

## 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 <u>http://jfs.ohio.gov/CDC/childcare.stm</u>. 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        | 00000951573620 | FCC - Type B Home |
| Address               |                | County            |
| 702 E. Florida Avenue |                | MAHONING          |
|                       |                |                   |
| Youngstown            |                |                   |
| OH 44502              |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection S                   | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Announced         |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 08/25/2023          | 9:20 AM                        |                  | 10:39 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            |  |

| Lic                       | 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             |   | 0          | 0         | 0     |  |
| Preschool                 |   | 2          | 0         | 2     |  |
| School Age                |   | 10         | 0         | 10    |  |
| Total Capacity/Enrollment | 6   | 12         | 0         | 12    |  |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Nana's Den                                   | Mixed Age Group | 1 to 3 |  |



## **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: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.



| provider's home. As noted in number two.   |
|--|
| Procedures:  |
| 1. The written disaster plan had not been completed  |
| <ol><li>The plan was not provided to child care home inspector upon inspection.</li></ol>                          |
| 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   |
| 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.             |
| 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 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  |
|  |
| Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes      |
| the missing information, to the Department to verify compliance with the requirements of this rule.                |
| Corrective Action Plan Due: 09/24/2023   |
|  |
|  |
|  |

Findings: During the inspection, it was determined the program's written disaster plan was not on file in the

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

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| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5101:2-13-02 License Visible | Compliant |   |
|                              |           |   |



| 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           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS           | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical               | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Pulo  | Status              | Documenting Statement(a) If any list he |
| Rule<br>5101:2-13-03 Inspection             | Status<br>Compliant | Documenting Statement(s), If applicable |
| Requirements                                | Compliant           |   |
| Requirements                                |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements          | Compliant           |   |
| for Type B Homes                            |                     |   |
|   |                     |   |
|   |                     |   |
| Rule<br>5101:2-13-04 Fire Safety for Type B | Status<br>Compliant | Documenting Statement(s), If applicable |
| Homes                                       | Compliant           |   |
| Homes                                       |                     |   |
|   |                     |   |
| 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  |                     |   |
|   |                     |   |
| Dula  | Chathar             |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records                  | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-07 Type B Provider - Foster<br>Parent | Compliant           |   |
|---|---------------------|---|
|   |                     |   |
| 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           |   |
| Requirements                                    |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                     | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks                  | Compliant           |   |
|   | compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule<br>5101:2-13-10 Health Training            | Status<br>Compliant | Documenting Statement(s), If applicable |
| STOT.2-15-10 Health Halling                     | Compliant           |   |
|   |                     |   |
|   | -                   |   |
| Rule<br>5101:2-13-10 Professional               | Status              | Documenting Statement(s), If applicable |
| Development                                     | 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           |   |
|   |                     |   |
|   | 1                   | ]                                       |
| 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              | Decumenting Statement(s) If applicable   |
| 5101:2-13-13 Clean environment and                                | Status<br>Compliant | Documenting Statement(s), If applicable  |
| equipment   | 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           | bootinenting statement(s), it applicable |
|   | compilate           |  |
|   |                     |  |
|   | -                   |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing  | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field                               | Compliant           |  |
| and Routine Trips   |                     |  |
|   |                     |  |
| Dula  | Ctature             | Desumanting (tatamant/s) If anglischis   |
| Rule  | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Ratio and Supervision<br>for Field and Routine Trips | Compliant           |  |
| for their and routine trips                                       |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Driver Requirements                                  | Compliant           |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                                  | Compliant           |  |
|   |                     |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements                                 | Compliant           |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-15 Child Medical and       | Compliant |   |
| Enrollment Records                   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      | -         |   |
| 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 |
|                                      |           | Documenting statement(s), it applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s) If applicable  |
|                                      |           | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
|                                      |           |   |
|                                      | <u> </u>  |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-19 School Age Supervision  | Compliant |   |
| 3101.2-13-13 301001 Age 30per VISION |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance          | Compliant |   |
|                                      | compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap           | Compliant |   |
| Requirements                         | compliant |   |
| hequitements                         |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen        | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
| <u></u>                              | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight   | Compliant |   |
| Care                                 | compliant |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| <u></u>                              | 1         |   |
|                                      |           |   |



| 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           |  |
|  |                     |  |
|  | I                   | 1  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for     | Compliant           |  |
| Swimming                               |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant           | bootamenting statement(s), ir applicable |
| Requirements                           |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant           |  |
|  |                     |  |
|  | 1                   | · · · · · · · · · · · · · · · · · · ·    |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant           |  |
|  |                     |  |
|  |                     | 1  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant           |  |
| Procedures                             |                     |  |
|  |                     |  |
| Pulo                                   | Status              | Decumenting Statement(a) If a selice bla |
| Rule<br>5101:2-13-12 Carbon Monoxide   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Detectors - Type B Only                |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space              | Compliant           |  |
|  |                     |  |
| L                                      |                     | 1  |
| Rule                                   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming               | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  | Status              | Documenting Statement(s), If applicable  |
| Rule                                   |                     |  |



Department of Education Department of Job and Family Services

| 5101:2-13-24 On-site Pools  | Compliant |   |
|-----------------------------|-----------|---|
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| 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 |   |
| quipment                    |           |   |
|                             |           |   |