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 | |
| WILLIAMS, TRACI | 00000969680887 | FCC - Type B Home | |
| Address | | County | |
| 3134 33RD ST NE | | STARK | |
| | | | |
| CANTON | | | |
| OH 44705 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 09/18/2021 | 9:24 AM | | 9:48 AM | |
| Reviewer: | | | | |
| Carly Karasarides | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 78 | 1 | 0 | 0 | 1 |

| 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 | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 2 | 0 | 2 |
| Total Capacity/Enrollment | 6 | 3 | 0 | 3 |

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

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post a current menu for the week.

Findings: During the inspection, it was determined that the program's weekly menu was not currently dated as required. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

| Corrective Action Plan Due: 10/18/2021 | |
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Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Driver Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | Documenting Statement(3), it applicable |
| 3101.2 13 23 mane bany care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child | Compliant | |
| Enrollment and Health Information' | | |
| | | |
| Rule | Status | Decumenting Statement/s) If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-10 Disaster Figit | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | 5 · · · · · · · · · · · · · · · · · · · |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-18 Ratio and Group Size | Compliant | |
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| Rule | Ctatus | Desumenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| 3101.2 13 11 md001 3pace | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | · | |
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| Rule | Ctatus | Decumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in Type B Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and | Compliant | 1 |
| | Compliant | |
| Lotions | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Pula | Chatus | Decumenting Statement (a) If any Park 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 |
| 5101:2-13-24 On-site Pools | Compliant | = ==================================== |
| 7101.2-13-24 OII-3IE FOOIS | Compnant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-22 Fluid Milk | Status Compliant | Documenting Statement(s), If applicable |
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| Closure | | |
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| Procedures | | |
| 5101:2-13-08 Review Policies and | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-14 Vehicle Inspections | Compliant | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
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| 2101:5-12-16 Standard Frecautions | Compliant | |
| Rule 5101:2-13-16 Standard Precautions | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Employee Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Smoke Free | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| Child Care Provider | | |
| Requirements for a Licensed Family | | |
| 5101:2-13-20 Sleep and Napping | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
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| Swimming | , | |
| 5101:2-13-24 Parent Permission for | Compliant | bocumenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
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| Homes | Compliant | |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |

| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
|---|-------------------|--|
| 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 | booumenting statement(s); it applicable |
| Pula | Chahus | Decumenting Statement/s) If applicable |
| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-10 incluent/injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-12 (ets | Compliant | |
| Dula | Chahua | Decumenting (teters out/s) If analisable |
| Rule 5101:2-13-24 Swimming Sites | Status Compliant | Documenting Statement(s), If applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| Dula | Chahara | Daniel State of the State of th |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| Pulo | Ctatus | Documenting Statement/s) If a reliable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Dulo | Status | Decumenting Statement(s) If applicable |
| Rule | | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
| Home | | |
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| Pula | Ctatus | Decumenting Statements of a reliable |
| Rule | Status | Documenting Statement(s), If 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 |
| 5101:2-13-16 Medical, Dental, and | Compliant | 0 (7) |
| General Emergency Requirements | Compilant | |
| deficial Efficiency Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage | Compliant | O THE STATE OF THE |
| 3101.2 13 23 Wedledton Storage | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | 2 Journal of Control o |
| • • | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | · · | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Toothbrushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and | Compliant | |
| Equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant | bootimenting statement(s), in applicable |
| Portal | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | Documental generality in approach |
| 3101.2-13-13 Cilila 3 Medical | Compilant | |
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| Pulo | Status | Documenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
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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 applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
| 5101.2 13 02 morniation in octor | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
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| 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 |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Decumenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
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