surfaces in buildings erected before 1/1/70. | 75-03-09-18(17) | ☐ | ☐ | ☒ |
| The operator shall ensure that personal items including combs, pacifiers, and toothbrushes are individually identified and stored in a sanitary manner. | 75-03-09-18(18) | ☒ | ☐ | |
| Only cats, dogs, or other approved contained pets are accessible to children. Pet, pet feeding dishes, cages, and litter boxes are not present in any food preparation, food storage, or serving areas. | 75-03-09-18(19)(a-h) | ☒ | ☐ | ☐ |
| Pets are properly immunized. ***(Provide a copy to the Licensing Specialist)*** | 75-03-09-18(19)(b) | ☒ | ☐ | ☐ |
| Wading pool strictly supervised/emptied, cleaned, and sanitized daily. | 75-03-09-18(20) | ☐ | ☐ | ☒ |
| Swimming pool approved annually by local health department. | 75-03-09-18(21) | ☐ | ☐ | ☒ |
| Written policy on aquatic activity. | 75-03-09-18(22)(a) | ☒ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Written parental permission with disclosure of child's swimming ability. | 75-03-09-18(22)(b) | ☐ | ☐ | ☒ |
| Beds, cots, mats, or cribs, complete with a mattress or pad, are available and kept in a sanitary manner. Aisles between beds, cots, mats, or cribs are a minimum space of 2 feet and are kept free of all obstructions while sleeping space is in use. | 75-03-09-18(23)(a-i) | ☒ | ☐ | ☐ |
| Smoke-free environment, signage is present. | NDCC 50-11.1-02.2 | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**SPACE**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Provides 35 square feet per child of indoor space.<br>Number of Children Square Footage Allows For<br>15 | 75-03-09-19(1) | ☒ | ☐ | |
| Floor plan with square footage/fire escape plan in licensing file? | | ☒ | ☐ | |
| Provides daily access to 75 square feet per child of outdoor space, or 75 square feet per child of indoor recreation space. | 75-03-09-19(2) | ☒ | ☐ | |
| Map of outdoor space with square footage in licensing file? | | ☒ | ☐ | ☐ |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**PROGRAM REQUIREMENTS**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Provides written daily routine of individual or small group activities appropriate to age and needs of children. Program must include activities that foster social, intellectual, emotional, and physical growth. Developed with consideration of parent input and made available to parents. | 75-03-09-20(1) | ☒ | ☐ | |
| Daily routine fosters development of good health habits, self-discipline, adequate indoor/outdoor play, rest/sleep with time and opportunity for various experiences. | 75-03-09-20(2) | ☒ | ☐ | |
| Program provides a variety of education experiences with sufficient play materials, equipment, toys for each child. | 75-03-09-20(3) | ☒ | ☐ | |
| Areas used for napping must provide an opportunity for undisturbed rest. | 75-03-09-20(4) | ☒ | ☐ | |
| Program flexible and developed with consultation of parents. | 75-03-09-20(5) | ☒ | ☐ | |
| Concerns about child communicated promptly and directly to parent. | 75-03-09-20(6) | ☒ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Personal hygiene practices appropriate for child's age and development are stressed by staff. | 75-03-09-20(7) | ☒ | ☐ | |
| Cultural diversity of children is reflected in program. | 75-03-09-20(8) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**FOOD AND NUTRITION**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Name of Food Program<br>Not on food program at this time. | | | | ☒ |
| Food supplied meets USDA standards. Properly prepared, sufficient in amount, nutritious varied diets according to children enrolled, and served at appropriate hours in a safe and sanitary manner. | 75-03-09-21(1) | ☒ | ☐ | ☐ |
| Children in care for more than 3 hours shall receive a snack or meal. | 75-03-09-21(3) | ☒ | ☐ | ☐ |
| Children in care after school are served snacks. | 75-03-09-21(5) | ☒ | ☐ | ☐ |
| Daily or weekly menus are made available to the parents, the department or its authorized agent, and other appropriate individuals. | 75-03-09-21(6) | ☒ | ☐ | ☐ |
| The operator shall consider information provided by the children's parents as to the children's eating habits, food preferences, or special needs in creating the feeding schedules and in tailoring menus. | 75-03-09-21(7) | ☒ | ☐ | ☐ |
| Children are encouraged to eat, no coercion or force feeding. | 75-03-09-21(9) | ☒ | ☐ | |
| Observations<br>See attached menu examples showing what is being served. | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**RECORDS**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Operator shall keep copy of administrative code on premises of all times. | 75-03-09-22(1) | ☒ | ☐ | |
| Operator shall maintain the following records:<br>• Children's name, birth date, and current home address.<br>• Names of child's parent, business and personal telephone numbers.<br>• Telephone numbers of people who may assume responsibilities.<br>• Written emergency care authorization.<br>• Names and telephone numbers of persons authorized to take child.<br>• Immunization record, unless drop-in child or school age.<br>• Current health assessments (completed annually)<br>• Children's identity verified<br>***(Refer to Child Care Records Worksheet)*** | 75-03-09-22(2)(a-g)(3) | ☒ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Ensure all records, photos, and information with respect to children receiving childcare services kept confidential, access limited to staff members, parents, authorized agents, etc, and a release of information form available/signed/prior to the release of information. | 75-03-09-22(4)(a-c) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**DISCIPLINE**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| A written policy is in place regarding discipline and interpreted to staff before working with children. | 75-03-09-23(1) | ☒ | ☐ | |
| Discipline is constructive or educational in nature, and items 1-12 are reviewed together by provider and licensing specialist. | 75-03-09-23(1-12) | ☒ | ☐ | |
| Observations | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |
| Reinspection Notes | | | | |

**SPECIALIZED TYPES OF CARE**

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Environment protects children 0-12 months from physical harm without restricting physical, intellectual, emotional, and social development. Environment and interactions requirements are complied with and reviewed. | 75-03-09-24(1)(a) (1-8) | ☒ | ☐ | ☐ |
| Infant feeding requirements are complied with and reviewed. | 75-03-09-24(1)(b) (1-7) | ☒ | ☐ | ☐ |
| Diapering requirements are complied with and reviewed. | 75-03-09-24(1)(c) (1-4) | ☒ | ☐ | ☐ |
| Infant sleeping requirements are complied with and reviewed. | 75-03-09-24(1)(d) (1-6) | ☒ | ☐ | ☐ |
| Adequate night care arrangements. | 75-03-09-24(2)(a-g) | ☒ | ☐ | ☐ |
| Sufficiently staffed to handle admission records and explain policies/ procedures for drop-in child care. | 75-03-09-24(3)(a-e) | ☒ | ☐ | ☐ |
| Observations<br>Night care care only with grandchildren and drop-in as she can. | | | | |
| Deficiencies to be Corrected and Plan of Correction | | | | |

Reinspection Notes

## CARE FOR CHILDREN WITH SPECIAL NEEDS

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Appropriate accommodations, including written care plans available for children with special needs. Staff trained and follow care plans. | 75-03-09-25 | ☒ | ☐ | ☐ |

Observations

Grandchild-has on file plan as needed.

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## EMERGENCY CARE

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Written plans to respond to illness and emergencies, parents are advised of plans. | 75-03-09-26 | ☒ | ☐ | |
| Posting of emergency response procedures. | 75-03-09-26(2) | ☒ | ☐ | |
| Availability of at least one working flashlight. | 75-03-09-26(3) | ☒ | ☐ | |
| Approved first aid kit maintained kept in designated location, accessible to staff, and inaccessible to children. | 75-03-09-26(4) | ☒ | ☐ | |
| Working telephone, immediately accessible to staff members, with emergency numbers conspicuously posted. | 75-03-09-26(5) | ☒ | ☐ | |
| Provider has secured and followed proper written instruction from a medical provider to administer prescribed medication. | 75-03-09-26(7)(a) | ☒ | ☐ | |
| Medication properly stored/inaccessible to children, in a spill-proof container. | 75-03-09-26(7)(b) | ☒ | ☐ | |
| Written record of medication (including over the counter) date/time of each administration dosage. Record included in child's file. | 75-03-09-26(7)(c) | ☒ | ☐ | |
| Established practices regarding exclusion and return of children with infectious conditions. | 75-03-09-26(8)(10) | ☒ | ☐ | |
| Appropriate first aid and medical care is provided, and parents are notified when needed. | 75-03-09-26(11) | ☒ | ☐ | |

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## CONVICTION/ABUSE/NEGLECT

| INDICATOR | ND AMIN CODE | YES | NO | N/A |
|---|---|---|---|---|
| Written policies on employment. | 75-03-09-27(4) | ☒ | ☐ | |
| Fingerprint-based background check completed initially and every 5 years. | 75-03-09-27(5) | ☒ | ☐ | |

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## ADULT TO CHILD RATIO - ONE PROVIDER

- Maximum of 4 children under the age of 24 months, plus 2 school age children.
- Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children.

Name of Staff Present
Tamera Braggs

| Age Group | Number of Children Present | Number of Children Enrolled |
|---|---|---|
| < 24 Months | 2 | 5 |
| 24 months - 5 years | 3 | 8 |
| School Age | 3 | 5 |

In compliance with ratio requirements? ☒ Yes ☐ No

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## ADULT TO CHILD RATIO-MULTIPLE STAFF MEMBERS

| Same Age Children | |
|---|---|
| **Age of Children** | **Adult to Child Ratio** |
| 0-17 months | 1:4 |
| 18-35 months | 1:5 |
| 3 years | 1:7 |
| 4 years | 1:10 |
| 5 years | 1:12 |
| 6-12 years | 1:20 |

| Mixed Age Group | |
|---|---|
| **Age of Children** | **Point Level** |
| 0-17 months | .25 Points |
| 18-35 months | .20 Points |
| 3 years | .14 Points |
| 4 years | .10 Points |
| 5 years | .08 Points |
| 6-12 years | .05 Points |

| Points Total | Number of Staff |
|---|---|
| Up to 1.34 | 1 |
| 1.35-2.34 | 2 |
| 2.35-3.34 | 3 |

| Room Name/Number | Number of Children Enrolled | Number of Children Present |
|---|---|---|
| Home | 18 | 8 |
| **Number of Staff Present** | **Names of Staff Present** | |
| 2 | Tamera Braggs | |

| Same Age Children | | Mixed Age Group | | | |
|---|---|---|---|---|---|
| | 0-17 months | 0-17 months | 0 | x .25 = | 0 |
| | 18-35 months | 18-35 months | 3 | x .20 = | 0.6 |
| | 3 years | 3 years | 2 | x .14 = | 0.28 |
| | 4 years | 4 years | 0 | x .10 = | 0 |
| | 5 years | 5 years | 0 | x .08 = | 0 |
| | 6-12 years | 6-12 years | 3 | x .05 = | 0.15 |

Total Points: 1.03

In Compliance with Ratio Requirements? ☒ Yes ☐ No

**Add Room**

Observations

Deficiencies to be Corrected and Plan of Correction

Reinspection Notes

## NAMES OF ADDITIONAL STAFF/VOLUNTEERS PRESENT, NOT PREVIOUSLY LISTED

| Name | Position |
|---|---|
| Tamera Bragg | Owner/Provider |
| Emily Woody | Back-up |
| Laticia Woody | Back-up |

**Add Name/Position**

| Observations |
|---|
| |
| Deficiencies to be Corrected and Plan of Correction |
| |
| Reinspection Notes |
| |

**CHILD CARE RECORDS WORKSHEET**

A review of no less than 30 files must be conducted on site. If the abbreviated review reveals incomplete records, an additional 30 files must be reviewed. This process will continue, 30 files at a time, until no incomplete records are found or until all files have been reviewed.

For facilities with less than 30 children enrolled, all files will be reviewed.

| Records Reviewed | Age Group Reviewed | Last Names From | Last Names Through | Incomplete Records Found? |
|---|---|---|---|---|
| ☐ 30 ☒ All | All | A | Z | ☐ Yes ☒ No |

**Add Records**

| Child's Initials | SFN 845 | SFN 847 | Immunization Record | Date of Birth* (only if incomplete records are found) | Comments |
|---|---|---|---|---|---|
| KG | ☒ | ☒ | ☒ | | All Records Complete |
| JG | ☒ | ☒ | ☒ | | |
| KG | ☒ | ☒ | ☒ | | |
| JG | ☒ | ☒ | ☒ | | |
| JK | ☒ | ☒ | ☒ | | |
| AK | ☒ | ☒ | ☒ | | |
| LM | ☒ | ☒ | ☒ | | |
| JM | ☒ | ☒ | ☒ | | |
| ML | ☒ | ☒ | ☒ | | |
| HL | ☒ | ☒ | ☒ | | |
| BH | ☒ | ☒ | ☒ | | |
| CH | ☒ | ☒ | ☒ | | |
| CC | ☒ | ☒ | ☒ | | |
| LG | ☒ | ☒ | ☒ | | |
| RB | ☒ | ☒ | ☒ | | |
| EM | ☒ | ☒ | ☒ | | |
| EM | ☒ | ☒ | ☒ | | |

| | | | | | |
|---|---|---|---|---|---|
| KM | ☒ | ☒ | ☒ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |
| | ☐ | ☐ | ☐ | | |

**Add Child Files**

| Observations |
|---|
| |
| Deficiencies to be Corrected and Plan of Correction |
| |
| Reinspection Notes |
| |

**LICENSING REVIEW ACKNOWLEDGEMENT**

| Signature of Facility Representative | Date |
|---|---|
| tamara bragg | 07/12/2022 |
| Signature of Licensing Specialist | Date |
| Amy Jenkins | 07/12/2022 |

**LICENSING SUMMARY**

| Date Application Packet Received | Fiscal Sanction Fees Collected ☐ Yes ☐ No ☒ N/A |
|---|---|
| 07/12/2022 | |
| All Reinspections Completed and Deficiencies Corrected? ☐ Yes ☐ No ☒ N/A (No deficiencies found during visit) | |

| | | | |
|---|---|---|---|
| ☒ Issue License | | | |
| ☐ Issue Provisional License | Comments | | |
| ☐ Issue License with Restrictions | Restrictions | | |
| ☐ Change License Type | Change From | Change To | Maximum Number of Children<br>15 |
| | Age Range of Children<br>From: 0 | To: 12 | |
| ☐ Denial | Comments | | |
| License Effective Date From<br>08/21/2022 | License Effective Date Through<br>08/20/2023 | Date Completed Study Sent to ECS Supervisor<br>07/15/2022 | |
| ECS Licensing Specialist Signature<br>Amy Jenkins | | Date<br>07/12/2022 | |

**ECS SUPERVISOR APPROVAL**

| | | |
|---|---|---|
| License Number<br>51-82-4245-G | License Effective Date From<br>08/21/2022 | License Effective Date Through<br>08/20/2023 |
| Date Study Received<br>07/15/2022 | Date Study Reviewed<br>07/20/2022 | Date Added to PQWS<br>07/28/2022 |
| Comments<br>Emailed Licenser with some questions 7/20/22. In compliance 7.28.2022.<br>Laticia will not be used as backup until she has CPR/AED/FA from an approved source. | | |
| ECS Supervisor Signature<br>Nicole Lang, LBSW | | Date<br>07/28/2022 |

**ECS SUPERVISOR COMPLETE FOR PROVISIONAL LICENSES**

| | | |
|---|---|---|
| Date Provisional License Request Reviewed with Central Office | | Provisional License Request<br>☐ Approved ☐ Denied |
| Date Written Agreement Signed by Provider of Provisional License | | Date Provisional License Issued |
| Date Provisional License Expires | Number of Children | Age Range of Children<br>From: To: |
| If Provisional License Denied - Explain | | |
| Denied Request Approved or Denied - Explain | | |
| ECS Supervisor Signature | | Date |