

## 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      |  |
| Sheila Stinson          | 2180018565     | FCC - Type B Home |  |
| Address                 |                | County            |  |
| 6220 Stoney Creek Drive |                | MONTGOMERY        |  |
|                         |                |                   |  |
| Huber Heights           |                |                   |  |
| OH 45424                |                |                   |  |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection S                   | соре             | Inspection Notice |              |  |
| Attempted           | Partial                        |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 06/26/2024          | 10:15 AM                       |                  | 10:20 AM          | 10:20 AM     |  |
| Reviewer:           |                                |                  |                   |              |  |
| Jarrod Wilcox       |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 1                   | 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

Low Risk Non-Compliances

No Low Risk Non-Compliances were observed during this inspection



## Rules In-Compliance/Not Verified

| 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 |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Information in OCLQS | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   |              |   |
| Rule                              | Status       | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Provider Medical     | Not Verified |   |
|                                   |              |   |
|                                   |              |   |
|                                   | 1            |   |
| Rule                              | Status       | Documenting Statement(s), If applicable   |
| 5101:2-13-02 Type A Ownership     | Not Verified |   |
| Storiz 15 62 Type / Ownership     | Not Vermeu   |   |
|                                   |              |   |
|                                   |              | I   |
| Rule                              | Status       | Documenting Statement(s), If applicable   |
| 5101:2-13-03 Inspection           | Not Verified |   |
| Requirements                      |              |   |
| nequirements                      |              |   |
|                                   | - 1          |   |
| Rule                              | Status       | Documenting Statement(s), If applicable   |
| i di c                            | otatus       | bootamenting statement(s), it applied ble |



| 5101:2-13-04 Building Inspections for Type A Homes | Not Verified           |   |
|--|------------------------|---|
| Rule<br>5101:2-13-04 Building Requirements         | Status<br>Not Verified | Documenting Statement(s), If applicable |
| for Type B Homes                                   |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type             | Not Verified           | boomenting otacement(o)) in approable   |
| A Homes  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B                | Not Verified           | Documenting statement(s), if applicable |
| Homes  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and                         | Not Verified           |   |
| Combustible Materials in a Type B                  |                        |   |
| Home   |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B<br>Home           | Not Verified           |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records                         | Not Verified           |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities             | Not Verified           |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and                     | Not Verified           |   |
| Procedures   |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements                 | Not Verified           |   |
| Pulo   | Statuc                 | Decumenting Statement(c) If applicable  |
| Rule   | Status                 | Documenting Statement(s), If applicable |



| 5101:2-13-07 Type B Provider - Foster | Not Verified |   |
|---------------------------------------|--------------|---|
| Parent                                |              |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Not Verified |   |
| Requirements                          |              |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       | 1            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Not Verified |   |
| 5101.2 15 10 Health Huming            | Not vermed   |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional             | Not Verified | Documenting Statement(3), in applicable |
|                                       | Not vermed   |   |
| Development                           |              |   |
|                                       |              |   |
| Dula                                  | Status       | Desumenting Statement(s) If applies his |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space             | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
| Dula                                  | Chature      |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space             | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       | -            |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space            | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment        | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       |              |   |
| 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           |   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                              | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment                            | Not Verified           |   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide                             | Not Verified           |   |
| Detectors - Type B Only                                  |                        |   |
|  | 1                      |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets  | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and                       | Not Verified           |   |
| equipment  |                        |   |
| - 1- F   |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                                 | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                               | Not Verified           |   |
|  |                        |   |
|  |                        |   |
| Dula   | Chabura                |   |
| Rule   | Status<br>Not Verified | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field<br>and Routine Trips |                        |   |
|  |                        |   |
|  | •                      |   |
| Rule   | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision                       | Not Verified           |   |
| for Field and Routine Trips                              |                        |   |



| Rule                                  | Status       | Documenting Statement(s), If applicable |
|---------------------------------------|--------------|---|
| 5101:2-13-14 Driver Requirements      | Not Verified |   |
|                                       |              |   |
|                                       |              |   |
|                                       |              |   |
| 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 |   |
|                                       |              |   |
|                                       |              |   |
| · · · · · · · · · · · · · · · · · · · |              |   |
| Rule                                  | Status       | Documenting Statement(s), If 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       | Desumenting Statement(s) If englishing  |
| 5101:2-13-15 Health Conditions        | Not Verified | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions        | Not vermed   |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention  | Not Verified |   |
| and Confidentiality                   | Not vermed   |   |
|                                       |              |   |
|                                       | 1            |   |
| 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 |   |
|                                       |              |   |
|                                       |              |   |
|                                       |              |   |
| Rule                                  | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard   | Not Verified |   |
| Precautions                           |              |   |
|                                       |              |   |



| Rule                               | Status       | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5101:2-13-16 Communicable Diseases | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
|                                    | •            |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury       | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency             | Not Verified |   |
| Preparedness and Response Plan     |              |   |
|                                    |              |   |
|                                    |              |   |
| 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 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 |   |
|                                    | Not vermeu   |   |
| Equipment                          |              |   |
| <u> </u>                           | L            | I                                       |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Not Verified |   |
| 5101.2 15 10 Group Size and Natios |              |   |
|                                    |              |   |
|                                    | 1            |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance            | Not Verified |   |
|                                    |              |   |
|                                    |              |   |
|                                    |              |   |
|                                    | Status       | Documenting Statement(s), If applicable |
| Rule                               |              |   |
|                                    | Not Verified |   |
| Supervision                        | Not Verified |   |
|                                    | Not Verified |   |



| Rule                                | Status                 | Documenting Statement(s), If applicable |
|-------------------------------------|------------------------|---|
| 5101:2-13-19 School Age Supervision | Not Verified           |   |
|                                     |                        |   |
|                                     |                        |   |
|                                     |                        |   |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Not Verified           |   |
|                                     |                        |   |
|                                     |                        |   |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Not Verified           | Documenting statement(s), if applicable |
| Requirements                        | Not vermed             |   |
| Requirements                        |                        |   |
|                                     |                        |   |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Not Verified           |   |
| Requirements                        |                        |   |
|                                     |                        |   |
|                                     |                        |   |
| Rule                                | Status<br>Nat Varified | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Not Verified           |   |
| Care                                |                        |   |
|                                     |                        | ll                                      |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Not Verified           |   |
|                                     |                        |   |
|                                     |                        |   |
|                                     |                        |   |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Not Verified           |   |
|                                     |                        |   |
| L                                   | I                      | ·                                       |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Not Verified           |   |
|                                     |                        |   |
|                                     |                        |   |
|                                     |                        |   |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Not Verified           |   |
|                                     |                        |   |
|                                     | 1                      | <u> </u>                                |
| Rule                                | Status                 | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Not Verified           |   |
| Preparation                         |                        |   |
|                                     |                        |   |
|                                     | •                      |   |
| 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 |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites        | Not Verified |   |
|                                    |              |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites        | Not Verified |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Not Verified |   |
| Swimming                           | Not vermed   |   |
| Rule                               | Status       | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication            | Not Verified |   |
| Requirements                       |              |   |
|                                    |              |   |