## **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      |
| Tabby's Tykes Learning Center | 2180017403     | FCC - Type B Home |
| Address                       |                | County            |
| 4915 Lawndale St NW           |                | STARK             |
|                               |                |                   |
| Canton                        |                |                   |
| OH 44708                      |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Attempted              | Partial                        |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/20/2024             | 6:30 PM                        |                  | 6:36 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Leah Casenhiser        |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 0                      | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
|  |                 |                |         |



## **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 |
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|   |
| Low Risk Non-Compliances  |
| No Low Risk Non-Compliances were observed during this inspection      |
|   |
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|                                      |                        |   |
|                                      |                        |   |
|                                      | Rules In-Compliance/N  | Int Verified                            |
|                                      | tales in compliance, i | tot vermeu                              |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Not Verified           |   |
| Suspension                           |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary     | Not Verified           |   |
| Closure                              |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible         | Not Verified           |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location      | Not Verified           | 3 (" 11                                 |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS    | Not Verified           | bocumenting statement(s), it applicable |
|                                      |                        |   |
|                                      |                        |   |
|                                      | 1                      |   |
| Rule 5101:2-13-02 Provider Medical   | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101.2-15-02 Flovider Medical        | Not verified           |   |
|                                      |                        |   |
|                                      |                        |   |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership        | Not Verified           |   |
|                                      |                        |   |
|                                      |                        | ,                                       |
| Rule                                 | Status                 | Documenting Statement(s), If applicable |

|   | i  |  |
|---|--|--|
| 5101:2-13-03 Inspection   | Not Verified   |  |
| Requirements  |  |  |
|   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Inspections for   | Not Verified   |  |
| Type A Homes  |  |  |
| 77.   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements  | Not Verified   |  |
| for Type B Homes  |  |  |
| Tor Type Briomes  |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Inspections for Type  | Not Verified   |  |
| A Homes   | 1.00 vermed  |  |
| A Homes   |  |  |
|   |  |  |
| Rule  | Status   | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Not Verified   | Documenting Statement(s), it applicable  |
|   | NOT VEHILLE  |  |
| Homes   |  |  |
|   | I  |  |
| Rule  | Status   | Decumenting Statement(s) If applicable   |
| 1 1   |  | Documenting Statement(s), If applicable  |
|   | NI - I N/: C'I   |  |
| 5101:2-13-04 Flammable and  | Not Verified   |  |
| Combustible Materials in a Type B   | Not Verified   |  |
|   | Not Verified   |  |
| Combustible Materials in a Type B   | Not Verified   |  |
| Combustible Materials in a Type B   | Not Verified  Status   | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B<br>Home   |  | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B Home Rule   | Status   | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B                                 | Status   | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B                                 | Status   | Documenting Statement(s), If applicable  |
| Combustible Materials in a Type B Home  Rule 5101:2-13-04 Heaters in a Type B                                 | Status   | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-04 Heaters in a Type B Home  | Status<br>Not Verified   |  |
| Rule 5101:2-13-04 Heaters in a Type B Home  Rule  | Status Not Verified Status   |  |
| Rule 5101:2-13-04 Heaters in a Type B Home  Rule  | Status Not Verified Status   |  |
| Rule 5101:2-13-04 Heaters in a Type B Home  Rule  | Status Not Verified Status   |  |
| Rule 5101:2-13-04 Heaters in a Type B Home  Rule  | Status Not Verified Status   | Documenting Statement(s), If applicable  |
| Rule S101:2-13-04 Heaters in a Type B Home  Rule S101:2-13-05 Home  Rule S101:2-13-07 Staff Records           | Status Not Verified  Status Not Verified  Status Status                      |  |
| Rule 5101:2-13-04 Heaters in a Type B Home  Rule 5101:2-13-05 Staff Records                                   | Status Not Verified  Status Not Verified                                     | Documenting Statement(s), If applicable  |
| Rule S101:2-13-04 Heaters in a Type B Home  Rule S101:2-13-05 Home  Rule S101:2-13-07 Staff Records           | Status Not Verified  Status Not Verified  Status Status                      | Documenting Statement(s), If applicable  |
| Rule S101:2-13-04 Heaters in a Type B Home  Rule S101:2-13-05 Home  Rule S101:2-13-07 Staff Records           | Status Not Verified  Status Not Verified  Status Status                      | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities                                  | Status Not Verified  Status Not Verified  Status Not Verified                | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule S101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities  Rule Rule                       | Status Not Verified  Status Not Verified  Status Not Verified  Status Status | Documenting Statement(s), If applicable  |
| Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified  Status Not Verified  Status Not Verified                | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule S101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities  Rule Rule                       | Status Not Verified  Status Not Verified  Status Not Verified  Status Status | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified  Status Not Verified  Status Not Verified  Status Status | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Staff Records  Rule 5101:2-13-07 Provider Responsibilities | Status Not Verified  Status Not Verified  Status Not Verified  Status Status | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |

| 5101:2-13-08 Employee Requirements              | Not Verified        |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster<br>Parent | Not Verified        |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff<br>Requirements   | Not Verified        | bocumenting statement(s), if applicable |
| Dulo  | Ctatus              | Decumenting Statement(s) If applicable  |
| S101:2-13-08 Whistle Blower                     | Not Verified        | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks                  | Not Verified        | bocumenting statement(3), it applicable |
|   |                     |   |
| Rule 5101:2-13-10 Health Training               | Not Verified        | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional<br>Development        | Not Verified        | bocumenting statement(s), if applicable |
|   |                     |   |
| Rule<br>5101:2-13-11 Indoor Space               | Status Not Verified | Documenting Statement(s), If applicable |
|   |                     |   |
| Sule 5101:2-13-11 Indoor Space                  | Not Verified        | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-11 Outdoor Space              | Not Verified        | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment                  | Not Verified        |   |

| L                                   | 1            |   |
|-------------------------------------|--------------|---|
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Not Verified | ,                                       |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| D 1                                 | C            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Not Verified |   |
|                                     |              |   |
| L                                   |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment       | Not Verified | 3                                       |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide        | Not Verified |   |
| Detectors - Type B Only             |              |   |
|                                     |              |   |
| Rule                                | Status       | Decumenting Statement(s) If applicable  |
| 5101:2-13-12 Pets                   | Not Verified | Documenting Statement(s), If applicable |
| 3101.2-13-12 Pets                   | Not verified |   |
|                                     |              |   |
|                                     | •            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Not Verified |   |
| equipment                           |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Not Verified |   |
|                                     |              |   |
|                                     | <u> </u>     |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Not Verified | boomening statement(s), it applicable   |
| 220212 20 20 1000110103111118       |              |   |
|                                     |              |   |
|                                     | •            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Not Verified |   |
| and Routine Trips                   |              |   |
| · ·                                 |              | •                                       |

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|--------------------------------------|--------------|---|
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Not Verified |   |
| for Field and Routine Trips          |              |   |
| To Freid and Rodeline Trips          |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
|                                      | Not Verified | bocumenting statement(s), if applicable |
| 5101:2-13-14 Driver Requirements     | Not verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      | 1.           | 1                                       |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment    | Not Verified |   |
| and Hygiene                          |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      |              | L                                       |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
|                                      | Not Verified | bocumenting statement(s), it applicable |
| 5101:2-13-14 Vehicle Requirements    | Not verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and       | Not Verified |   |
| Enrollment Records                   |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Not Verified |   |
|                                      |              |   |
|                                      |              |   |
|                                      | 1            | ı                                       |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Not Verified | bocumenting statement(s), if applicable |
|                                      | Not verilled |   |
| and Confidentiality                  |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Not Verified |   |
| General Emergency Plan               |              |   |
|                                      |              |   |
|                                      |              |   |
| Rule                                 | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills        | Not Verified | U VIII III                              |
| January Dinis                        |              |   |
|                                      |              |   |
|                                      | <u>I</u>     |   |

| Rule                                | Status       | Documenting Statement(s), If applicable |
|-------------------------------------|--------------|---|
| 5101:2-13-16 First Aid Kit/Standard | Not Verified | bocamenting statement(3), if applicable |
| Precautions                         | Not verified |   |
| Precautions                         |              |   |
|                                     | 1            |   |
| Rule                                | Status       | Decumenting Statement/s) If applicable  |
|                                     |              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases  | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Ctatus       | Desumenting Statement(s) If applicable  |
| 1.0.10                              | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
| Dula                                | Chahus       | Decumenting (teterments) if             |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency              | Not Verified |   |
| Preparedness and Response Plan      |              |   |
|                                     |              |   |
|                                     | 1.           |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming            | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
|                                     | 1            |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming            | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and          | Not Verified |   |
| Equipment                           |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and          | Not Verified |   |
| Equipment                           |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios  | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |
| Rule                                | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Not Verified |   |
|                                     |              |   |
|                                     |              |   |
|                                     |              |   |



| Rule                                   | Status       | Documenting Statement(s), If applicable |
|--|--------------|---|
| 5101:2-13-19 Supervision               | Not Verified | bootimenting statement(s), it approals  |
| 3101.2 13 13 3uper vision              | Not vermed   |   |
|  |              |   |
|  | -            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision    | Not Verified |   |
| 3101.2 13 13 36/10017 (ge 3aper 13/01) | Not vermed   |   |
|  |              |   |
|  | -            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance            | Not Verified |   |
| 310112 10 13 china dallaanee           | Troc remied  |   |
|  |              |   |
|  | -            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap             | Not Verified | 0                                       |
| Requirements                           |              |   |
| Requirements                           |              |   |
|  |              |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen          | Not Verified |   |
| Requirements                           | Not vermed   |   |
| i Requirements                         |              |   |
|  | 1            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight     | Not Verified | bootinenting statement(s), in approache |
| Care                                   | Not vermed   |   |
| Care                                   |              |   |
|  | -            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Not Verified | 44,7                                    |
|  | 110010111100 |   |
|  |              |   |
|  | •            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk                | Not Verified | 5                                       |
|  |              |   |
|  |              |   |
|  | •            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling             | Not Verified | 0 (7)                                   |
|  |              |   |
|  |              |   |
|  | •            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care         | Not Verified | 5                                       |
|  |              |   |
|  |              |   |
|  | •            |   |
| Rule                                   | Status       | Documenting Statement(s), If applicable |
|  |              | 2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

| 5101:2-13-23 Infant Bottle and Food Preparation | Not Verified           |   |
|---|------------------------|---|
| rieparation                                     |                        |   |
| D.J.  | Chahua                 | Decumenting Chatemant/a) If and inchis  |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                          | Not Verified           |   |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools                      | Not Verified           |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools                      | Not Verified           | boomening statement(s), it appreads     |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites                     | Not Verified           | bootimenting statement(s), in approasie |
| 310112 10 2 1 0 W                               | Troc vermed            |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites                     | Not Verified           | <u> </u>                                |
|   |                        |   |
| Rule  | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming     | Not Verified           |   |
| Rule  | Status                 | Decumenting Statement/s) If an itself   |
| 5101:2-13-25 Medication                         | Status<br>Not Verified | Documenting Statement(s), If applicable |
| Requirements                                    | Not verified           |   |
|   |                        |   |