

## 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      |
| Theresa A. Trosky | 00000960213073 | FCC - Type B Home |
| Address           |                | County            |
| 480 BACON AVE     |                | COLUMBIANA        |
|                   |                |                   |
| EAST PALESTINE    |                |                   |
| OH 44413          |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Se                  | соре             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 02/17/2023             | 8:50 AM                        |                  | 10:20 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Ashley Geer            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 62                     | 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 3          | 0         | 3     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| MIXED AGES                                   |                 | 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: 09 Children's Files

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

Code: The program is required to have a completed medical on file for each child.



| Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in |
|---|
| number(s) [ 2 ] below   |
|   |
| 1. No medical was on file for at least one child  |
| 2. Medical(s) on file was not updated every 13 months   |
| 3. Medical(s) were missing child's name and date of birth   |
| 4. Medical(s) were missing the date of the medical examination  |
| 5. The date of the exam was more than 13 months prior to the date the form was signed   |
| 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for  |
| participation in group care   |
| 7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified  |
| nurse practitioner (CNP) who examined the child   |
| 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year   |
| 9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized  |
| or is in the process of being immunized against the diseases  |
| required by division 5104.014 of the Revised Code and found in appendix A to this rule  |
| 10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have   |
| the child immunized against the disease for reasons of  |
| conscience, including religious convictions   |
| 11. Other [ ]   |
|   |
| Submit the program's corrective action plan to the Department to verify compliance with the requirements of   |
| this rule.  |
|   |
|   |
| Corrective Action Plan Due: 03/19/2023  |
|   |
|   |
|   |

## 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 |
| Rule<br>5101:2-13-02 Information in OCLQS | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     | Documenting Statement(s), If applicable |



| 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                        |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant    |   |
| for Type B Homes                    |              |   |
|                                     | I            |   |
| 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 |
| 5101:2-13-04 Flammable and          | Compliant    |   |
| Combustible Materials in a Type B   |              |   |
| Home                                |              |   |
|                                     | 1            | l                                       |
| 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    |   |
|                                     |              |   |
|                                     |              |   |
| Dula                                | Chatura      |   |
| 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 Child Care Staff       | Compliant    | boomenting statement(s), ir applicable  |
| Requirements                        |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower         | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
|                                     |              |   |



| 5101:2-13-09 Background Checks     | Compliant    |   |
|------------------------------------|--------------|---|
|                                    |              |   |
| 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                        | compilant    |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space         | Not Verified | Documenting statement(s), if applicable |
| 5101.2-13-11 Outdoor Space         | Not vermed   |   |
| Rule                               | Status       | Documenting Statement(c) If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Not Verified | Documenting Statement(s), If applicable |
|                                    | Not vermed   |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone             | Not Verified |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment        | Compliant    |   |
| Dulo                               | Ctotuc       | Decumenting Statement(s) If applicable  |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment      | Compliant    |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant    | bocumenting statement(s), it applicable |
| equipment                          | compliant    |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing           | Compliant    |   |
|                                    |              |   |
| Dula                               | Ctabus       |   |
| 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           | Not Verified        |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Desumenting Statement(s) If applicable  |
| 5101:2-13-15 Health Conditions       | Compliant           | Documenting Statement(s), If applicable |
| STOLZ IS IS HEALT CONDITIONS         | compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant           |   |
| and Confidentiality                  |                     |   |
| L                                    | 1                   | 1]                                      |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant           |   |
| General Emergency Plan               |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Desumenting Statement(s) If applicable  |
| 5101:2-13-16 Emergency Drills        | Status<br>Compliant | Documenting Statement(s), If applicable |
| STOLZ IS TO Emergency Drins          | compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant           |   |
| Precautions                          |                     |   |
|                                      |                     |   |
| 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           | Documenting statement(s), if applicable |
| 5101.2 13 10 meldenty mjury          | compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant           |   |
|                                      |                     |   |
| L                                    | I                   | 1                                       |
| 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    |  |
|                                     |              |  |
|                                     |              |  |
| - I                                 |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-19 School Age Supervision | Compliant    |  |
|                                     |              |  |
|                                     |              |  |
| Rule                                | Status       | Desumanting Statement(s) If applicable   |
| 5101:2-13-19 Child Guidance         |              | Documenting Statement(s), If applicable  |
| 5101.2-13-19 Child Guidance         | Compliant    |  |
|                                     |              |  |
| L                                   | I            | I  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-20 Sleep and Nap          | Compliant    | soourienting statement(s), it applicable |
| Requirements                        |              |  |
|                                     |              |  |
|                                     | 1            |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Evening and Overnight  | Not Verified |  |
| Care                                |              |  |
|                                     |              |  |
|                                     |              |  |
| Rule                                | Status       | Documenting Statement(s), If applicable  |
| 5101:2-13-21 Sanitary Environment   | Compliant    |  |
| and Hygiene                         |              |  |
| 70                                  |              |  |
|                                     |              |  |
| 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  |
| 5101:2-13-25 Medication             | Compliant    |  |
| Requirements                        |              |  |
|                                     |              |  |



| 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 |   |
|  |           |   |
|  |           |   |
|  |           |   |
| 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                | 1° ° °    |   |
|  |           |   |
|  |           | · · · · ·                               |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant |   |
|  |           |   |
|  |           |   |
|  | L         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant |   |
|  | compilant |   |
|  |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                      | Compliant |   |
|  |           |   |
|  |           |   |
| L                                      | 1         | I                                       |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and             | Compliant |   |
|  |           |   |
| Equipment                              |           |   |
| L                                      |           |   |
|  |           |   |
|  |           |   |