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 |
| GARCIA, DIANA | 000000959486211 | FCC - Type B Home |
| Address | | County |
| 1042 BRITTINGHAM DR. | | PORTAGE |
| | | |
| RAVENNA | | |
| OH 44266 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 07/17/2024 | 9:30 AM | | 10:30 AM | |
| Reviewer: | | | | |
| Hailey Fazio | | | | |
| 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) | | 1 | 0 | 1 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 1 | 0 | 1 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 4 | 0 | 4 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 6 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Mixed age Group | Mixed Age Group | 1 to 4 | |



Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

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

Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 134 in the following room(s) Bathroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/16/2024

Rules In-Compliance/Not Verified

| 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 | |
| | | |
| | | |
| Pula | Ctatus | Desumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | Documenting statement(s), it applicable |
| Requirements | Compilant | |
| nequirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | 2 countries of the control of the co |
| for Type B Homes | | |
| 101 Type billomes | | |
| <u>.</u> | | <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 |
| 5101:2-13-05 Denial, Revocation, and | Compliant | |
| Suspension | | |
| L | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | bookinenting statement(s), it approase |
| 3101.2 13 07 Stall Records | Compilant | |
| | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| | <u> </u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | g state |
| 22212 23 53 Edon Broatia Circons | - Compilation | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Compliant | |
| _ | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| | | |
| | | |



| 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 | |
| | | |
| | | |
| Dula | Chahua | Decume aution Chatana aution If a mailtean |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Compliant | |
| | | |
| | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | bocamenting statement(s), it applicable |
| equipment | Compilant | |
| equipment | | |
| | 1 | |
| 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 | |
| | | |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | bocamenting statement(s), if applicable |
| for Field and Routine Trips | Compilant | |
| 101 Field and Nouthle Hips | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Compliant | 3 1,77 |
| Enrollment Records | ' | |
| | | |
| | | |
| 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 and Confidentiality | Compliant | Documenting Statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting statement(s), if applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | bocamenting statement(s), it applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | Bocamenting statement(s), it applicable |
| | l c | 10 11 11 11 |
| S101:2-13-16 Communicable Diseases | Status 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 |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Preparedness and Response Plan | Compliant | |
| Pula | Status | Desumenting Statement/s) If applicable |
| Sule 5101:2-13-18 Attendance | Compliant | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| | | |
| Rule 5101:2-13-19 School Age Supervision | Status | Documenting Statement(s), If applicable |
| 2101.5-12-13 201001 Age 20hetAl2101 | Compliant | |

| | 1 | |
|-------------------------------------|-----------|---|
| | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | _ | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Compliant | bocamenting statement(s), it applicable |
| 5101:2-13-21 Sanitary Environment | Compilant | |
| 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 | |
| J101.2 13 22 Hald Willik | Compliant | |
| | | |
| | | |
| 2.1 | | D :: C: |
| 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 | |
| | 20 0 | |
| | | |
| | | |
| Pulo | Ctatus | Decumenting Statement(s) If a relicable |
| 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 | |
| | · | |
| <u> </u> | | <u> </u> |

| Beginning! | | |
|--|-------------|--|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| | | |
| | | |
| | T | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| | | |
| Dula | Chahua | Decumenting Statement (a) If a militable |
| 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 | bocumenting statement(3), if applicable |
| Requirements | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | bootinenting statement(3), ii approadic |
| 3101.2 13 11 maoor space | Compilation | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | |
| Equipment | | |
| · | | |

