

# **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      |
| JORDAN, TYINA   | 00000935299149 | FCC - Type B Home |
| Address         |                | County            |
| 1046 BRICE RD.  |                | FRANKLIN          |
| REYNOLDSBURG    |                |                   |
| OH 43068        |                |                   |

|                    | Insp                           | ection Information |                   |              |  |
|--------------------|--------------------------------|--------------------|-------------------|--------------|--|
| Inspection Type    | Inspection So                  | Inspection Scope   |                   |              |  |
| Compliance         | Full                           | Full               |                   |              |  |
| Inspection Date    | Begin Time                     | Begin Time         |                   |              |  |
| 08/25/2025         | 10:00 AM                       | 10:00 AM           |                   | 12:15 PM     |  |
| Reviewer:          | ·                              |                    |                   |              |  |
| Jamie Nunamaker    | r-Dukuray                      |                    |                   |              |  |
|                    | Sui                            | mmary of Findings  |                   |              |  |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk   | No. Moderate Risk | No. Low Risk |  |
| 68                 | 4                              | 0                  | 1                 | 4            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 5     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| JORDAN, TYINA                                | Mixed Age Group | 1 to 1         |         |



#### **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 |  |
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### **Moderate Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing potentially hazardous items, toxic substances, and outdoor machinery around children.

Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored where children present had access to it as noted in number 14 below. The potentially hazardous substance or item that posed a risk to children was determined to be accessible to children in the Family Child Care Backyard.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: Outside gas grill within Backyard Family Child Care area.



Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/24/2025

#### **Low Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 2/23/2025. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/24/2025

#### Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in numbers 8, 9, 18 and 19 below: Procedures:

- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated



- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/24/2025

#### **Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the Substitute CCSM was left alone with children and did not have current valid documentation for trainings listed in numbers 1 and 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule



- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 09/24/2025

**Domain: 08 Staff Files** 

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings listed in numbers 1 and 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule



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

Corrective Action Plan Due: 09/24/2025

## Rules In-Compliance/Not Verified

| Rule  | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5180:2-13-02 Voluntary Temporary<br>Closure         | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 License Visible                        | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Change of Location                     | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Information in OCLQS                   | Compliant | bocamenting statement(s), it applicable  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-02 Provider Medical                       | Compliant | Bocamenting statement(s), it applicable  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |  |
| Dula  | Chatana   | December 5 to 10 t |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-04 Fire Safety for Type B<br>Homes        | Compliant |  |
|   |           |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |



| 5180:2-13-04 Flammable and             | Compliant                         |   |
|--|-----------------------------------|---|
| Combustible Materials in a Type B      |                                   |   |
| Home                                   |                                   |   |
|  |                                   |   |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B       | Compliant                         | 8                                       |
| Home                                   |                                   |   |
| Home                                   |                                   |   |
|  |                                   |   |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records             | Compliant                         | Decamenting statement(s)) in approach   |
| Jisoiz is or stair necords             | Compilant                         |   |
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| Rule                                   | Status                            | Documenting Statement(s), If applicable |
|  |                                   | bodumenting statement(s), if applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant                         |   |
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| Rule                                   | Chatuc                            | Documenting Statement/s) If and itself  |
| 113112                                 | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and         | Compliant                         |   |
| Procedures                             |                                   |   |
|  |                                   |   |
|  | -                                 |   |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster  | Compliant                         |   |
| Parent                                 |                                   |   |
|  |                                   |   |
|  |                                   |   |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements     | Compliant                         |   |
|  |                                   |   |
|  |                                   |   |
|  |                                   |   |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff          | Compliant                         |   |
| Requirements                           |                                   |   |
|  |                                   |   |
|  |                                   | -                                       |
| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower            | Compliant                         |   |
|  | observation ( The Property Co. 1) |   |
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| Rule                                   | Status                            | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks         | Compliant                         |   |
| 310012 10 00 Background Checks         | Simpliant                         |   |
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| Rule                                   | Status                            | Documenting Statement(s), If applicable |
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|---|--|--|
| 5180:2-13-10 Professional               | Compliant  |  |
| Development                             |  |  |
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| Dollar.                                 | Chal   | December 1 Chatanage 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-11 Indoor Space               | Compliant  |  |
|   |  |  |
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| p.d-                                    | Chaha  | December 1 - Chat are all   If a reliable                  |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-11 Outdoor Space              | Compliant  |  |
|   |  |  |
|   |  |  |
| D.J.                                    | Chahara  | Down at the Chatanant of the and the late                  |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-11 Outdoor Equipment          | Compliant  |  |
|   |  |  |
|   |  |  |
| Dula                                    | Chahua   | Decree asking Cinternation II                              |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-11 Fall Zone                  | Compliant  |  |
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| DI-                                     | C+-+   | D  |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-12 Safe Equipment             | Compliant  |  |
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| Dula                                    | Chahara  | Decomposition (that are partle) If a pulicipal is          |
| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-12 Carbon Monoxide            | Compliant  |  |
| Detectors - Type B Only                 |  |  |
|   |  |  |
| Rule                                    | Status   | Decumenting Statement/s) If a selice let                   |
| *************************************** | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-12 Pets                       | Compliant  |  |
|   |  |  |
|   |  |  |
| Rule                                    | Status   | Decumenting Statement(s) If applicable                     |
| 5180:2-13-13 Clean environment and      | The Control of the Co | Documenting Statement(s), If applicable                    |
|   | Compliant  |  |
| equipment                               |  |  |
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| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-13 Smoke Free                 | Compliant  |  |
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| Rule                                    | Status   | Documenting Statement(s), If applicable                    |
| 5180:2-13-15 Child Medical and          | Compliant  |  |
| Enrollment Records                      |  |  |



| Rule  | Status                                   | Documenting Statement(s), If applicable |
|---|--|---|
| 5180:2-13-13 Handwashing  | Compliant                                |   |
|   |  |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing  | Compliant                                |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field                               | Compliant                                | Documenting Statement(s), if applicable |
| and Routine Trips   | Compilant                                |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision<br>for Field and Routine Trips | Compliant                                |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements                                  | Compliant                                |   |
|   |  |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections                                  | Compliant                                |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements                                 | Compliant                                | bocumenting statement(s), if applicable |
|   |  |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions                                    | Compliant                                |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention                              | Compliant                                | 0 (7)                                   |
| and Confidentiality   | J. J |   |
| Rule  | Status                                   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and                                 | Compliant                                |   |
| General Emergency Plan  |  |   |



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| 5180:2-13-16 Communicable Diseases   Compliant   |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-16 Incident/Injury Compliant   |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-17 Programming Compliant   |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-17 Materials and Compliant   | cubic    |
|  |          |
| Equipment  |          |
|  |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-18 Group Size and Ratios Compliant   |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-18 Attendance Compliant  |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |
| 5180:2-13-19 Supervision Compliant   |          |
| Compliant  |          |
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| Rule Status Documenting Statement(s), If appli   | cable    |
|  | cable    |
| 5180:2-13-19 School Age Supervision Compliant  |          |
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| Rule Status Documenting Statement(s), If applie  | cable    |



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|-------------------------------------|--------------------------------|--|
| 5180:2-13-21 Evening and Overnight  | Compliant                      |  |
| Care                                |                                |  |
|                                     |                                |  |
|                                     |                                |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-20 Sleep and Nap          | Compliant                      |  |
| Requirements                        |                                |  |
| - Requirements                      |                                |  |
|                                     | !                              |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-19 Child Guidance         | Compliant                      | Documenting Statement(3), if applicable  |
| 3180.2-13-19 Child Guidance         | Compliant                      |  |
|                                     |                                |  |
|                                     |                                |  |
|                                     | - W 190                        |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-20 Crib and Playpen       | Compliant                      |  |
| Requirements                        |                                |  |
|                                     |                                |  |
|                                     |                                |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-21 Sanitary Environment   | Compliant                      |  |
| and Hygiene                         | anninamentaj are establisheno. |  |
| and myglene                         |                                |  |
|                                     |                                |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Meals and Snacks       |                                | boddinenting statement(3), it applicable |
| 3160.2-13-22 Medis and Shacks       | Compliant                      |  |
|                                     |                                |  |
|                                     |                                |  |
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| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Food Handling          | Compliant                      |  |
|                                     |                                |  |
|                                     |                                |  |
|                                     | Î -                            |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Fluid Milk             | Compliant                      |  |
|                                     |                                |  |
|                                     |                                |  |
|                                     |                                |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Daily Care      | Compliant                      |  |
|                                     | 1                              |  |
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| <u> </u>                            | t .                            | <u>.</u>                                 |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 440                                 |                                | Documenting Statement(s), if applicable  |
| 5180:2-13-23 Infant Bottle and Food | Compliant                      |  |
| Preparation                         |                                |  |
|                                     | 1                              |  |
|                                     |                                |  |
| Rule                                | Status                         | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Diapering              | Compliant                      |  |
|                                     |                                |  |



| Pula   | Status    | Decumenting Statement(s) If applicable  |
|--|-----------|---|
| Rule 5180:2-13-24 On-site Pools                | Compliant | Documenting Statement(s), If applicable |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Swimming Sites                    | Compliant | Documenting Statement(s), if applicable |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-24 Parent Permission for<br>Swimming | Compliant | Documenting statement(s), it applicable |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication<br>Requirements        | Compliant | Seament, Seatement (S), ii approasie    |