

Center Licensing Inspection Full Report

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

| | Program Det | ails | |
|---|---------------------|-----------------|----------------------|
| Program Name | Program Number | | Program Type |
| BETSEY'S LEARNING TREE CENTER | 000000401240 | | Child Care Center |
| Address 300 FOURTH ST MARIETTA OH 45750 | | | County WASHINGTON |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date | Food Service Risk L | evel | l . |
| 02/06/2022 | Level II | | |

| Inspection Information | | | | | |
|----------------------------|-----------------------|---------------|------------------|-------------------|--------------|
| Inspection Type | | Inspection Sc | ope | Inspection Notice | |
| Amendment - chang | ge of capacity | Partial | | Unannounced | |
| Inspection Date 07/18/2022 | | | End Time 2:50 PM | | |
| Reviewer: | | | | | |
| Bradie McAfee | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-co | ompliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 11 | 0 | | 0 | 0 | 0 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 ½ Years | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 82 | 0 | 0 | 0 |

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

Summary of Non-Compliances

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

| Serious Risk Non-Compliances |
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| No Serious Risk Non-Compliances were observed during this inspection |
| No Serious Risk Non-Compliances were observed during this hispection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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| Low Risk Non-Compliances |
| No Low Risk Non-Compliances were observed during this inspection |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------------------|---------------|---|
| 5101:2-12-02 License Posted | Compliant | Dooming outcoment(e)) is approximate |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-02 Current Information | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-03 Inspection | Not Verified | bocumenting statement(3), it applicable |
| Requirements | 1400 VCIIIICU | |
| requirements | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Building Department | Compliant | |
| Inspection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Fire Inspection | Compliant | 0 (" 11 |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-04 Food Service | Compliant | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-05 Denial, Revocation and | Not Verified | - 0 (// // // |
| Suspension | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuic | Status | Documenting Statement(s), it applicable |

| 5101:2-12-07 Administrator | Not Verified | |
|---|---------------------|---|
| Qualifications | | |
| Rule | Status | Documenting Statement(c) If applicable |
| 5101:2-12-07 Administrator | Not Verified | Documenting Statement(s), If applicable |
| Responsibilities/Requirements | Not vermed | |
| responsibilities, requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Medical Statement | Not Verified | |
| | ı | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-08 Child Care Staff Member | Not Verified | |
| Educational Requirements | | |
| Pulo | Ctatus | Decumenting Statement(s) If and itself |
| Rule 5101:2-12-08 Orientation Training & | Status Not Verified | Documenting Statement(s), If applicable |
| Whistle Blower Protection | Not verified | |
| Willstie Blower Frotection | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-09 Background Check | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Health Training | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-10 Professional | Not Verified | bocamenting statement(3), it applicable |
| Development Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Indoor Space | Not Verified | |
| Requirements | | |
| Dula | Chabus | Design out in a Chatage out (1) If any live Live |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-11 Separation of Children Under 2 1/2 Years | Not verified | |
| Onder 2 1/2 rears | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Space | Not Verified | J AM THE STATE OF |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-11 Outdoor Play Equipment | Not Verified | |
|---------------------------------------|---------------------|---|
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-11 Outdoor Play Fall Zones | Not Verified | Bocamenting statement(3), if applicable |
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| Pole | Chahara | December 5 Chahaman Alah If an albah Ia |
| Rule 5101:2-12-12 Safe Equipment | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2 12 12 3arc Equipment | Compilant | |
| | T - | |
| Rule 5101:2-12-12 Safe Environment | Status | Documenting Statement(s), If applicable |
| 5101:2-12-12 Safe Environment | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Sanitary Equipment and | Compliant | |
| Environment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Handwashing | Not Verified | |
| Requirements | | |
| | I - | |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-13 Smoke Free Environment | Not verified | |
| Livioninent | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-13 Toothbrushing | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation and Field | Not Verified | bocumenting statement(s), if applicable |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Driver | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | | |
| Rule | Status | Decumenting Statement/s\ If applicable |
| Rule 5101:2-12-15 Child Medical and | Status Not Verified | Documenting Statement(s), If applicable |
| Enrollment Records | NOL VEHICU | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-12-15 Medical/Physical Care | Not Verified | |
|---|------------------------|---|
| Plans | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| Dula | Ctatus | Decrementing Chatemant of the multiple |
| Rule 5101:2-12-16 Emergency Drills | Status Not Verified | Documenting Statement(s), If applicable |
| 3101.2-12-10 Linergency Drins | Not verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 First Aid/Standard | Not Verified | |
| Precautions | | |
| Pula | Chahua | Decumenting Chaterrant/ A If and Park |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5101:2-12-16 Management of Communicable Disease | Not vermed | |
| Communicable Disease | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Incident/Injury | Not Verified | <u> </u> |
| Reporting | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-16 Written Disaster Plan | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Schedule | Compliant | - comment (c) |
| , | <u>'</u> | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Materials and | Compliant | |
| Equipment | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-17 Daily Outdoor Play | Not Verified | Dodamon Bottom (o), ii approace |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Ratio | Not Verified | |
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| Rule 5101:2-12-18 Group Size | Status Not Verified | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-18 Attendance Records | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Supervision | Not Verified | 3 (" 11 |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-19 Child Guidance | Not Verified | bootinenting statement(s), it approasts |
| 3101.2-12-19 Cillid Galdance | NOT VEHILLA | |
| <u> </u> | | I |
| Rule | Ctatus | Documenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cots and Napping | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-20 Cribs | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Meal and Snack | Not Verified | Bootinenting statement(s), it approase |
| | Not vermed | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Fluid Milk Requirements | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Daily Care | Not Verified | от такие (-), и аррисино |
| July Care | 1.10t Veriffed | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Infant Bottle and Food | Not Verified | Documenting Statement(s), it applicable |
| | NOT VEILLER | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-12-23 Diapering and Toilet | Not Verified | |
| Training | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------|--------------|---|
| 5101:2-12-24 Swimming and Water | Not Verified | |
| Safety Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|-------------------------|--------------|---|
| 5101:2-12-25 Medication | Not Verified | |
| Administration | | |