



#81531



Las Vegas Urban League

## Out of School Recreation Program Annual Health &amp; Safety Checklist

Provider Name: Inqqs CS Phone Number: 702-794-8910 Provider ID: \_\_\_\_\_  
 Facility Location: 4470 W. Bonanza Blvd City: Las Vegas NV Zip: 89108 Date: 8/24/26

**Reviewer Instructions:** For each standard below, please mark the "Standard Met" box if the care environment/program meets the standard. Mark "Standard Not Met" if the program does not meet the standard. A child care resource and referral agency representative will provide guidance in how you can meet standards that are not met.

## Section A • Comprehensive Background Checks

Updated 4.22.19

| Standard<br>Child Care and Development<br>(CCDF) Law Reference | Provider Use             |                          | Standard<br>Caring for our Children Reference (CFOC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CCDF Staff Use Only      |                          |
|----------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                | Standard Met             | Standard Not Met         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓-Standard               | ✓-Standard Not Validated |
| <b>FBI Fingerprint Check</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Confirmation of compliance with the following background checks is required for all staff members who may have unsupervised access to the children in care: <ul style="list-style-type: none"> <li>• FBI Fingerprint</li> <li>• NV Criminal Registry</li> <li>• NV Sex Offender Registry</li> </ul> Documentation (CANS Form) returned from the Nevada Division of Child and Family Services confirming successful completion of the NV Child Abuse and Neglect Registry check for each applicable staff member.<br>CFOC-1.2.0.2 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>In-State Criminal Registry Check</b>                        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>In-State Sex Offender Registry Check</b>                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>In-State Child Abuse and Neglect Registry Check</b><br>658H | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

## Section B • Health and Safety

| Standard<br>Child Care and Development<br>(CCDF) Law Reference                                | Provider Use             |                          | Standard<br>Caring for our Children Reference (CFOC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CCDF Staff Use Only                 |                          |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                                                               | Standard Met             | Standard Not Met         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ✓-Standard                          | ✓-Standard Not Validated |
| <b>Pre-service Training/Orientation</b><br>658E.c.2.G.i<br>658E.c.2.G.ii.1<br>658E.c.2.I.I.XI | <input type="checkbox"/> | <input type="checkbox"/> | Documentation that new hires have completed at least 1 hour of training within 90 days in each of the following areas: <ul style="list-style-type: none"> <li>• Administration of Medication*</li> <li>• Building and Physical Premises Safety</li> <li>• Emergency Preparedness and Response Planning</li> <li>• Precautions in Transporting Children**</li> <li>• Prevention/Response to Food Allergies</li> <li>• Handling &amp; Storage of Biocontaminants</li> <li>• Recognition and Response Child Abuse &amp; Neglect</li> <li>• First-aid and CPR (including for pediatric patients, card required)</li> <li>• Prevention and control of infectious diseases</li> </ul> Provider furnishes proof of training completion for each employee in the form of (not all-inclusive): sign-in sheet accompanying a same-date certificate and course content, individual certificates in course areas, etc. All employees must have completed the applicable required trainings within the previous calendar year at the time of inspection.<br><br>*If program furnishes proof of entity policy or procedure which prohibits staff from administering any medication to children in care, this may be substituted for proof of completion of the "Administration of Medication" training component.<br><br>**If program does not rely on internal staff to transport children, the "Precautions in Transporting Children" is not required. For programs who do rely on internal staff to transport children in care, proof must be furnished only for these applicable staff.<br>CFOC-1.4.1.1/1.4.2.3; CFOC-1.4.3.1; CFOC-3.6.3.3; CFOC-4.2.0.10; CFOC-9.2.4.3/9.2.4.5 | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Active Opportunities for Physical Activity</b> 658E.c.2.i                                  | <input type="checkbox"/> | <input type="checkbox"/> | Active play for children happens both indoors and outdoors every day.<br>CFOC-3.1.3.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Situations that Require Hand Hygiene</b>                                                   | <input type="checkbox"/> | <input type="checkbox"/> | Providers, volunteers and children follow the procedures for hand washing as defined by the CDC. CFOC-3.2.2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Prevention of Exposure to Blood and Body Fluids</b>                                        | <input type="checkbox"/> | <input type="checkbox"/> | Provider adopts the use of Standard Precautions, developed by the CDC, to handle potential exposure to blood and other potentially infectious fluids. CFOC-3.2.3.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                   |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                          |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 658E.c.2.1                                                                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                          |
| <b>Routine Cleaning, Sanitizing, and Disinfecting</b>                                             | <input type="checkbox"/> | <input type="checkbox"/> | Provider disinfects areas on a regular basis to kill the germs that cause disease and infections. Cleaning, sanitizing, and disinfecting products are <b>NOT</b> used in close proximity to children, and adequate ventilation is maintained during use. <i>CFOC-3.3.0.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Use of Tobacco, Alcohol, and Illegal Drugs</b>                                                 | <input type="checkbox"/> | <input type="checkbox"/> | Tobacco and alcohol use are prohibited on the premises (both indoor and outdoor environments) and in vehicles used by the provider when children are present.<br>a) All smoking materials must be kept out of the reach of children<br>Provider cannot be under the influence of prescription drugs when caring for children.<br>The use of illegal drugs is prohibited. <i>CFOC- 3.4.1.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Emergency Procedures</b><br>658E.c.2.1                                                         | <input type="checkbox"/> | <input type="checkbox"/> | Provider is trained and has developed a procedure for responding to situations when an immediate emergency medical response is required. <i>CFOC-3.4.3.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | Providers must have a plan in place that makes sense for their facility and for the needs of children in their care and identifies accommodations for children with disabilities, and children with chronic medical conditions. Also, their plan must include a plan for in place evacuation, relocation, shelter-in-place, lockdown, and communications with and reunification of families.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation</b><br>658E.c.2.J,L | <input type="checkbox"/> | <input type="checkbox"/> | Program has a written policy for reporting child abuse and neglect.<br><i>Program reports to the child abuse reporting hotline, the Department of Social Services, child protective services, or the police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. CFOC-3.4.4.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Sun Safety Including Sunscreen</b>                                                             | <input type="checkbox"/> | <input type="checkbox"/> | Provider ensures sun safety for themselves and children under their supervision. <i>CFOC-3.4.5.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Strangulation Hazards</b><br>658E.c.2                                                          | <input type="checkbox"/> | <input type="checkbox"/> | Strings and cords on toys and window covers long enough to encircle a child's neck are <b>NOT</b> accessible to children in early care and education programs.<br>a) Secure any cords. Cords can be tied together and placed out of children's reach or hidden by furniture.<br>Mini blind cords can be made safe with a plastic cover or put out of children's reach. <i>CFOC-3.4.6.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Children with Special Health Care Needs</b> 658E.c.2                                           | <input type="checkbox"/> | <input type="checkbox"/> | Care plan in place for special health care needs*. <i>CFOC- 3.5.0.1</i><br>*Those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Infectious Disease Outbreak Control</b> 658E.c.2                                               | <input type="checkbox"/> | <input type="checkbox"/> | Procedure in place for an outbreak of infectious disease. <i>CFOC- 3.6.1.4</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | Procedure in place for ill children. <i>CFOC- 3.6.1.1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Medication and Training for Administration and Storage of Medication</b><br>658E.c.2           | <input type="checkbox"/> | <input type="checkbox"/> | Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian.<br>a) Written orders from the prescribing medical need, medication, dosage, and length of time to give medication.<br>b) Labeled medications brought to the early care and education facility by the parent/guardian in the original container (with a label that includes the child's name; date filled; prescribing clinician's name; pharmacy name and phone number; dosage/instructions/relevant warning as well as specific, legible instructions for administrant; storage; and disposal).<br>c) Medication has child-resistant caps; Kept in an organized fashion; stored away from food; stored at the proper temperature; completely inaccessible to children.<br>d) Provider who administers medication completed a standardized training course that includes how to administer medication.<br><i>CFOC-3.6.3.1/3.6.3.2 CFOC-3.6.3.3</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Section C • Supervision

| Standard<br>Child Care and Development<br>(CCDF) Law Reference | Provider Use             |                          | Standard<br>Caring for our Children Reference (CFOC)                                                                                                     | CCDF Staff Use Only                 |                          |
|----------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                                | ✓<br>Standard Met        | ✓<br>Standard Not Met    |                                                                                                                                                          | ✓-Standard                          | ✓-Standard Not Validated |
| <b>Staff-to-Child Ratio</b><br>658E.c.2.H                      | <input type="checkbox"/> | <input type="checkbox"/> | Provider consistently maintains a staff-to-child ratio of 1:20 at all times. <i>CFOC-1.1.1.1 – 1.1.1.5</i>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Group Size</b><br>658E.c.2.H                                | <input type="checkbox"/> | <input type="checkbox"/> | Provider consistently maintains group sizes of children engaged in one activity area to no more than 40 at any given time. <i>CFOC-1.1.1.1 – 1.1.1.5</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Methods of Supervision of Children</b> 658G.b               | <input type="checkbox"/> | <input type="checkbox"/> | Provider directly supervises by sight and hearing at all times (indoors and outdoors). <i>CFOC-2.2.0.1</i>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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|---------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| <b>Supervision near Bodies of Water</b><br>658E.c.2.I.IV.<br>658H.i.2.A.B.<br>658E.c.2.H.i. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Constant supervision maintained when any child is in or around water; CFOC-2.2.0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Constant supervision maintained during any swimming/wading activities; CFOC-2.2.0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ratios are maintained CFOC-2.2.0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Prohibited Caregiver/Teacher Behaviors</b><br>658G.b                                     | <input type="checkbox"/> | <input type="checkbox"/>            | Provider is aware the following behaviors are <b>prohibited</b> and should <b>NEVER</b> be used:<br>a) Use of corporal (physical) punishment (e.g., hitting, spanking);<br>b) Isolating a child where a child cannot be supervised;<br>c) Binding or tying to restrict movement or taping the mouth;<br>d) Using or withholding food as a punishment or reward;<br>e) Toilet learning/training methods that punish, demean, or humiliate a child;<br>f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, or corrupting a child;<br>g) Any physical abuse or maltreatment of a child;<br>h) Abusive, profane, sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;<br>i) Any form of public or private humiliation;<br>j) Exclusion of physical activity/outdoor time as punishment. CFOC-2.2.0.9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Providers Immunization</b><br>658E.c.2.I.I.                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Providers are current with all immunizations routinely recommended for adults by the CDC. CFOC-7.2.0.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Authorized Persons To Pick Up Child</b>                                                  | <input type="checkbox"/> | <input type="checkbox"/>            | Children are only released to adults authorized by parents or legal guardians and the identity is verified by photo identification. CFOC-9.2.4.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Sign-In/Sign-Out System</b>                                                              | <input type="checkbox"/> | <input type="checkbox"/>            | Programs have a sign-in/sign-out system. CFOC-9.2.4.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Transportation</b><br>658E.c.2.I.IX.<br>658N.a.1.B.<br>658E.c.2.I.IX.<br>658E.c.2.I.IX.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Drivers of moving vehicles must: CFOC-6.5.1.2<br>a) Have a valid driver's license;<br>b) Not use tobacco, alcohol, or drug use before or while driving;<br>c) Be free of any medical conditions that would compromise driving, supervision, or evacuation capability;<br>d) Have vehicle insurance in the facility/program name;<br>e) Have current training certification in Precautions in Transporting Children                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | The interior of vehicles used to transport children should be maintained at a temperature comfortable to children. CFOC-6.5.2.4<br>a) All vehicles are locked when not in use.<br>b) Head counts of children are taken after transporting children.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Section D • Facilities, Supplies, Equipment, & Environmental Health

| Standard<br>Child Care and Development<br>(CCDF) Law Reference      | Provider Use             |                          | Standard<br>Caring for our Children Reference (CFOC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CCDF Staff Use Only                 |                          |
|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                                     | Standard Met             | Standard Not Met         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Standard Validated                  | Standard Not Validated   |
| <b>Applicable Health &amp; Safety Codes</b><br>658E.c.2.J           | <input type="checkbox"/> | <input type="checkbox"/> | Facility is in compliance with the applicable codes concerning safety of human life, environmental health, and building and zoning, as established respectively by the State Fire Marshal, the State Board of Health and the appropriate local government. A report of inspection by the State Fire Marshal or the Division, finding satisfactory conditions, may serve as proof of compliance with the applicable regulations.<br>NRS 432A.200.6 & CFOC-5.1.1.2; 5.1.1.3; 5.1.1.5                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Use and Storage of Toxic Substances</b><br>658E.c.2.K            | <input type="checkbox"/> | <input type="checkbox"/> | All toxic substances are used as recommended by the manufacturer and stored in the original labeled containers. CFOC-5.2.9.1<br>a) All toxic substances are inaccessible to children. All hazardous products like bleach, bug spray, drain cleaners, ammonia, floor wax, furniture polish and disinfectants must be stored in a cabinet with a child safety lock.<br>b) The telephone number for the poison center is posted in a location where it is readily available in emergency situations.                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Safety of Equipment, Materials and Furnishings</b><br>658E.c.2.K | <input type="checkbox"/> | <input type="checkbox"/> | Equipment, materials, furnishings, and play areas must be sturdy, safe, in good repair and meet the recommendations of the Consumer Product Safety Commission (CPSC). Ensure that environment is free of: CFOC-5.2.9.5<br>a) Openings that could entrap a child's head or limbs.<br>b) Broken windows and discard any shards of glass.<br>c) Elevated surfaces that are inadequately guarded.<br>d) Climbable unsafe equipment;<br>e) Mismatched size and design of equipment for the intended users;<br>f) Clutter;<br>g) Tripping hazards;<br>h) Ripped carpet;<br>i) Components that can pinch, shear, or crush body tissues;<br>j) Sharp points or corners;<br>k) Splinters. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|                                                        |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |
|--------------------------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                        |                          |                                     | l) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;<br>m) Loose, rusty parts;<br>n) Strangulation hazards (e.g., straps, strings, etc.)<br>o) Plastic bags, matches, candles, and lighters that are accessible to children.<br>p) Peeling paint on walls and furniture and/or paint that contains lead or other hazardous materials.                                                                                                                                                                                                                                                                                        |                                     |                          |
| <b>Play Areas/<br/>Playgrounds</b><br>658E.c.2.1.i.IX. | <input type="checkbox"/> | <input type="checkbox"/>            | Location of play areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water:<br>a) The outdoor play area is enclosed with a fence or natural barriers.<br>b) Fences and barriers should not prevent the observation of children.<br>c) Fence conforms to applicable local building codes in height and construction and has at least two exits, with at least one being remote from the buildings.<br>d) Outside play areas are free from bodies of water. Gates are equipped with self-closing and positive self-latching closure mechanisms.<br>e) The fence and gates discourage climbing.<br>CFOC- 6.1.0.6/6.1.0.8/6.3.1.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Prohibited Surfaces for<br/>Climbing Equipment</b>  | <input type="checkbox"/> | <input type="checkbox"/>            | Equipment used for climbing is not placed over, or immediately next to hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as covering for climbing equipment. CFOC- 6.2.3.1                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Indoor Outdoor Areas &amp;<br/>Equipment</b>        | <input type="checkbox"/> | <input type="checkbox"/>            | The indoor and outdoor play areas and equipment are inspected daily for basic health and safety. CFOC-6.2.5.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Lifesaving Equipment<br/>(if applicable)</b>        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Each swimming pool more than 6 feet in width, length, or diameter are provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. CFOC-6.3.2.1                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Water in Containers</b><br>658E.c.2.1.i.V.          | <input type="checkbox"/> | <input type="checkbox"/>            | Buckets, portable pools and other open containers of water are emptied immediately after use. CFOC- 6.3.5.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### Section E • Office Use Only

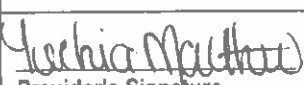
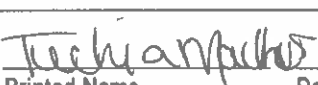
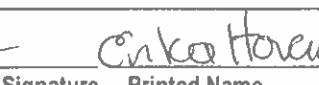
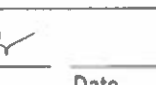
Date of Visit: 8/24/26 Time In/Out: 3:40-4:10 Site Visitor: Enka Horeur Provider is: ☒ Compliant ☐ Non-Compliant  
 Follow-up Needed? ☒ No ☐ Yes Follow-Up Date: \_\_\_\_\_

Additional Visit Comments & Observations (attach additional pages if necessary):

NO deficiencies noted

Styler Price 8/24/26

### Section F • Required Signatures

|                                                                                     |                                                                                     |                                                                                      |                                                                                       |                                                                                       |      |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|
|                                                                                     |                                                                                     |                                                                                      |                                                                                       |                                                                                       |      |
|  |  |  |  |  |      |
| Provider's Signature                                                                | Printed Name                                                                        | Date                                                                                 | CCDF Representative Signature                                                         | Printed Name                                                                          | Date |

### Follow-up If Needed – Office Use Only

|                                                                                        |                      |                     |
|----------------------------------------------------------------------------------------|----------------------|---------------------|
| Date of Visit: _____                                                                   | Time of Visit: _____ | Site Visitor: _____ |
| Were all standards corrected? <input type="checkbox"/> No <input type="checkbox"/> Yes |                      |                     |
| Comments:                                                                              |                      |                     |

### Follow-up If Needed – Office Use Only

|                                                                                        |                      |                     |
|----------------------------------------------------------------------------------------|----------------------|---------------------|
| Date of Visit: _____                                                                   | Time of Visit: _____ | Site Visitor: _____ |
| Were all standards corrected? <input type="checkbox"/> No <input type="checkbox"/> Yes |                      |                     |
| Comments:                                                                              |                      |                     |