# **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      |
| HATFIELD, HEATHER     | 000000986061778 | FCC - Type B Home |
| Address               | •               | County            |
| 531 St. Joseph Street |                 | SANDUSKY          |
|                       |                 |                   |
| Fremont               |                 |                   |
| OH 43420              |                 |                   |

| Inspection Information |                                                     |            |                   |              |  |
|------------------------|-----------------------------------------------------|------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                                       | cope       | Inspection Notice |              |  |
| Compliance             | Full                                                |            | Unannounced       |              |  |
| Inspection Date        | Begin Time                                          | Begin Time |                   | End Time     |  |
| 06/06/2022             | 3:50 PM                                             | 3:50 PM    |                   | 4:32 PM      |  |
| Reviewer:              |                                                     |            |                   |              |  |
| Sarah Mason            |                                                     |            |                   |              |  |
| Summary of Findings    |                                                     |            |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances No. Serious Risk No. |            | No. Moderate Risk | No. Low Risk |  |
| 68                     | 2                                                   | 0          | 0                 | 2            |  |

| 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                                             |                  | 1          | 0         | 1     |
| Preschool                                                 |                  | 2          | 0         | 2     |
| School Age                                                |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 8          | 0         | 9     |

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



## **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  |
|                                                                       |
|                                                                       |
|                                                                       |
|                                                                       |
| Madayata Bidi Nan Camulianasa                                         |
| 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 [ 121.3 ] in the following room(s) [ bathroom ]. 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: 07/06/2022

### Domain: 05 Health & Safety

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

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.

Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) [1] below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/06/2022

### **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 |                                         |
|                                  |           |                                         |

| Beg <u>inning</u> !                   |           |                                             |
|---------------------------------------|-----------|---------------------------------------------|
|                                       |           |                                             |
|                                       |           |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Information in OCLQS     | Compliant | bootimenting statement(s), it approasie     |
| 3101.2-13-02 illioilliation ill OCLQ3 | Compliant |                                             |
|                                       |           |                                             |
|                                       |           |                                             |
|                                       |           |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Provider Medical         | Compliant |                                             |
|                                       | ·         |                                             |
|                                       |           |                                             |
|                                       | 1         |                                             |
| Rule                                  | Status    | Documenting Statement/s) If applicable      |
|                                       |           | 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 | C (n IFF                                    |
|                                       | Compliant |                                             |
| for Type B Homes                      |           |                                             |
|                                       |           |                                             |
|                                       | 1         |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |                                             |
| Homes                                 | ·         |                                             |
| Tiomes                                |           |                                             |
|                                       |           |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
|                                       |           | Documenting Statement(s), it applicable     |
| 5101:2-13-04 Flammable and            | Compliant |                                             |
| Combustible Materials in a Type B     |           |                                             |
| Home                                  |           |                                             |
|                                       | 1         |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
|                                       |           | Documenting Statement(s), it 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                            | -3p       |                                             |
| Juspension                            |           |                                             |
|                                       |           |                                             |
|                                       | C         | D " " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '     |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Staff Records            | Compliant |                                             |
|                                       |           |                                             |
|                                       |           |                                             |
|                                       |           |                                             |
| Rule                                  | Status    | Documenting Statement(s), If applicable     |
|                                       |           | bootheriding otalerinerit(s), it 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   |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
| 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   |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
| Dulo                               | Chatus      | Decumenting Statement (a) If a well-all- |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks     | Compliant   |                                          |
|                                    |             |                                          |
|                                    | <u> </u>    | 1                                        |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training       | Compliant   | boarnering statement(s), it applicable   |
| Jioi.2 13 10 Health Halling        | Compilation |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional          | Compliant   | , , , , , , , , , , , , , , , , , , ,    |
| Development                        | ·           |                                          |
| ·                                  |             |                                          |
|                                    |             |                                          |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant   |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
|                                    | I a         |                                          |
| 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   | bocumenting statement(s), it applicable  |
|                                    | Compilant   |                                          |
|                                    |             |                                          |
|                                    | <u>'</u>    |                                          |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment        | Compliant   |                                          |
| 11-11                              | ,           |                                          |
|                                    |             |                                          |
|                                    |             |                                          |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
|                                    |             |                                          |

| 5101:2-13-13 Clean environment and equipment                   | Compliant           |                                         |
|----------------------------------------------------------------|---------------------|-----------------------------------------|
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                                       | Compliant           | Documenting Statement(s), if applicable |
| Dulo                                                           | Status              | Documenting Statement/s) If applicable  |
| Rule 5101:2-13-13 Smoke Free                                   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 3101.2 13 13 3Moke free                                        | Compliant           |                                         |
| Bulo                                                           | Ctatus              | Documenting Statement(s) If applicable  |
| Rule 5101:2-13-13 Toothbrushing                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| J101.2-13-13 TOOLHDI USHING                                    | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                            | Compliant           | Documenting statement(s), if applicable |
| and Routine Trips                                              | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                               | Compliant           |                                         |
|                                                                |                     |                                         |
| S101:2-13-14 Vehicle Inspections                               | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                                                |                     |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant           |                                         |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant           | Documenting Statement(3), if applicable |
| Rule                                                           | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant           |                                         |
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|                                      | 1         |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |                                         |
| and Confidentiality                  |           |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |                                         |
| General Emergency Plan               | '         |                                         |
| general Entergency visit             |           |                                         |
|                                      |           |                                         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant | Documental & state mention, in approach |
| 3101.2 13 10 Emergency Drins         | Compilant |                                         |
|                                      |           |                                         |
|                                      | 1         |                                         |
| Rule                                 | Status    | Documenting 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 |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
|                                      |           |                                         |
| 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    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |                                         |
| 3101.2-13-16 Attendance              | Compliant |                                         |
|                                      |           |                                         |
|                                      | 1         |                                         |
| Pulo                                 | Status    | Documenting Statement(s) If a reliable  |
| 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 |                                         |
|                                      |           |                                         |
| 1                                    | 1         | •                                       |
|                                      |           |                                         |



| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-19 Child Guidance         | Compliant |                                         |
|                                     | John Sand |                                         |
|                                     |           |                                         |
|                                     |           |                                         |
| 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       | Compliant |                                         |
| Requirements                        |           |                                         |
|                                     |           |                                         |
| 2.1                                 | Louis     |                                         |
| 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 | bocumenting statement(3), if applicable |
| and Hygiene                         | Compilant |                                         |
| and myglene                         |           |                                         |
|                                     |           |                                         |
| 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 |                                         |
|                                     |           |                                         |
|                                     |           |                                         |
| D. J.                               | Chahara   | De sur estima Chahaman (1) (C. 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 | bocumenting statement(s), if applicable |
|                                     | Compliant |                                         |
|                                     |           |                                         |
| <u> </u>                            | 1         |                                         |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     | - 30.00   |                                         |

| 5101:2-13-25 Medication<br>Requirements                 | Compliant           |                                                              |
|---------------------------------------------------------|---------------------|--------------------------------------------------------------|
|                                                         |                     |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13-07 Provider Responsibilities                  | Compliant           |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13-18 Group Size and Ratios                      | Compliant           | Documenting Statement(3), if applicable                      |
|                                                         |                     |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13 Written Policies and Procedures               | Compliant           |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only | Compliant           |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13-11 Indoor Space                               | Compliant           | g control (c), a spp. or |
|                                                         |                     |                                                              |
| Rule 5101:2-13-17 Programming                           | Status Compliant    | Documenting Statement(s), If applicable                      |
| Dula                                                    | Chahua              | Decumenting Statement (a) If a relicable                     |
| Rule 5101:2-13-24 On-site Pools                         | Status<br>Compliant | Documenting Statement(s), If applicable                      |
|                                                         |                     |                                                              |
| Rule                                                    | Status              | Documenting Statement(s), If applicable                      |
| 5101:2-13-17 Materials and Equipment                    | Compliant           |                                                              |
|                                                         |                     |                                                              |