# **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      |
| JOHNSON, MARY       | 000000953585388 | FCC - Type B Home |
| Address             | •               | County            |
| 3306 ALGONQUIN PKWY |                 | LUCAS             |
|                     |                 |                   |
| TOLEDO              |                 |                   |
| OH 43606            |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/28/2024             | 9:49 AM                        |                  | 11:20 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Julie Tursic           |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 2                              | 0                | 0                 | 3            |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| ONE  | Mixed Age Group | 1 to 2 |  |



## **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 complete at least six clock hours of training annually.



Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

- 1. The child care staff member(s) had not completed at least six hours of professional development.
- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 06/27/2024

#### **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: 06/27/2024

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 14 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list

- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 06/27/2024

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

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-02 License Visible      | Compliant |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Decumenting Statement/s) If applicable  |
| 110.10                            |           | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary  | Compliant |   |
| Closure                           |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 1.0.10                            |           | bocumenting statement(s), it 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 |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable       |
|---------------------------------------|-----------|---|
| 5101:2-13-03 Inspection               | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
| Dula                                  | Chahua    | Decrease in a Chatana antich of anni-antich   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-04 Building Requirements    | Compliant |   |
| for Type B Homes                      |           |   |
|                                       | <u> </u>  |   |
| 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                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-04 Heaters in a Type B      | Compliant |   |
| Home                                  |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-07 Staff Records            | Compliant | <u> </u>                                      |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-07 Type B Provider - Foster | Compliant |   |
| Parent                                |           |   |
|                                       | 1         |   |
| 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 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |
| 5101:2-13-09 Background Checks        | Compliant | 0 - min (,, , , , , , , , , , , , , , , , , , |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable       |

| T                                       | T = 10 .      | T  |
|---|---------------|--|
| 5101:2-13-10 Health Training            | Compliant     |  |
|   |               |  |
|   |               |  |
| Rule                                    | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space              | Compliant     | bocamenting statement(s), if applicable  |
| Jioi.2 13 11 Odtaoor Space              | Compilant     |  |
|   |               |  |
|   | •             |  |
| 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     | bocumenting statement(s), if applicable  |
|   | Compliant     |  |
|   |               |  |
|   |               |  |
| 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     | Documenting Statement(s), if applicable  |
| 3101.2-13-12 Sale Lilvironinent         | Compliant     |  |
|   |               |  |
|   |               |  |
| Rule                                    | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and      | Compliant     |  |
| equipment                               |               |  |
|   |               |  |
| Rule                                    | Status        | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing                | Compliant     | 2 commenting statement(s), it applicable |
|   |               |  |
|   |               |  |
|   |               |  |
| 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     | 2 continuing statement(s), it applicable |
| 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | - Compilation |  |
|   |               |  |
|   |               |  |
| Rule                                    | Status        | Documenting Statement(s), If applicable  |

| 5101:2-13-14 Requirements for Field  | Compliant |   |
|--------------------------------------|-----------|---|
| and Routine Trips                    |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant | Documenting statement(s), if applicable |
| for Field and Routine Trips          | Compliant |   |
| Tor Freid and Rodeline 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 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           | 1                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If 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                          |           |   |
|                                      | 1.        |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |

|                                     | <u> </u>                              |   |
|-------------------------------------|---------------------------------------|---|
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant                             | bocamenting statement(s), it applicable |
| 3101.2 13 10 incident/injury        | Compilant                             |   |
|                                     |                                       |   |
|                                     |                                       |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency              | Compliant                             | 3 (" 11                                 |
| Preparedness and Response Plan      | , , , , , , , , , , , , , , , , , , , |   |
|                                     |                                       |   |
|                                     |                                       |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant                             |   |
|                                     | ·                                     |   |
|                                     |                                       |   |
|                                     |                                       |   |
| 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                             |   |
|                                     |                                       |   |
|                                     |                                       |   |
|                                     |                                       |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant                             |   |
|                                     |                                       |   |
|                                     |                                       |   |
| Rulo                                | Ctatus                                | Decumenting Statement(s) If applicable  |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant                             |   |
| Requirements                        |                                       |   |
| L                                   | <u> </u>                              |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant                             | bocamenting statement(s), it applicable |
| Requirements                        | Compliant                             |   |
| Nequilements                        |                                       |   |
| 1                                   |                                       |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant                             | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| Care                                | Compliant                             |   |
| Curc                                |                                       |   |
| •                                   | 1                                     |   |
| Rule                                | Status                                | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant                             | , , , , , , , , , , , , , , , , , , ,   |
| and Hygiene                         |                                       |   |
| and Hygiene                         |                                       |   |

| Beginning!                             |             |   |
|--|-------------|---|
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant   | , , , , , , , , , , , , , , , , , , ,   |
| STOTIE TO LE INICAIS AIRA SIRACKO      |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
|  |             | 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   | Decamenang ecatement(s)) ii applicante  |
| 3101.2-13-23 Illiant Daily Care        | Compilant   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| 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   | 3 (7)                                   |
| 310112 10 20 Diapering                 | Compilation |   |
|  |             |   |
|  |             |   |
| Dula                                   | Ctatura     | Decumenting Statement(s) If annice ble  |
| 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   |   |
| Requirements                           |             |   |
| Requirements                           |             |   |
| 1                                      | 1           |   |
| Rule                                   | Status      | Documenting Statement/s) If applicable  |
|  |             | 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   |   |
| · ·                                    |             |   |
|  |             |   |
| l .                                    | <u> </u>    |   |

| 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                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-08 Child Care Staff  | Compliant | bootimenting statement(s), it approasts    |
| Requirements                   | Compliant |  |
| nequirements                   |           |  |
|                                |           |  |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Indoor Space      | Compliant |  |
|                                |           |  |
|                                |           |  |
| - 1                            |           |  |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Programming       | Compliant |  |
|                                |           |  |
|                                |           |  |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-24 On-site Pools     | Compliant | bootimenting statement(s), it applicable   |
| 3101.2 13 2 1 311 316 1 3013   | Compliant |  |
|                                |           |  |
|                                |           |  |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Pets              | Compliant |  |
|                                |           |  |
|                                |           |  |
| Dula                           | Chahua    | Decree orting Chater and A. If any live I. |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-24 Swimming Sites    | Compliant |  |
|                                |           |  |
|                                | <u> </u>  |  |
| Rule                           | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Materials and     | Compliant |  |
| Equipment                      | '         |  |
| 1 17                           |           |  |
|                                |           |  |
|                                |           |  |