## **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      |
| POTTS, TRACY        | 000000974504531 | FCC - Type B Home |
| Address             |                 | County            |
| 711 COLUMBUS AVENUE |                 | FAYETTE           |
|                     |                 |                   |
| WASHINGTON C.H.     |                 |                   |
| OH 43160            |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/13/2022             | 10:10 AM                       |                  | 11:45 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Jessica Rhodes         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 2                              | 0                | 0                 | 2            |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 5         | 5     |
| Total Capacity/Enrollment                                 | 6                | 2          | 5         | 9     |

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



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

## **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit on-site as required, that included all items listed in the appendix A of the rule. The kit was missing the item or the item was not replaced after use and/or expired listed in number 8 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/12/2022

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to have hours of availability to meet with parents posted in a noticeable place.

Findings: During the inspection, it was determined that the provider did not have hours of availability to meet with parents a noticeable location. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/12/2022

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
| 5101:2-13-02 License Visible        | Compliant | Documenting Statement(s), it applicable |
| 3101.2-13-02 License visible        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), it applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant |   |
| Closure                             |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement/s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location     | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Pulo                                | Ctatus    | Documenting Statements) If annicable    |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | T a       |   |
| 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 |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     | T a       |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
|                                     | 1         |   |
| 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 Suspension         | Compliant           |   |
|---|---------------------|---|
| Rule  | Ctatus              | Decumenting Statement(s) If applicable      |
| 5101:2-13-07 Staff Records                              | Status   Compliant  | Documenting Statement(s), If applicable     |
| Dula  | Chahara             | Described Statement (a) If and include      |
| Rule<br>5101:2-13-07 Type B Provider - Foster<br>Parent | Status<br>Compliant | Documenting Statement(s), If applicable     |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Employee Requirements                      | Compliant           | Documenting Statement(s), if applicable     |
|   |                     |   |
| Rule 5101:2-13-08 Child Care Staff Requirements         | Status Compliant    | Documenting Statement(s), If applicable     |
| Dula  | Chahara             | Decree of the Chaterrant (s) If any limited |
| S101:2-13-08 Whistle Blower                             | Status   Compliant  | Documenting Statement(s), If applicable     |
| Rule  | Status              | Decumenting Statement/s) If applicable      |
| 5101:2-13-09 Background Checks                          | Compliant           | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule 5101:2-13-10 Health Training                       | Status Compliant    | Documenting Statement(s), If applicable     |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Professional<br>Development                | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Outdoor Space                              | Compliant           | bocumenting statement(s), if applicable     |
| Dula  | Chahira             | Decumenting States and A. If                |
| Rule 5101:2-13-11 Outdoor Equipment                     | Status<br>Compliant | Documenting Statement(s), If applicable     |
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|---------------------------------------|---------------------|--|
|                                       |                     |  |
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| Rule                                  | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-13-11 Fall Zone                | 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           | 2 coamenang coacement(s), it approache                               |
| 3101.2 13 12 3arc Environment         | Compliant           |  |
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|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s) If applicable                               |
|                                       | 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           |  |
|                                       |                     |  |
|                                       |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-13-13 Smoke Free               | Compliant           |  |
|                                       |                     |  |
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|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-13-13 Toothbrushing            | Compliant           | 3 (" 11  |
|                                       |                     |  |
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| Rule                                  | Status              | Documenting Statement(s), If applicable                              |
| 5101:2-13-14 Requirements for Field   | Compliant           | bocamenting statement(3), if applicable                              |
| -                                     | Compilant           |  |
| and Routine Trips                     |                     |  |
|                                       | 1                   |  |
| D. J.                                 | Chahara             | December 5 Statement 1/ 1 If I'm |
| 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                              |
| Rule 5101:2-13-14 Driver Requirements | Status<br>Compliant | Documenting Statement(s), If applicable                              |
|                                       |                     | Documenting Statement(s), If applicable                              |
|                                       |                     | Documenting Statement(s), If applicable                              |

| Rule                                 | Status              | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| 5101:2-13-14 Vehicle Inspections     | Compliant           |   |
|                                      |                     |   |
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|                                      |                     | <del>,</del>                            |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant           |   |
|                                      |                     |   |
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| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Compliant           |   |
| Enrollment Records                   | l                   |   |
| Em omiene necords                    |                     |   |
|                                      | 1                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant           |   |
| JIOI.Z-IJ-IJ HEARH COHURIOHS         | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Pula                                 | Status              | Desumenting Statement/s) If a calicable |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant           |   |
| and Confidentiality                  |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| 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           |   |
|                                      | ·                   |   |
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|                                      | •                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant           |   |
| 3101.2 13 10 Communicable Diseases   | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Pula                                 | Status              | Desumenting Statement/s) If soull sold  |
| 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           |   |
|                                      | _                   |   |
|                                      |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s). If applicable |
| Rule<br>5101:2-13-18 Attendance      | Status<br>Compliant | Documenting Statement(s), If applicable |

| Rule                                | Status    | Documenting Statement(s), If applicable   |
|-------------------------------------|-----------|---|
| 5101:2-13-19 Supervision            | Compliant |   |
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|                                     | 1         |   |
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| 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 |   |
| 5101.2-15-19 Cilila Galdance        | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
| 11094.11.01.11.0                    |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable   |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
| Care                                |           |   |
|                                     |           |   |
| Dula                                | Chahua    | Decumenting Statement(s) If applicable  |
| 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 |   |
| 3 10 1.2 10 22 Wiedis and Shacks    | Compliant |   |
|                                     |           |   |
|                                     | 1         |   |
|                                     | C         |   |
| 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 | 2 out of the control |
| 2101.2-13-22 FOOR Hallalling        | Compilant |   |
|                                     |           |   |
|                                     | 1         |   |

| Rule                                | Status      | Documenting Statement(s), If applicable |
|-------------------------------------|-------------|---|
| 5101:2-13-23 Infant Daily Care      | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
|                                     |             | 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   |   |
|                                     | ·           |   |
|                                     |             |   |
|                                     | 1           | 1                                       |
| Rule                                | Status      | Documenting Statement/s) If applicable  |
|                                     |             | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  | Compliant   |   |
| Swimming                            |             |   |
|                                     |             |   |
| <u> </u>                            |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication             | Compliant   |   |
| Requirements                        |             |   |
| Nequilements                        |             |   |
|                                     |             |   |
| D. I.                               | C           | 5 " 5 1 1/ 1/ 15 11                     |
| 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   | <u> </u>                                |
| Procedures                          | Compilation |   |
|                                     |             |   |
|                                     |             |   |
| 0.1                                 | C:          | D 11 01 11 11 11 11                     |
| 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 |
| 5101:2-13-11 Indoor Space           | Compliant   | G = 13.13(-), appa                      |
| 3101.2 13 11 IIIdooi 3pace          | Compilant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming            | Compliant   |   |
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|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable |

| 5101:2-13-24 On-site Pools  | Compliant |   |
|-----------------------------|-----------|---|
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |