

## 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      |
| LEMONS, EDNA E    | 00000970010327 | FCC - Type B Home |
| Address           |                | County            |
| 1055 VAN DYKE AVE |                | SCIOTO            |
|                   |                |                   |
| WHEELERSBURG      |                |                   |
| ОН 45694          |                |                   |

|                    | Inspection Information         |                  |                   |              |  |
|--------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type    | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance         | Full                           |                  | Unannounced       |              |  |
| Inspection Date    | Begin Time                     |                  | End Time          |              |  |
| 08/02/2022         | 9:15 AM                        |                  | 10:39 AM          |              |  |
| Reviewer:          |                                |                  |                   |              |  |
| William Stidham    |                                |                  |                   |              |  |
|                    | Summary of Findings            |                  |                   |              |  |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                 | 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          | 1         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 1         | 1     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 1          | 3         | 4     |
| School Age  |                  | 6          | 3         | 9     |
| Total Capacity/Enrollment                                 | 6                | 8          | 6         | 15    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Edna's Group                                 | 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

**Moderate Risk Non-Compliances** 

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.



Findings: During the inspection, it was determined the water temperature was 124 in the following room, restroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/01/2022

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

| 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 |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant |   |
|                                    | Compliant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical      | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Dula                               | Chatura   | Desumenting Statement(s) If any list is |
| 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 |   |
| Homes                                 |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 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                                  | compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and  | Compliant |   |
| Suspension                            |           |   |
|                                       | 1         | L                                       |
| 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                                |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements    | Compliant |   |
|                                       |           |   |
| <u></u>                               | 1         |   |
| 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 |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
|                                       |           |   |
|                                       | 1         | 1                                       |
|                                       |           |   |



| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-10 Health Training       | Compliant |   |
|                                    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
|                                    | ·         | <u>.</u>                                |
| 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 |   |
|                                    |           |   |
|                                    |           |   |
|                                    | •         | ·                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant |   |
| equipment                          |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing           | Compliant |   |
| -                                  |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | 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 and Routine Trips               | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision<br>for Field and Routine Trips   | Compliant           |  |
| Dula  | Chatura             | Decumenting (teters ant/s) If emplicable |
| Rule<br>5101:2-13-14 Driver Requirements                            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Desumanting Statement(s) If applicable   |
| 5101:2-13-14 Vehicle Inspections                                    | Compliant           | Documenting Statement(s), If applicable  |
| Dul   | Chatura             |  |
| Rule<br>5101:2-13-14 Vehicle Requirements                           | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Dult  | Chatura             |  |
| Rule<br>5101:2-13-15 Child Medical and<br>Enrollment Records        | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Dul   | Chatura             |  |
| Rule<br>5101:2-13-15 Health Conditions                              | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-15 Child Records Retention<br>and Confidentiality | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and<br>General Emergency Plan         | Compliant           |  |
|   |                     |  |
| Rule<br>5101:2-13-16 Emergency Drills                               | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   | -                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |



| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases              | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                    | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan                      | Compliant           |   |
|   |                     |   |
| Rule  | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance                         | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                        | Compliant           |   |
| Rule  | Status              | Documenting 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           |   |
| Rule  | Status              | Documenting 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<br>Requirements   | Compliant           |   |
| Rule  | Status              | Documenting Statement(s) If applicable  |
| Nule  | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-21 Evening and Overnight Care            | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment<br>and Hygiene   | Compliant           |   |
|  |                     |   |
| Rule<br>5101:2-13-22 Meals and Snacks              | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule<br>5101:2-13-22 Fluid Milk                    | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     | I                                       |
| Rule<br>5101:2-13-22 Food Handling                 | Status<br>Compliant | Documenting Statement(s), If applicable |
| 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<br>Preparation | Compliant           |   |
|  | -                   |   |
| Rule<br>5101:2-13-23 Diapering                     | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming        | Compliant           |   |
| Dula   | Chabus              |   |
| Rule<br>5101:2-13-25 Medication<br>Requirements    | Status<br>Compliant | Documenting Statement(s), If applicable |
|  | ·                   |   |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities             | Compliant           |   |



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|-----------|--|
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