## **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      |
| RAY, DEENA       | 00000957524377  | FCC - Type B Home |
| Address          |                 | County            |
| 334 KELLY ST NW  |                 | TUSCARAWAS        |
|                  |                 |                   |
| NEW PHILADELPHIA |                 |                   |
| OH 44663         |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 08/04/2021             | 8:45 AM                        |                  | 11:45 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Lenore Septer          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 78                     | 2                              | 0                | 2                 | 0            |

| 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)                                 |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 5          | 0         | 5     |
| Total Capacity/Enrollment                                 | 6                | 6          | 0         | 8     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Deena Ray                                    | Mixed Age Group | 1 to 7         |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| Serious Risk Non-Compliances   |  |  |
|--|--|--|
| No Serious Risk Non-Compliances were observed during this inspection |  |  |
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## **Moderate Risk Non-Compliances**

**Domain: 00 License & Approvals** 

Rule: 5101:2-13-18 Ratio and Group Size

Code: The program is required to monitor the number of children in care to remain within the licensed capacity.

Findings: During the inspection, it was determined there were 7 children in care during the hours of operation, which is over the capacity listed on the license. Submit the program's corrective action plan to verify compliance with the requirements of this rule. This was corrected during the inspection when the 7th child was picked up. This put the FCC Provider back in compliance.

Corrective Action Plan Due: 09/03/2021

**Domain: 01 Ratio & Supervision** 

Rule: 5101:2-13-18 Ratio and Group Size

Code: The program is required to follow group size requirements.

Findings: During the inspection, it was determined 7 children with 2 under two years of age were in the care of one child care staff member which resulted in more than six children/three children under two years of age. Submit the program's corrective action plan to verify compliance with the requirements of this rule. This was corrected during the time of inspection. The 7th child was picked up which put the FCC Provider back in compliance.

Corrective Action Plan Due: 09/03/2021

| Low Risk Non-Compliances   |
|--|
| No Low Risk Non-Compliances were observed during this inspection |
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## Rules In-Compliance/Not Verified

| - 1                                | 1 -       |   |
|------------------------------------|-----------|---|
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Posted        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training B     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 JFS 01234 'Child      | Compliant |   |
| Enrollment and Health Information' |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |

| Rule   | 5101:2-13-16 Disaster Plan          | Compliant |   |
|--|-------------------------------------|-----------|---|
| Rule   |                                     |           |   |
| Rule Status Documenting Statement(s), if applicable Status Documenting Statement(s), if applicable Status Status Documenting Statement(s), | Rule                                | Status    | Documenting Statement(s), If applicable |
| Rule   | 5101:2-13-07 Provider Requirements  | Compliant |   |
| Rule   |                                     |           |   |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-04 Flammable and Combustible Materials in Type B Home     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-25 Topical Products and Lotions     Compliant     Documenting Statement(s), If applicable       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-13 Handwashing     Compliant     Documenting Statement(s), If applicable       5101:2-13-17 Programming     Compliant     Documenting Statement(s), If applicable       8ule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-04 Fire Safety for Type B     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider     Documenting Statement(s), If applicable       Rule     Status     Documenting Statement(s), If applicable  | 1 1                                 |           | Documenting Statement(s), If applicable |
| Status   Documenting Statement(s), If applicable   | 5101:2-13-11 Indoor Space           | Compliant |   |
| Status   Documenting Statement(s), If applicable   |                                     |           |   |
| Rule   Status   Documenting Statement(s), If applicable  | 1 1                                 |           | Documenting Statement(s), If applicable |
| Rule     Status     Documenting Statement(s), If applicable       5101:2-13-25 Topical Products and Lotions     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-13 Handwashing     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-17 Programming     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-12 Safe Equipment     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-04 Fire Safety for Type B     Compliant       Homes     Compliant       Rule     Status     Documenting Statement(s), If applicable       5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider     Compliant       Rule     Status     Documenting Statement(s), If applicable  |                                     | Compliant |   |
| Rule   Status   Documenting Statement(s), If applicable  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  |                                     |           | Documenting Statement(s), If applicable |
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| Rule  Status  Documenting Statement(s), If applicable  Status  Fulle  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  | 5101:2-13-13 Handwashing            | Compliant |   |
| Rule  Status  Documenting Statement(s), If applicable  Status  Fulle  Status  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  |                                     |           | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable  5101:2-13-04 Fire Safety for Type B Homes  Rule Status Documenting Statement(s), If applicable  Fulle Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Requirements for a Licensed Family Child Care Provider  Rule Status Documenting Statement(s), If applicable  | 5101:2-13-17 Programming            | Compliant |   |
| Rule Status Documenting Statement(s), If applicable  5101:2-13-04 Fire Safety for Type B Homes  Rule Status Documenting Statement(s), If applicable  Fulle Status Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Requirements for a Licensed Family Child Care Provider  Rule Status Documenting Statement(s), If applicable  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  Figure Safety for Type B Compliant  Rule Status Documenting Statement(s), If applicable  Figure Status Documenting Statement(s), If applicable  Figure Status Documenting Statement(s), If applicable  Compliant  Requirements for a Licensed Family Child Care Provider  Rule Status Documenting Statement(s), If applicable   | 110.10                              |           | Documenting Statement(s), If applicable |
| Status    Compliant  | 5101:2-13-12 Safe Equipment         | Compliant |   |
| Status    Compliant  |                                     |           |   |
| Rule Status Documenting Statement(s), If applicable  5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider  Rule Status Documenting Statement(s), If applicable  |                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider  Rule  Status  Documenting Statement(s), If applicable   | 11                                  | Compliant |   |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider  Rule  Status  Documenting Statement(s), If applicable   |                                     |           |   |
| Requirements for a Licensed Family Child Care Provider  Rule  Status  Documenting Statement(s), If applicable  |                                     |           | Documenting Statement(s), If applicable |
| Rule Status Documenting Statement(s), If applicable  |                                     | Compliant |   |
|  |                                     |           |   |
| 5101:2-13-13 Smoke Free Compliant  | Rule                                | Status    | Documenting Statement(s), If applicable |
|  | 5101:2-13-13 Smoke Free             | Compliant |   |

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| D. J.                             | Chatura       | Danis anti- Chatana ant/-\ If a mali-abla |
| Rule                              | Status        | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Standard Precautions | Compliant     |   |
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| Rule                              | Status        | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Review Policies and  | Compliant     |   |
| Procedures                        |               |   |
|                                   |               |   |
|                                   | 1 00 1        |   |
| Rule                              | Status        | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Fluid Milk           | 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   |
| 5101:2-13-08 Staff Records        | Compliant     |   |
|                                   |               |   |
|                                   |               |   |
|                                   |               |   |
| Rule                              | Status        | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Incident/Injury      | Compliant     |   |
|                                   |               |   |
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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   |
| 5101:2-13-12 Pets                 | Compliant     |   |
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| Rule                              | Status        | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Food Handling        | 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                                 |
| Rule  Status  Documenting Statement(s), If applicable                                 |
| Rule  5101:2-13-16 First Aid Kit  Compliant  Rule  Status  Documenting Statement(s), If applicable  Status  Compliant  |
| Rule Status Documenting Statement(s), If applicable  5101:2-13-04 Heaters in a Type B Home  Status Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  Status Tompliant  Ocumenting Statement(s), If applicable  Status Documenting Statement(s), If applicable  |
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| Rule  5101:2-13-04 Heaters in a Type B Home  Status  Compliant  Rule  Status  Documenting Statement(s), If applicable  Documenting Statement(s), If applicable  Compliant  Documenting Statement(s), If applicable  Status  Documenting Statement(s), If applicable  Compliant  |
| Status Documenting Statement(s), If applicable 5101:2-13-16 Medical, Dental, and Compliant  |
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| General Emergency Requirements  |
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| Rule Status Documenting Statement(s), If applicable   |
| 5101:2-13-16 Medical, Dental, and Compliant   |
| General Emergency Requirements  |
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| Rule Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication Storage Compliant   |
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| Rule Status Documenting Statement(s), If applicable   |
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| 5101:2-13-19 School Age Supervision Compliant   |
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| Rule Status Documenting Statement(s), If applicable   |
| 5101:2-13-13 Toothbrushing Compliant  |
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| Rule Status Documenting Statement(s). If applicable   |
| Rule Status Documenting Statement(s), If applicable 5101:2-13-17 Materials and Compliant  |
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| 5101:2-13-17 Materials and Compliant  |
| 5101:2-13-17 Materials and Compliant Equipment  |
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| Rule                                 | Status    | Decumenting Statement(s) If applicable  |
|                                      |           | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and   | Compliant |   |
| Equipment                            |           |   |
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| Dula                                 | Chahua    | Description (teterrents) If annice his  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
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| D. J.                                | Chahara   | D                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment    | Compliant |   |
| and Hygiene                          |           |   |
|                                      |           |   |
| 0.1                                  |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication              | Compliant |   |
| Requirements                         |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant |   |
| Portal                               |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower          | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident        | Compliant |   |
|                                      |           |   |
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|                                      | 1.        |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional            | Compliant |   |
| Development                          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical         | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks        | Compliant |   |
|                                      |           |   |
|                                      |           |   |

| Rule                              | Status    | Documenting Statement(s), If applicable |
|-----------------------------------|-----------|---|
| 5101:2-13-08 Substitute           | Compliant |   |
| Requirements                      |           |   |
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|                                   | 1         |   |
| Rule                              | Status    | Decumenting Statement(s) If applicable  |
|                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute           | Compliant |   |
| Requirements                      |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions    | Compliant | S (") 11                                |
| 3101.2 13 13 Health Conditions    | Compilant |   |
|                                   |           |   |
|                                   |           |   |
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| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   | ·         |   |
|                                   |           |   |
|                                   | 1         | 1                                       |
| Rule                              | Status    | Decumenting Statement/s) If applicable  |
|                                   |           | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space        | Compliant |   |
|                                   |           |   |
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|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical     | Compliant | 3 (" 11                                 |
| 3101.2 13 02 1 Tovider ivicated   | Compilant |   |
|                                   |           |   |
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|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks    | Compliant |   |
|                                   |           |   |
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| Rule                              | Status    | Documenting Statement(s), If applicable |
|                                   |           | bocumenting statement(s), if applicable |
| 5101:2-13-09 Background Checks    | Compliant |   |
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| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks    | Compliant | , ,,                                    |
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| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks    | Compliant |   |
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| Rule                              | Status    | Documenting Statement(s), If applicable |
| INUIC                             | Status    | Documenting Statement(s), if applicable |



| 5101:2-13-18 Attendance            | Compliant |   |
|------------------------------------|-----------|---|
|                                    |           |   |
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|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant |   |
| '                                  | ,         |   |
|                                    |           |   |
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|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection            | Compliant |   |
| Requirements                       | ,         |   |
| Requirements                       |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |