



## 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<br>MOONEY, DEBRA                             | Program Number<br>000000919420146 | Program Type<br>FCC - Type B Home |
| Address<br>200 W. SLINGLUFF AVE.<br><br>DOVER<br>OH 44622 |                                   | County<br>TUSCARAWAS              |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>08/05/2021 | Begin Time<br>9:30 AM    | End Time<br>11:45 AM             |
| Reviewer:<br>Lenore Septer    |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>78 | No. Rules with Non-compliances<br>1 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>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)                                 | 3                | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                |                  | 0          | 0         | 0     |
| Older Toddler   | 6                | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 7          | 0         | 7     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 9          | 0         | 9     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Debra Mooney                                 | Mixed Age Group | 1 to 6         |         |



### 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**

[Greyed out area]

[Empty area]

#### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

[Greyed out area]

[Empty area]

#### Low Risk Non-Compliances

**Domain: 09 Children's Files**

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

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) 3 and 4 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 parent information
4. Complete emergency contact information
5. Complete physician information
6. Information regarding the parent list
7. Health information
8. Additional information for all boxes checked "yes"
9. Emergency transportation information
10. Parent/guardian's signature
11. Diapering Statement
12. Acknowledgement of Policies and Procedures
13. Enrollment form for at least one child was not updated by either the parent or the administrator
14. Enrollment form for at least one child was not signed by the administrator
15. Other [ ]

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

Corrective Action Plan Due: 09/04/2021

**Rules In-Compliance/Not Verified**

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant |   |
| 5101:2-13-02 License Posted      | Compliant |   |
| 5101:2-13-10 Health Training B   | Compliant |   |
| 5101:2-13-16 Disaster Plan       | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-18 Ratio and Group Size                               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size                               | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements                              | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in Type B Home | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and Lotions                       | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                                     | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Homes                       | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant |   |
| 5101:2-13-13 Smoke Free   | Compliant |   |
| 5101:2-13-16 Standard Precautions   | Compliant |   |
| 5101:2-13-14 Vehicle Inspections  | Compliant |   |
| 5101:2-13-22 Fluid Milk   | Compliant |   |
| 5101:2-13-14 Vehicle Requirements   | Compliant |   |
| 5101:2-13-11 Fall Zone  | Compliant |   |
| 5101:2-13-16 Incident/Injury  | Compliant |   |
| 5101:2-13-23 Diapering  | Compliant |   |
| 5101:2-13-22 Food Handling  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |



|  |               |  |
|--|---------------|--|
| 5101:2-13-12 Safe Environment                                    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Equipment                                   | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Child Guidance                                      | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 First Aid Kit                                       | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Heaters in a Type B Home                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips   | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-25 Medication Storage                                  | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 School Age Supervision                              | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-17 Materials and Equipment                             | Compliant     |  |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-19 Supervision                              | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and Equipment          | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases                    | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements                  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider Portal           | 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 |
| 5101:2-13-16 Serious Incident                         | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development                 | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical                          | Compliant |   |



| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-22 Meals and Snacks      | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions     | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical      | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Compliant |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant |   |





| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-03 Inspection Requirements | Compliant |   |