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 | |
| WALTERS, TIFFANI | 000000953334089 | FCC - Type B Home | |
| Address | | County | |
| 21841 BOWMAN RD | | DEFIANCE | |
| | | | |
| DEFIANCE | | | |
| OH 43512 | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection Sc | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 04/06/2023 | 11:28 AM | | 1:01 PM | |
| Reviewer: | | | | |
| Elizabeth Arce | | | | |
| 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 | | 1 | 0 | 1 |
| School Age | | 4 | 0 | 4 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 7 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Tiffani Walters | 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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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Low Risk Non-Compliances

Domain: 04 Indoor/Outdoor Space

Rule: 5101:2-13-11 Outdoor Equipment

Code: The program is required to place equipment away from main traffic patterns that would create unsafe

conditions.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined that at least one area of the program or at least one piece of equipment had chipping or peeling paint. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/06/2023

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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | bocamenting statement(3), it applicable |
| J101.2-13-02 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 | bocamenting statement(s), it applicable |
| Requirements | Compilation | |
| nequirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | |
| | Compilant | |
| Combustible Materials in a Type B | | |
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Bocamenting statement(s), it applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
| | | |
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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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| Dula | Chahua | Decumenting Statement (a) If a mulicable |
| 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 | 0 |
| 3101.2-13-08 Limployee Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| D. J. | Chahara | December 11 - Chatana and Auf 11 - 11 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), if applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-10 Health Training | Compliant | Bocamenting statement(3), if applicable |
| 3101.2 13 10 Health Haming | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| Bevelop.ment | | |
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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 Fall Zone | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | 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 | Socumenting statement(3), it applicable |
| 3101.2 13 13 31110NE 11EE | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | Source of the state of the stat |
| 3201.2 10 10 1000110100111116 | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | bocumenting statement(s), if applicable |
| 3101.2-13-14 Driver Requirements | Compliant | |
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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 | Compliant | |
| Enrollment Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | bocamenting statement(s), it applicable |
| and Confidentiality | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
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| Pulo | Chatus | Documenting Statement/s) If and inchin |
| Rule F101:2 12 16 Emorgancy Drills | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | Documenting statement(s), if applicable |
| 3101.2-13-10 includent/ injury | Соттриате | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | became teng statement(a), it applicable |
| Dulo | Chatus | Decumenting Statement(s) If applicable |
| Rule 5101:2-13-18 Attendance | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-16 Attendance | Соприанс | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | bootimenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | 3 |
| Requirements | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| nule | Status | Documenting Statement(s), it applicable |

| 5101:2-13-21 Evening and Overnight Care | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | Documenting statement(3), it applicable |
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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 |
| 5101:2-13-22 Fluid Milk | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | J (// 11 |
| P. J. | Chabina | Decree the Chateres at a life and limite |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | Joeannent (e) |
| 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 Swimming | Compliant | |
| Rulo | Chantuc | Documenting Statement/s) If and itself |
| Rule 5101:2-13-25 Medication | Status Compliant | Documenting Statement(s), If applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |

| Rule | Status | Documenting 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 | bocumenting statement(s), it applicable |
| Procedures | Compilant | |
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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 | Bocamenting statement(3), it applicable |
| 5101.2 15 11 magor space | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | bocumenting statement(s), if applicable |
| 5101.2-13-24 OH-3ite 1 00is | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 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 | |
| Equipment | | |
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