

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 | |
| BUMP, JENNIFER | 000000983394942 | FCC - Type B Home | |
| Address | · | County | |
| 575 GRANT STREET | | MORROW | |
| MOUNT GILEAD | | | |
| OH 43338 | | | |

| | Insp | ection Information | | | |
|---------------------|--------------------------------|--------------------|-------------------|--------------|--|
| Inspection Type | Inspection So | cope | Inspection Notice | | |
| Compliance | Full | (04) | Unannounced | | |
| Inspection Date | Begin Time | | End Time | | |
| 10/23/2025 | 9:05 AM | 9:05 AM | | 12:37 PM | |
| Reviewer: | , | | * | | |
| Tylee Kidwell | | | | | |
| 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) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| Total Under 2 Years | 3 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 3 | 0 | 3 |
| School Age | | 0 | 11 | 11 |
| Total Capacity/Enrollment | 6 | 3 | 11 | 14 |

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



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 |
|--|
| Serious Risk Non-Compilances |
| No Serious Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |
| |
| |
| |
| |
| Moderate Risk Non-Compliances |
| No Modernto Biolo Non Consultanto anno del designativa del disconstituto |
| No Moderate Risk Non-Compliances were observed during this inspection |
| |
| |
| |
| |
| |
| |

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5180:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.



Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number(s) 4 below:

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/23/2025

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-13-02 Voluntary Temporary | Compliant | |
| Closure | | |
| L | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 License Visible | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Change of Location | Compliant | bodinenting statement(3), ii applicable |
| 313312 13 32 31.311ge of Education | | |
| | | |



| D. I | Creation | D |
|--|---|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical | Compliant | |
| Substitution of the substi | A SOUTH OF CONTROL OF | |
| | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection | Compliant | , |
| | Compilant | |
| Requirements | | |
| | ļ. | |
| D. J. | Chatana | Downson time Chart (1) 15 11 14 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | Section of the party of the section of | |
| Tiemes | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and | | bocamenting statement(s), it applicable |
| The case was to the case of th | Compliant | |
| Combustible Materials in a Type B | | |
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
| | | |
| , | <u>.</u> | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-05 Denial, Revocation, and | Compliant | Booking statement(3), it approads |
| | Compilant | |
| Suspension | | |
| L | 1 | |
| | Laco | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities | Compliant | |
| The state of the s | A STATE OF THE PROPERTY OF | |
| | | |
| | | |
| | | |



| ~~ | | |
|---------------------------------------|--|--|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and | Compliant | |
| Procedures | Compilant | |
| Procedures | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| · · · · · · · · · · · · · · · · · · | | |
| | | |
| Rule | Status | Decimenting Statement(s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff | Compliant | о — — — — — — — — — — — — — — — — — — — |
| 200 | Compilant | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower | Compliant | |
| | | |
| | | |
| | | <u>'</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Bocumenting Statement(3), if applicable |
| 5180:2-13-09 Background Checks | Compliant | |
| | | |
| L | <u> </u> | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training | Compliant | |
| | | |
| | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bootinenting statement(s), in applicable |
| 5180:2-13-10 Professional | Compliant | |
| Development | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space | Compliant | |
| | The state of the s | |
| | | |
| | L | 1 |
| Dolla | Chaban | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Space | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Outdoor Equipment | Compliant | |
| 2100.2-13-11 Outdoor Equipment | Compilant | |



| | * | |
|-------------------------------------|--------------------------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-11 Fall Zone | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | I Sometimes | Documenting Statement(s), if applicable |
| 5180:2-13-12 Safe Equipment | Compliant | |
| | | |
| | | |
| - | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment | Compliant | |
| | Salar Caracher Base and any which is | |
| | | |
| - | <u></u> | į. |
| Rule | Status | Documenting Statement(s), If applicable |
| 740545400 | | Documenting Statement(s), it applicable |
| 5180:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| | <u></u> | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets | Compliant | |
| | | |
| | | |
| | | |
| Dula | Chahara | D |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Clean environment and | Compliant | |
| equipment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free | Compliant | |
| | | |
| | | |
| | L | |
| D. I. | C | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing | Compliant | |
| | | |
| | | |
| 9 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing | Compliant | O = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = |
| 2100.5-13-13 LOOKIDI USHILIK | Compilant | |
| | | |
| L | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | VINCE TOROGON BURNING SPECIAL T | |
| | | |
| | I. | |



| - | | |
|--------------------------------------|-----------|---|
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| | l. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Health Conditions | 00 | bocumenting statement(s), if applicable |
| 5180:2-13-15 Health Conditions | Compliant | |
| | | |
| | | |
| - 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| | | |
| | Ĭ. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Plan | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills | Compliant | |
| 3 ., = | , | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 First Aid Kit/Standard | Compliant | |
| Precautions | Compilant | |
| Frecautions | | |
| | L | <u>I</u> |
| Dula | Chahua | Decomposition Charter and I I I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases | Compliant | |
| | | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-13-16 Incident/Injury | Compliant | |
|-------------------------------------|-------------|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency | Compliant | |
| Preparedness and Response Plan | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and | Compliant | 0 (// |
| Equipment | John Pilane | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios | Compliant | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5180:2-13-18 Attendance | | Documenting Statement(s), If applicable |
| 3100.2-13-16 Attendance | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight | Compliant | |
| Care | • | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance | Compliant | |
| | | |



| ~~ | T | |
|--|-----------|--|
| | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
| | | |
| | T to | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Meals and Snacks | Compliant | |
| | | |
| | | |
| Dula | Chatus | Decomposition Chaterer and (2) If an alteral I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Food Handling | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-22 Fluid Milk | | Documenting Statement(s), if applicable |
| 5180:2-13-22 Fluid WillK | Compliant | |
| | | |
| | 1 | <u>l</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Daily Care | Compliant | Documenting Statement(s), if applicable |
| 5180.2-13-23 Illiant Daily Care | Compliant | |
| | | |
| | - L | ! |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | Compilant | |
| Treparation | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-23 Diapering | Compliant | |
| Ţ. | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-24 On-site Pools | Compliant | |
| | | |
| | | |
| | | |
| | Status | Documenting Statement(s), If applicable |
| Rule | | |
| Rule 5180:2-13-24 Swimming Sites | Compliant | |
| 30000000 | Compliant | |
| 10000000000000000000000000000000000000 | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5180:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-13-25 Medication | Compliant | |
| Requirements | | |
| 5180:2-13-25 Medication | | эзэлгий дагагий (у) н арризале |