## **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      |
| WIGGINS, COLEEN03 | 000000935705719 | FCC - Type B Home |
| Address           | •               | County            |
| 203 19TH ST       |                 | BELMONT           |
|                   |                 |                   |
| BELLAIRE          |                 |                   |
| OH 43906          |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time End Time            |                  |                   |              |
| 01/11/2022             | 9:00 AM                        |                  | 10:30 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jim Dyrdek             |                                |                  |                   |              |
| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| COLEEN WIGGINS                               | Mixed Age Group | 1 to 2 |  |



## **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

|  | 1         |   |
|--|-----------|---|
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible           | Compliant |   |
|  |           |   |
|  |           |   |
| Dulo                                   | Ctatus    | Decumenting Statement(s) If applicable  |
| Rule 5101:2-13-02 Information in OCLQS | Status    | Documenting Statement(s), If applicable |
| 3101.2-13-02 Illiormation in Octos     | 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 |   |
| Requirements                           |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements     | Compliant |   |
| for Type B Homes                       |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B    | Compliant | bocumenting statement(s), it applicable |
| Homes                                  | Compliant |   |
| Homes                                  |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and             | Compliant |   |
| Combustible Materials in a Type B      | · ·       |   |
| Home                                   |           |   |
|  | <u> </u>  |   |
| 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       |
|--------------------------------------|-----------|---|
| 5101:2-13-05 Denial, Revocation, and | Compliant |   |
| Suspension                           |           |   |
|                                      |           |   |
| Pula                                 | Chatus    | Decree outing (takes and a) If a miles his    |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-07 Staff Records           | Compliant |   |
|                                      |           |   |
|                                      | <u> </u>  |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-08 Employee Requirements   | Compliant | bocamenting statement(5), it applicable       |
| 3101.2 13 00 Employee Requirements   | Compilant |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-09 Background Checks       | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-10 Health Training         | Compliant | bocumenting statement(s), it applicable       |
| JULIE 13 10 Health Haming            | Compilant |   |
|                                      |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-10 Professional            | Compliant |   |
| Development                          | ·         |   |
| <u> </u>                             |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-11 Outdoor Space           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-11 Outdoor Equipment       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| D. J.                                | Chatura   | Decree of the Chateren of Automotive Chateren |
| Rule 5101:2-12-14-5-11-7-12-1        | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-11 Fall Zone               | Compliant |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-12 Safe Equipment          | Compliant | <u> </u>                                |
| 3101.2 13 12 sale Equipment          | Compilant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and   | Compliant |   |
| equipment                            | ·         |   |
| equipment                            |           |   |
| L                                    | <u> </u>  |   |
| - 1                                  |           | 2                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing             | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           | 2                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| D. I.                                | Chahara   | December 1                              |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocumenting statement(s), if applicable |
| 5101:2-13-15 Child Medical and       | Compliant |   |
| Enrollment Records                   |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocumenting statement(s), if applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocumenting statement(s), if applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | bocumenting statement(s), it 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                                | Ctatus      | Desumenting Statement/s) If applicable  |
|                                     | 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   | 3 (" 11                                 |
| 5101.2 15 10 communicable biseases  | Compilant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| <u> </u>                            | <u> </u>    |   |
| Rule                                | Ctatus      | Desumenting Statement/s) If applicable  |
|                                     | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant   | 3 (7 11                                 |
| 3101.2 13 10 Attendance             | Compilation |   |
|                                     |             |   |
|                                     |             |   |
|                                     | 1.          |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
| 1                                   | •           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | bocumenting statement(s), if applicable |
| 5101:2-13-19 School Age Supervision | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant   |   |
| 5 25 25 25 Cinia Galdanice          | 33          |   |
|                                     |             |   |
|                                     | l           |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant   |   |
| Requirements                        |             |   |
|                                     |             |   |
| <u> </u>                            | 1           |   |
| Pulo                                | Status      | Documenting Statement/s) If applicable  |
| Rule                                | Status      | Documenting Statement(s), If applicable |

| 5101:2-13-20 Crib and Playpen               | Compliant           |   |
|---|---------------------|---|
| Requirements                                | ·                   |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight          | Compliant           |   |
| Care  |                     |   |
|   |                     |   |
| Rule  | Status              | 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           |   |
|   |                     |   |
|   |                     |   |
| 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           |   |
|   |                     |   |
|   | 1                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food         | Compliant           |   |
| Preparation                                 |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                      | Compliant           |   |
|   |                     |   |
|   | 1                   |   |
| Rule 5101:2-13-25 Medication                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Requirements                                | Compliant           |   |
|   |                     |   |
|   | C                   |   |
| Rule 5101:2-13-07 Provider Responsibilities | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-07 Floride Responsibilities       | Compilant           |   |

|                                    | <u> </u>  |   |
|------------------------------------|-----------|---|
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | bocumenting statement(s), it applicable |
| 5101.2-15-16 Group Size and Ratios | Compilant |   |
|                                    |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant | bocumenting statement(s), if applicable |
| 5101.2-15-17 Programming           | Compilant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and         | Compliant |   |
| Equipment                          | ,         |   |
|                                    |           |   |
|                                    |           |   |