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

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

| Program Details      |                 |                   |
|----------------------|-----------------|-------------------|
| Program Name         | Program Number  | Program Type      |
| CLARK, DEBRA         | 000000903503174 | FCC - Type B Home |
| Address              |                 | County            |
| 1466 PRINCETON DRIVE |                 | MONTGOMERY        |
|                      |                 |                   |
| DAYTON               |                 |                   |
| OH 45406             |                 |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 04/21/2022          | 10:50 AM                       |                  | 12:15 PM          |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Avery Wynings       |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 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 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 3     |

| Staff-Child Ratios at the Time of Inspection |                      |        |  |
|--|----------------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                      |        |  |
| Debra's Group                                | 3 years to < 4 years | 1 to 1 |  |



## **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: 2-13-03 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  |
|---|
| No Serious Risk Non-Compliances were observed during this inspection  |
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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      |
|   |
|   |
|   |

## Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable    |
|-------------------------------------|-----------|--|
| 5101:2-13-02 License Visible        | Compliant | bocumenting statement(s), ii applicable    |
| STOTIZ TO BE ENGINE VISIBLE         | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Voluntary Temporary    | Compliant |  |
| Closure                             |           |  |
|                                     |           |  |
| 2.1                                 |           | 2 " () " () " () "                         |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Change of Location     | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Information in OCLQS   | Compliant | , , , , , , , , , , , , , , , , , , ,      |
|                                     | '         |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Provider Medical       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-03 Inspection             | Compliant | Bocamenting statement(5), it applicable    |
| Requirements                        | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Building Requirements  | Compliant |  |
| for Type B Homes                    |           |  |
|                                     |           |  |
| Dula                                | Chahua    | Decima onting Chat-weekled of socilised to |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Fire Safety for Type B | Compliant |  |
| Homes                               |           |  |
|                                     | 1         | l  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
|                                     |           | 0 2 3 AM 1 P 1 3 M                         |

| Designating:                          | 1           |   |
|---------------------------------------|-------------|---|
| 5101:2-13-04 Flammable and            | Compliant   |   |
| Combustible Materials in a Type B     |             |   |
| Home                                  |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
| Home                                  |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
|                                       |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant   |   |
| Parent                                |             |   |
|                                       |             |   |
|                                       | <del></del> |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant   |   |
| Requirements                          |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
| <u> </u>                              |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant   |   |
|                                       |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant   |   |
| _                                     |             |   |
|                                       |             |   |
|                                       |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Compliant   |   |
| Development                           |             |   |
|                                       |             |   |
| [                                     |             |   |
| Rule                                  | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space            | Compliant   |   |
| ·                                     |             |   |

| Degindra:                           |             |   |
|-------------------------------------|-------------|---|
|                                     |             |   |
|                                     | T           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant   | 0 (" 11                                 |
| 310112 13 11 1 11 20112             | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | Bocumenting Statement(s), if applicable |
| 5101:2-13-12 Safe Equipment         | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     | 1 -: .      |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant   |   |
| equipment                           | ·           |   |
| Squ.p.ms.m                          |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant   |   |
| J101.2 13 13 Handwashing            | Compilant   |   |
|                                     |             |   |
|                                     | <u> </u>    |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | Documenting Statement(s), if applicable |
| 5101:2-13-13 Smoke Free             | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant   |   |
| and Routine Trips                   | 12          |   |
| and housing rrips                   |             |   |
|                                     | 1           | 1                                       |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | bocamenting statement(s), it applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant   |   |
| for Field and Routine Trips         |             |   |
|                                     |             |   |
|                                     |             |   |

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| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements        | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections        | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements       | Compliant |   |
| <u>'</u>                                | · '       |   |
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|   | •         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and          | Compliant | O destamant(a)) ii appinaant            |
| Enrollment Records                      | Compilant |   |
| Linoiment Necolus                       |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions          |           | Documenting Statement(s), if applicable |
| 5101:2-15-15 Health Conditions          | Compliant |   |
|   |           |   |
|   |           |   |
| Dula                                    | Chahara   | December 11 1 11                        |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention    | Compliant |   |
| and Confidentiality                     |           |   |
|   |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and       | Compliant |   |
| General Emergency Plan                  |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills           | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard     | Compliant |   |
| Precautions                             |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases      | Compliant | .,,,,                                   |
|   | 50p       |   |
|   |           |   |
|   | 1         | I                                       |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury            | Compliant | bocumenting statement(s), if applicable |
|   |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
|                                     | 1 -       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Bocamenting Statement(3), if applicable |
| 5101:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
| 020212 20 20 00110011               |           |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), if applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant | · · · · · · · · · · · · · · · · · · ·   |
|                                     | Compilant |   |
| Requirements                        |           |   |
|                                     |           |   |
| - 1                                 |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           |   |
| <u> </u>                            | 1         |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant | , , , , , , , , , , , , , , , , , , ,   |
| JIOI.Z IJ ZZ WIEdis dilu Silacks    | Compilant |   |
|                                     |           |   |
|                                     | 1         |   |

| Rule                                   | Status     | Documenting Statement(s), If applicable |
|--|------------|---|
| 5101:2-13-22 Fluid Milk                | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Compliant  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant  |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    |            | Documenting statement(s), if applicable |
|  | Compliant  |   |
| Preparation                            |            |   |
| L                                      | <u> </u>   |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant  | Bocamenting statement(5), if applicable |
| 3101.2 13 23 Bidpering                 | Compilarit |   |
|  |            |   |
|  |            | <u>'</u>                                |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant  |   |
| Swimming                               | ·          |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant  |   |
| Requirements                           |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant  |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant  | bocumenting statement(s), it applicable |
| 3101.2-13-10 Group Size and Ratios     | Compilant  |   |
|  |            |   |
|  | <u> </u>   |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant  |   |
| Procedures                             |            |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
|  |            |   |

| 5101:2-13-12 Carbon Monoxide | Compliant |   |
|------------------------------|-----------|---|
| Detectors - Type B Only      |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-11 Indoor Space    | Compliant |   |
| ·                            | ,         |   |
|                              |           |   |
| D. J.                        | Ctatura   | Decomposition Chateron and (a) If a multiple la |
| Rule                         | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-17 Programming     | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-12 Pets            | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-24 Swimming Sites  | Compliant |   |
|                              |           |   |
|                              |           |   |
| Rule                         | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-17 Materials and   | Compliant | 2004menting otalement(5), it applicable         |
| Equipment                    | Compilant |   |
| Lquipinent                   |           |   |
|                              | I         |   |