# **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      |
| WEESE, ABIGAIL   | 000000956939699 | FCC - Type B Home |
| Address          | ·               | County            |
| 804 Whitehead Dr |                 | LICKING           |
|                  |                 |                   |
| Pataskala        |                 |                   |
| OH 43062         |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       | Unannounced  |  |
| Inspection Date        | Begin Time                     |                  | End Time          | End Time     |  |
| 05/11/2022             | 1:00 PM                        | 1:00 PM          |                   | 3:00 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Bradley Annett         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 7                              | 0                | 1                 | 6            |  |

| 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   |                  | 1          | 1         | 2     |
| <b>Total Under 2 Years</b>                                | 3                | 2          | 1         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 2         | 2     |
| School Age  |                  | 2          | 1         | 3     |
| Total Capacity/Enrollment                                 | 6                | 2          | 3         | 8     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Abigail                                      | Mixed Age Group | 1 to 5 |  |



# **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   |
| Domain: 02 Safe & Sanitary Environment  |
| Rule: 5101:2-13-12 Safe Environment   |
| Code: The program is required to refrain from using and storing potentially hazardous items, toxic substances,  |
| and outdoor machinery around children.  |
| Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored where       |
| children present had access to it as noted in number(s) [ ] below. The potentially hazardous substance or item  |
| that posed a risk to children was determined to be accessible to children in [bathroom, and kitchen].           |
| 9. Aerosol can  |
|   |
| 14. Other potentially hazardous substance, equipment or machinery: [ medication].                               |
| Provide staff training. Submit the program's corrective action plan, which includes a statement that the        |
| potentially hazardous substance or item is no longer accessible to children and/or children will not be outside |
| when machinery is in use and a statement that training was provided, to the Department to verify compliance     |
| with the requirements of this rule.   |
| Corrective Action Plan Due: 06/10/2022  |
|   |



### **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) [5] below, were in the [Children bathroom] restroom:

5. The plunger was accessible to the children.

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/10/2022

# **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-13-11 Outdoor Equipment

Code: Outdoor equipment is required to be safe.

Findings: During the inspection, it was determined that outdoor play equipment was unsafe as noted in the number(s) [5] below:

5. There was splintering wood.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

#### **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-13-11 Outdoor Space

Code: The program is required to have a shaded area in the outdoor play area.

Findings: During this inspection, it was determined that children were not provided access to a shaded area during outdoor play, as required by this rule. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number(s) [8] below:

8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

#### **Domain: 06 Program Information**

Rule: 5101:2-13-14 Driver Requirements

Code: The program is required to have all drivers complete and annually update the bus driver training.

Findings: During the inspection, it was determined that at least one employee who is responsible for transporting children did not have documentation of completion of the prescribed driver training as noted in number(s) [1] below:

- 1. No documentation on file
- 2. Incomplete documentation

Please refer to the Employee Record Chart which indicates any driver needing current documentation of completion of this training.

Complete the training as discussed. Submit the program's corrective plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

**Domain: 09 Children's Files** 

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) [ 14 ] below:

14. Enrollment form for at least one child was not updated by either the parent or the administrator

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/10/2022

## **Rules In-Compliance/Not Verified**

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|---|-----------|---|
| Rule                                      | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible              | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                      | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary          | Compliant |   |
| Closure                                   |           |   |
|   |           |   |
|   | •         |   |
| Rule                                      | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location           | Compliant |   |
| 8 2 2 3 3 6 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |           |   |
|   |           |   |
|   |           |   |
| 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 |   |
|   |           |   |
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| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-13-03 Inspection               | Compliant | bocamenting statement(s), it applicable  |
| Requirements                          | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements    | Compliant | Doddinenting Statement(s)) in approach   |
| for Type B Homes                      | Compilant |  |
| Tor Type B Homes                      |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |  |
| Homes                                 |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | Compliant |  |
| Combustible Materials in a Type B     | ·         |  |
| Home                                  |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B      | Compliant |  |
| Home                                  |           |  |
| Tiome                                 |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-05 Denial, Revocation, and  | Compliant |  |
| Suspension                            | ·         |  |
| ,                                     |           |  |
|                                       |           |  |
| 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                                |           |  |
|                                       |           |  |
|                                       | I -       |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
|                                       | 1         |  |
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| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Rule                                  | Chatus    | Documenting Statement(s), If applicable  |
|                                       | Status    | I DOCUMENTING STATEMENTIST, IT ADDITIONE |

| 5101:2-13-08 Whistle Blower   | Compliant           |   |
|---|---------------------|---|
| Rule 5101:2-13-09 Background Checks                                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-10 Health Training                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-10 Professional Development                          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-11 Fall Zone                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-12 Safe Equipment                                    | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Handwashing                                       | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-13 Smoke Free  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-13 Toothbrushing                                  | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips          | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status<br>Compliant | Documenting Statement(s), If applicable |

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| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
| 3101.2 13 14 Vernole inspections     | Compilant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Health Conditions       | Compliant |   |
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| Rule                                 | Status    | Documenting Statement(s) If annieshing    |
|                                      |           | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
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|                                      |           | ·   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
|                                      |           | bocumenting statement(3), 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 | <u> </u>                                  |
| 3101.2 13 10 Linergency Dinis        | Compilant |   |
|                                      |           |   |
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|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
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|                                      |           |   |
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| D 1                                  | 6         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      |           |   |
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|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s) If applicable    |
|                                      |           | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable   |
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| 5101:2-13-18 Attendance              | Compliant |   |
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| Rule   | Status    | Documenting Statement(s), If applicable |
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| 5101:2-13-19 Supervision   | Compliant |   |
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|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant |   |
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| 2.1  |           | D " C 1 1/ 1/ 1/ 1/ 1/                  |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance  | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap   | Compliant |   |
| Requirements   |           |   |
| The state of the s |           |   |
|  |           |   |
| 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 |   |
|  |           |   |
|  |           |   |
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| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk  | Compliant |   |
|  |           |   |
|  | 1         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling   | Compliant | Documenting Statement(s), it applicable |
| 3101.2 13 22 1 000 Hallalling  | Compilant |   |
|  |           |   |
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| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care   | Compliant |   |
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|--|------------------|---|
| 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        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Chatus           | Decumenting Statement(s) If applicable  |
| 5101:2-13-24 Parent Permission for     | Status Compliant | Documenting Statement(s), If applicable |
| Swimming                               | Compliant        |   |
| Swiiiiiiig                             |                  |   |
|  |                  |   |
| 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        | Bocumenting statement(s), if applicable |
| 5101.2 13 07 Frovider Responsibilities | Compilant        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant        |   |
|  |                  |   |
|  | <u> </u>         |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant        | Section 1 Section 1 Section 1           |
| Procedures                             |                  |   |
|  |                  |   |
|  | I -              |   |
| 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        |   |
| '                                      | ·                |   |
|  |                  |   |
|  | I -              |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant        |   |
|  |                  |   |
|  |                  |   |



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|-----------------------------|-----------|---|
| 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 |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |