

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 | Program Number | Program Type |
| TUCKER, CHRISTINA | 000000941960902 | FCC - Type B Home |
| Address | | County |
| 131 BLUE SPRUCE CT. | | DELAWARE |
| | | |
| DELAWARE | | |
| OH 43015 | | |

| | Insp | ection Information | | |
|---------------------|--------------------------------|--------------------|-------------------|--------------|
| Inspection Type | Inspection S | соре | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 11/24/2021 | 10:10 AM | | 2:44 PM | |
| Reviewer: | | | | |
| Tammy Mannasmith | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 1 | 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) | | 0 | 0 | 0 |
| Young Toddler | | 4 | 0 | 4 |
| Total Under 2 Years | 3 | 4 | 0 | 4 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 4 | 0 | 4 |
| School Age | | 6 | 0 | 6 |
| Total Capacity/Enrollment | 6 | 10 | 0 | 14 |

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

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.



Findings: During the inspection, it was determined the JFS 01201 "Dental First Aid" was not the current version. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 12/24/2021

Domain: 03 Postings & Equipment

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.

3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.

4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.

5. Location of children's records was not complete.

6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.

7. The current version of the prescribed form was not used.

8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 12/24/2021

Rules In-Compliance/Not Verified

| | Rule | Status | Documenting Statement(s), If applicable |
|---|------------------------------|-----------|---|
| | 5101:2-13-02 License Visible | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | |
| STOLL IS OF CHANGE OF LOCATION | compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
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| Dula | Chabura | |
| Rule Building Requirements for Type B | Status Compliant | Documenting Statement(s), If applicable |
| Homes | Compliant | |
| homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
| Dula | Chabura | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant | |
| Suspension | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|---|
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | bocumenting statement(s), if applicable |
| Requirements | compliant | |
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| D. In | Chattan | |
| Rule 5101:2-13-08 Whistle Blower | Status Compliant | Documenting Statement(s), If applicable |
| S101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-12 Safe Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | Compliant | |
| equipment | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| 5101.2-15-15 100thblushing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| STOTIZ TO THE DIMENTICULE INCIDENTS | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and Enrollment Records | Compliant | |
| Dula | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-15 Health Conditions | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | becamenting statement(s), in applicable |
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| Rule 5101:2-13-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 Communicable Diseases | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 Incident/Injury | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 Disaster Plan | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-18 Attendance | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-19 Supervision | Status Compliant | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |
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| Rule | Status | Documenting Statement(s). If applicable |
| | Status Compliant | Documenting Statement(s), If applicable |
| Rule 5101:2-13-22 Fluid Milk | Compliant | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
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| 5101:2-13-22 Fluid Milk Rule | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| 5101:2-13-22 Fluid Milk Rule | Compliant | |
| 5101:2-13-22 Fluid Milk Rule | Compliant | |
| 5101:2-13-22 Fluid Milk Rule 5101:2-13-22 Food Handling | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk Rule 5101:2-13-22 Food Handling Rule | Compliant Status Compliant Status | |
| 5101:2-13-22 Fluid Milk Rule 5101:2-13-22 Food Handling | Compliant Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk Rule 5101:2-13-22 Food Handling Rule | Compliant Status Compliant Status | Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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| Dula | Chathar | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Rule | Status | Decumenting Statement(c) If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-18 Group Size and Natios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | | |



| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| quipment | | |
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