# **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      |
| WILSON, LINDA K | 00000901505641 | FCC - Type B Home |
| Address         | •              | County            |
| 200 PARK AVE    |                | SENECA            |
|                 |                |                   |
| TIFFIN          |                |                   |
| OH 44883        |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 10/16/2023             | 10:00 AM                       |                  | 12:00 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jayne Goshe            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | 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   |                  | 3          | 0         | 3     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 4     |

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

### **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| 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: 00 License & Approvals** 

Rule: 5101:2-13-04 Fire Safety for Type B Homes

Code: The program is required to meet all requirements for fire extinguishers.

Findings: During the inspection, it was determined the fire extinguisher was not meeting the requirements in the following number(s) 4 listed below:

- 1. There was no fire extinguisher.
- 2. The fire extinguisher was not working.
- 3. The fire extinguisher was not rated at the minimum rating.
- 4. The fire extinguisher had expired.
- 5. The fire extinguisher was not located in the kitchen where food is provided for child care or cooking area.

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

Corrective Action Plan Due: 11/15/2023

#### 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) 2,3,4,5,6,7,8,9,10,11,12,13,14 and 15 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 11/15/2023

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-02 License Visible       | Compliant | 0 (" 11                                 |
|                                    | '         |   |
|                                    |           |   |
|                                    | -         |   |
| 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 | Documenting Statement(s), it applicable |
| 3101.2 13 02 change of Location    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Dula                               | Chahus    | Decumenting Chatemantle) If annihable   |
| Rule 5101:2-13-02 Provider Medical | 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                       |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant |   |
| for Type B Homes                   |           |   |
|                                    | 1         | l                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and         | Compliant | 6                                       |
| Combustible Materials in a Type B  | - 1       |   |
| Home                               |           |   |
|                                    |           | 1                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | , |

| 5101:2-13-04 Heaters in a Type B<br>Home | Compliant        |  |
|--|------------------|--|
|  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records               | Compliant        | The second secon |
|  |                  |  |
|  |                  |  |
| 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        |  |
|  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff            | Compliant        | Documenting Statement(s), it applicable  |
| Requirements                             | Compilant        |  |
| ·  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower              | Compliant        | bocumenting statement(s), it applicable  |
|  | ·                |  |
|  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-09 Background Checks           | Compliant        |  |
|  |                  |  |
|  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training             | Compliant        |  |
|  |                  |  |
| Pulo                                     | Status           | Documenting Statement/s) If applicable   |
| Rule 5101:2-13-10 Professional           | Status Compliant | Documenting Statement(s), If applicable  |
| Development Development                  | Compliant        |  |
|  |                  |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space               | Compliant        | g : :zeeg, applicasie  |
|  |                  |  |
|  | <u> </u>         |  |
| Rule                                     | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment           | Compliant        |  |

|                                       | . <b>L</b>          |   |
|---------------------------------------|---------------------|---|
| 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       |
| 5101:2-13-12 Safe Environment         | 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           | Document & State of the Approximation         |
|                                       | ·                   |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-13 Toothbrushing            | Compliant           | Dodanie M. G. Cartellia M. (6), ii applicatio |
|                                       | '                   |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-14 Requirements for Field   | Compliant           | 2 comments of statement (s), it applicable    |
| and Routine Trips                     | · ·                 |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable       |
| 5101:2-13-14 Ratio and Supervision    | Compliant           | bocumenting statement(s), ii applicable       |
| for Field and Routine Trips           |                     |   |
| <u> </u>                              |                     |   |
| Pulo                                  | Status              | Documenting Statemental If and in the         |
| Rule 5101:2-13-14 Driver Requirements | Status<br>Compliant | Documenting Statement(s), If applicable       |
| 5251.2 15 11 Briver Requirements      | Simpliant           |   |

| Beginning!                           |           |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           | <u> </u>                                |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant | bocamenting statement(5), if applicable |
| 3101.2-13-14 Vehicle hispections     | Compilant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
| ·                                    | ·         |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           | Documenting statement(s), if applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
| and confidentiality                  |           |   |
|                                      | <u> </u>  |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), 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 | the grant of the spirit                 |
| 3101.2 13 10 Emergency Dims          | Compilant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | 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 | bodinenting statement(s), it applicable |
| 5101:2-13-16 Communicable Diseases   | Compilant |   |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
| , , ,                                | · ·       |   |
|                                      |           |   |
|                                      | I.        |   |
| Dulo                                 | Ctatus    | Decumenting Statement/s) If a williand  |
| 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 | Documenting Statement(s), it applicable |
| J101.2-13-16 Attenuance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant | bootimenting statement(s), it approars  |
| 3101.2 13 13 3ape. 1.5.5            | Compliant |   |
|                                     |           |   |
|                                     | -         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant |   |
|                                     | '         |   |
|                                     |           |   |
| <u></u>                             |           |   |
| 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                        |           |   |
|                                     |           |   |
|                                     | T ,       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
| L                                   |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant | Documenting statement(s), it approaches |
| Care                                | 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| 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 |   |
|  |           |   |
|  |           |   |
|  | T         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Compliant |   |
|  |           |   |
|  |           | <u> </u>                                |
| 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                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant | Bocamenting statement(3), it applicable |
| Swimming                               |           |   |
|  |           |   |
|  |           |   |
| 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 | Documenting Statement(3), if applicable |
| 3101.2 13 07 Hovider Responsibilities  | Compilant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s) If applicable  |
| 5101:2-13 Written Policies and         | Status    | Documenting Statement(s), If applicable |
| Procedures                             | Compliant |   |
| Trocedures                             |           |   |
|  |           |   |
| 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 |  |
|-----------------------------|-----------|--|
|                             |           |  |
| Rule                        | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming    | Compliant | bocumenting statement(s), if applicable  |
| 3101.2 13 17 110gramming    | Compliant |  |
|                             |           |  |
|                             |           |  |
| Rule                        | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 On-site Pools  | Compliant |  |
|                             |           |  |
|                             |           |  |
| Rule                        | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Pets           | Compliant | Boodinenting statement(s), it approaches |
|                             |           |  |
|                             |           |  |
|                             |           |  |
| 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                   |           |  |
|                             |           |  |
|                             |           |  |