## **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      |
| REYNOLDS, MARICRUZ | 000000961379191 | FCC - Type B Home |
| Address            |                 | County            |
| 1035 SPRINGWOOD DR |                 | SANDUSKY          |
|                    |                 |                   |
| FREMONT            |                 |                   |
| OH 43420           |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Announced         |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 12/07/2023             | 11:50 AM                       |                  | 1:18 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Arica Rakay            |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 0                              | 0                | 0                 | 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)                                  |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 4          | 0         | 4     |
| Total Under 2 Years                                       | 3                | 5          | 0         | 5     |
| Older Toddler   |                  | 4          | 0         | 4     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 6                | 9          | 0         | 14    |

| Staff-Child Ratios at the Time of Inspection |                 |        |                    |
|--|-----------------|--------|--------------------|
| Group Age Group/Range Ratio Observed Comment |                 |        |                    |
| Maricruz                                     | Mixed Age Group | 1 to 0 | No children were   |
|  |                 |        | on site during the |
|  |                 |        | visit              |



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



Rule

|  | Rules In-Compliance/ | Not Verified                            |
|--|----------------------|---|
| Rule<br>5101:2-13-02 License Visible                     | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Voluntary Temporary Closure            | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Change of Location                     | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-02 Information in OCLQS                   | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-02 Provider Medical                    | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule<br>5101:2-13-03 Inspection<br>Requirements          | Status<br>Compliant  | Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Building Requirements for Type B Homes | Status<br>Compliant  | Documenting Statement(s), If applicable |

Status

Documenting Statement(s), If applicable

| 5101:2-13-04 Fire Safety for Type B   | Compliant |  |
|---------------------------------------|-----------|--|
| Homes                                 |           |  |
| l Homes                               |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-04 Flammable and            | Compliant |  |
| Combustible Materials in a Type B     |           |  |
| Home                                  |           |  |
| Tiome                                 | <u> </u>  | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-04 Heaters in a Type B      | Compliant | Bocumenting statement(s), it applicable      |
|                                       | Compliant |  |
| Home                                  |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-05 Denial, Revocation, and  | Compliant |  |
| Suspension                            |           |  |
| Juspension                            |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-07 Staff Records            | Compliant |  |
|                                       | '         |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-07 Type B Provider - Foster | Compliant |  |
| Parent                                |           |  |
|                                       |           |  |
|                                       |           | ,  |
| 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 Child Care Staff         | Compliant |  |
| Requirements                          |           |  |
|                                       |           |  |
| Dula                                  | Chahira   | Decree anting Chatamaget A 15 1: 1-          |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-08 Whistle Blower           | Compliant |  |
|                                       |           |  |
|                                       | l         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
| 5101:2-13-09 Background Checks        | Compliant | bocumenting statement(s), if applicable      |
| JIOI.2-13-03 Background Checks        | Compliant |  |
|                                       |           |  |
|                                       | 1         | 1  |
| Rule                                  | Status    | Documenting Statement(s), If applicable      |
|                                       | - Color   | 2 3 3 amenting 3 tatement (3), it applicable |

| 5101:2-13-10 Health Training                      | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development             | Compliant           | , , , , , , , , , , , , , , , , , , ,   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                        | Compliant           | Documenting statement(3), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                    | Compliant           | Documenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                            | Compliant           | Documenting statement(3), if applicable |
| Dula  | Chahua              | Decumenting Chatemant/s) If andischis   |
| Rule 5101:2-13-12 Safe Equipment                  | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                     | Compliant           | Documenting statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-13 Clean environment and equipment | Status Compliant    | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                          | Compliant           | bocumenting statement(s), if applicable |
|   |                     |   |
| Rule 5101:2-13-13 Smoke Free                      | Status Compliant    | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule 5101:2-13-13 Toothbrushing                   | Status<br>Compliant | Documenting Statement(s), If applicable |

| Destinate.                           |           |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
| for Field and Routine 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 Child Medical and       | Compliant |   |
| 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 | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |

| Beginning!                              |           |   |
|---|-----------|---|
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard     | Compliant | bocamenting statement(s), it applicable |
|   | Compliant |   |
| Precautions                             |           |   |
|   |           |   |
| - 1                                     |           |   |
| 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 |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan              | Compliant |   |
| 5101.2 15 10 bisaster rian              | Compilant |   |
|   |           |   |
|   |           |   |
| D.I.                                    |           | D :: (1) 1/ ) 1/ 1: 11                  |
| 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 | 3 (" 11                                 |
| 310112 10 13 00110017 1gc 00pc1 1101011 |           |   |
|   |           |   |
|   | 1         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
|   |           | bocumenting statement(s), if applicable |
| 5101:2-13-19 Child Guidance             | Compliant |   |
|   |           |   |
|   | <u> </u>  |   |
|   | 1 -       |   |
| Rule                                    | Status    | 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                            | 20p       |   |
| negalients                              |           |   |
|   |           |   |

| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-21 Evening and Overnight     | Compliant |   |
| Care                                   |           |   |
|  |           |   |
|  | 1         |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment      | Compliant |   |
| and Hygiene                            |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant | bocumenting statement(3), if applicable |
| 3101.2-13-22 Wears and Shacks          | Compliant |   |
|  |           |   |
|  | l         |   |
| 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 |
| 5101:2-13-23 Infant Daily Care         | Compliant | Documenting Statement(s), if applicable |
| 3101.2-13-23 illiant Daily Care        | Compliant |   |
|  |           |   |
|  |           | <u> </u>                                |
| 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 |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant | bocamenting statement(s), it applicable |
| Requirements                           | Compilant |   |
|  |           |   |
|  |           |   |
| 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            |           |   |
|                                    |           |   |
|                                    | I a       |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space          | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant | bocumenting statement(s), if applicable |
| 3101.2-13-17 Programming           | Compilant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                  | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 12 1 03                  | Compilant |   |
|                                    |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and         | Compliant | (-//                                    |
| Equipment                          |           |   |
|                                    |           |   |
| 1                                  |           |   |
|                                    |           |   |