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 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 Details | | | |
|------------------|-----------------|-------------------|--|
| Program Name | Program Number | Program Type | |
| MALLORY, EVELYN | 000000950621556 | FCC - Type B Home | |
| Address | • | County | |
| 876 W. HUNTER ST | | HOCKING | |
| | | | |
| LOGAN | | | |
| OH 43138 | | | |

| Inspection Information | | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | | Announced | | |
| Inspection Date | Begin Time | Begin Time | | End Time | |
| 09/28/2021 | 9:35 AM | | 10:40 AM | | |
| Reviewer: | | | | | |
| Ashley Herring | | | | | |
| Summary of Findings | | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk | |
| 78 | 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) | | 2 | 0 | 2 |
| Young Toddler | | 1 | 0 | 1 |
| Total Under 2 Years | 3 | 3 | 0 | 3 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 1 | 0 | 1 |
| Total Capacity/Enrollment | 6 | 4 | 0 | 7 |

| Staff-Child Ratios at the Time of Inspection | | | | |
|--|-----------------|--------|--|--|
| Group Age Group/Range Ratio Observed Comment | | | | |
| evelyn | Mixed Age Group | 1 to 4 | | |



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 |
| |
| |
| |
| |
| |
| |
| |
| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 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 |
|---|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information' | Compliant | |
| Emoliment and Health information | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| | | |
| | | |
| Rule 5101:2-13-18 Ratio and Group Size | Status | Documenting Statement(s), If applicable |
| 3101.2-13-10 Natio alia Group Size | Compliant | |
| | | |
| Pods. | Chahara | Decrease the Sheet (1) if |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-18 Ratio and Group Size | Compliant | |
|--|--------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | Documenting statement(s), if applicable |
| Polit | Chahara | Decree the Chatemant (a) If and balls |
| Rule 5101:2-13-11 Indoor Space | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | bocamenting statement(s), it applicable |
| Dula | Chabin | |
| Rule 5101:2-13-04 Flammable and Combustible Materials in Type B Home | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions | Compliant | 8 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | bocumenting statement(s), if applicable |
| | l a | |
| Rule 5101:2-13-17 Programming | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-24 On-site Pools | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-12 Safe Equipment | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule 5101:2-13-04 Fire Safety for Type B Homes | Status Compliant | Documenting Statement(s), If applicable |

| Beginning! | | |
|------------------------------------|-------------|--|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping | Compliant | |
| Requirements for a Licensed Family | | |
| Child Care Provider | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| 3101.2 13 13 3Moke 11ec | Compilation | |
| | | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | Bootimenting statement(s), it applicable |
| 3101.2 13 00 Employee Requirements | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-10 Standard Frecautions | Compilant | |
| | | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | bocumenting statement(3), if applicable |
| 3101.2-13-14 Vehicle inspections | Compilant | |
| | | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting statement(s), if applicable |
| 5101:2-13-08 Review Policies and | Compliant | |
| Procedures | | |
| | | |
| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| | | |
| D. J. | Chahara | Decree while Chaha (1) If I'll |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | , ,, , , , , , |
| | - 1 | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | 2 3 3 3 monthly 5 tate ment(5), it applicable |
| Jioi.z-13-23 Diapering | Compilant | |
| | | |
| | _1 | |
| Rule | Status | Documenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| | | |
| | | |
| 2.1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| | , i | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | g state |
| JIOI.Z IJ IJ CIIIU GUIUAIICE | Compilant | |

| DESILIZATES: | _ | |
|---------------------------------------|-----------|--|
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
| | | |
| | | |
| | | |
| 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 |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | 1 |
| General Emergency Requirements | | |
| deneral Emergency Requirements | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
| deneral Emergency Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | |
| 3101.2 13 23 Wedleation Storage | Compilant | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
| 3101.2 13 13 3chool Age Supervision | Compilant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | 2 5 5 3 mentally 5 to terment (5), in applicable |
| Parent | Compilant | |
| Fareiil | | |
| <u> </u> | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | | bocumenting statement(s), if applicable |
| | Compliant | |
| Preparation | | |
| | 1 | |
| Pulo | Chatus | Decumenting Statement/s\ If anylicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| | | |
| | 1 | |

| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|--|
| 5101:2-13-17 Materials and | Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-13 Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and | Compliant | Bootimenting statement(s), in approasie |
| Equipment | Compilant | |
| Equipment | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | O constant (2)) ii applicable |
| 5101.2 13 10 communicable biseases | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | - Comment of Comment o |
| and Hygiene | Compilant | |
| and Hygierie | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | , , , , , , , , , , , , , , , , , , , |
| Requirements | ' | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant | |
| Portal | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-10 Professional | Compliant | |
|--------------------------------------|-----------|--|
| Development | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | |
| | | |
| D. I. | Chaban | Description of the state of the |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | bocumenting statement(s), if applicable |
| Requirements | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | Documenting Statement(s), if applicable |
| Requirements | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |

| | | I |
|------------------------------------|-----------|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| STOTIL TO US BUCKBIOURIA CHECKS | Compilant | |
| | | |
| | | • |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | bocumenting statement(s), it applicable |
| 5101.2 15 16 Attendance | Compilant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | 2 coamenting state mention in applicable |
| Requirements | 20 | |
| | | |
| | | |