## **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      |
| WELLS, LYNNISE        | 000000951573620 | FCC - Type B Home |
| Address               |                 | County            |
| 702 E. Florida Avenue |                 | MAHONING          |
|                       |                 |                   |
| Youngstown            |                 |                   |
| OH 44502              |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/27/2023             | 9:16 AM                        |                  | 10:15 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Cynthia Horvatich      |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 1                              | 0                | 0                 | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 2          | 0         | 2     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 9          | 0         | 9     |
| Total Capacity/Enrollment                                 | 6                | 13         | 0         | 15    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| NaNa's Den                                   | 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: 08 Staff Files

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to have documentation on file at the program of all trainings.

Findings: During the inspection, it was determined the provider did not have training documentation on file. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 03/29/2023

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

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-02 License Visible       | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Desumenting Statement/s) If applicable  |
| 5101:2-13-02 Voluntary Temporary   | Compliant | Documenting Statement(s), If applicable |
| Closure                            | Compilant |   |
| Closure                            |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location    | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS  | Compliant | Documenting Statement(s), if applicable |
| 5101.2 15 02 information in Octos  | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical      | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant | д                                       |
| Requirements                       | ,         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant |   |
| for Type B Homes                   |           |   |
| 1                                  | <u>I</u>  |   |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| Homes                                 |           |   |
|                                       | <u> </u>  |   |
|                                       | I         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant |   |
| Combustible Materials in a Type B     |           |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
|                                       | 1 -       |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records            | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| D. I.                                 | Chahara   | December 5 Statement (1) if It II       |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       |           |   |
| Dula                                  | Chahus    | Decumenting Statement (s) If applicable |
| 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 | bocamenting statement(s), it applicable |
| Requirements                          | Compilant |   |
| Requirements                          |           |   |
| _                                     | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant | 3 17                                    |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant |   |
| 3                                     | '         |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant | -                                       |
|                                       | '         |   |
|                                       |           |   |
|                                       |           |   |

| Rule                                | Status    | Documenting Statement(s), If applicable  |
|-------------------------------------|-----------|--|
| 5101:2-13-11 Outdoor Space          | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment      | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| 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 | bootimenting statement(s), it applicable |
| 3101.2 13 12 sare Equipment         | Compilant |  |
|                                     |           |  |
|                                     | •         |  |
| 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                           |           |  |
|                                     |           |  |
| P. J.                               | Chahara   | December 2 Chatago ant/a\ If a calicable |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing            | Compliant |  |
|                                     |           |  |
| <u> </u>                            | ı         | 1  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free             | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing          | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     | 1         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field | Compliant |  |
| and Routine Trips                   |           |  |
|                                     | ı         |  |
| Rule                                | Status    | Documenting Statement(s) If applicable   |
| nule                                | 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          | Documenting Statement(s), If applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                               | Compliant          | Documenting Statement(s), if applicable  |
| Dula   | Chahara            | Decrease time Chateman (A) If a multiple |
| Sule 5101:2-13-14 Vehicle Requirements                         | Compliant          | Documenting Statement(s), If applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant          | bocumenting statement(s), it applicable  |
| D.J.   | Ctatura            | Decision Chahaman Mah If a militaria     |
| Sule 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          | bocumenting statement(s), if applicable  |
|  |                    |  |
| Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan  | Status Compliant   | Documenting Statement(s), If applicable  |
| Pulo   | Chatus             | Decumenting Statement/s) If applicable   |
| Rule 5101:2-13-16 Emergency Drills                             | Status   Compliant | Documenting Statement(s), If applicable  |
|  |                    |  |
| Rule 5101:2-13-16 First Aid Kit/Standard Precautions           | Status   Compliant | Documenting Statement(s), If applicable  |
| Rule   | Status             | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases                             | Compliant          | Documenting Statement(s), it applicable  |

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| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant   |   |
| . , ,                               | '           |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Chahua      | Described Chatamantic) If applicable    |
|                                     | 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   |   |
|                                     |             |   |
|                                     |             |   |
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| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | bocamenting statement(s), it applicable |
| 5101:2-13-19 Supervision            | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant   |   |
| 3101.2 13 13 cima daladilec         | Compilation |   |
|                                     |             |   |
|                                     | 1           | I                                       |
| Dula                                | Chahua      | Description Chatamant/a) If applicable  |
| 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                        |             |   |
|                                     |             |   |
|                                     | •           |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant   | booking statement(s), it applicable     |
|                                     | Compliant   |   |
| Care                                |             |   |
|                                     |             |   |
|                                     |             |   |
| 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 |  |
| J101.2-13-22 IVIEdIS dilu Silacks      | 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 |  |
|  |           |  |
|  |           |  |
| L                                      | 1         |  |
| Distr                                  | Chahara   | Decomposition Chair 1/ \ 15   11   11  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Infant Daily Care         | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocumenting 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 | - comment of the second of the |
| 3101.2-13-23 Diapering                 | Compliant |  |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant |  |
|  |           |  |
| Swimming                               |           |  |
|  | <u> </u>  |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
| L                                      | 1         | <u>.</u>   |
| Dula                                   | Chahus    | Decumenting States and the limit   |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
|  | •         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           | bocumenting statement(s), if applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant |  |
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| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|---|
| 5101:2-13 Written Policies and | Compliant |   |
| Procedures                     |           |   |
|                                |           |   |
|                                |           |   |
| Rule                           | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide   | Compliant |   |
| Detectors - Type B Only        |           |   |
|                                |           |   |
| Rule                           | Ctatus    | Decumenting Statement/s) If applicable  |
|                                | 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 | 200amental gottae mention in approach   |
| 3101.2 13 17 17051411111115    | 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 |   |
|                                |           |   |
|                                |           |   |
| D 1                            | C         | 5 (1) (1)                               |
| 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 | bocumenting statement(s), it applicable |
| Equipment                      | Compliant |   |
| Lydipilicit                    |           |   |
|                                | I         |   |
|                                |           |   |