

## 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://ifs.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<br>Becky's School Before School               | Program Number<br>2240029474 | Program Type<br>FCC - Type B Home |
| Address<br>2103 Seaforth Place<br><br>Columbus<br>OH 43232 | County<br>FRANKLIN           |                                   |

| Inspection Information         |                                     |                          |                       |                                  |
|--------------------------------|-------------------------------------|--------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Provisional |                                     | Inspection Scope<br>Full |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/08/2025  |                                     | Begin Time<br>11:20 AM   |                       | End Time<br>12:45 PM             |
| Reviewer:<br>Cristina Boyer    |                                     |                          |                       |                                  |
| Summary of Findings            |                                     |                          |                       |                                  |
| No. Rules Verified<br>68       | No. Rules with Non-compliances<br>2 |                          | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                                |                                     |                          | No. Low Risk<br>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                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 0         | 1     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 0          | 0         | 0     |
| School Age                                                |                  | 0          | 0         | 0     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 0          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Keyonna J.                                   | Mixed Age Group | 1 to 0         |         |

### 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

**Domain: 03 Postings & Equipment**

Rule: 5180:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item number 1 below:

1. Fire alert plan, including a diagram indicating evacuation routes.
2. Weather alert plan was missing details for [ ].
3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 11/07/2025

**Domain: 04 Indoor/Outdoor Space**

Rule: 5180:2-13-11 Outdoor Space

Code: The program staff is required to protect the children from hazardous conditions in the outdoor play area.

Findings: During the inspection, it was determined that the following hazardous conditions existed in the outdoor play area, as noted in number 15 below:

1. There was broken glass.
2. There were tall weeds.
3. There was poison ivy.
4. There were tree branches.
5. There was mold visible.
6. The sandbox was contaminated.
7. There were thistles with pricklers.
8. There were bird droppings.
9. The outdoor area was littered with trash.
10. The trash can was missing a lid.
11. The trash was not emptied from the day(s) before.
12. The trash can was overflowing with trash.
13. The trash can was infested with insects.
14. The trash can was visibly dirty.
15. garden hose accessible

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

Corrective Action Plan Due: 11/07/2025

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-02 Voluntary Temporary Closure | Compliant |                                         |

| 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 |                                         |

| 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 |                                         |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-03 Inspection Requirements | Compliant |                                         |

| Rule                                                | Status    | Documenting Statement(s), If applicable |
|-----------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Building Requirements for Type B Homes | Compliant |                                         |

| Rule                                      | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Fire Safety for Type B Homes | Compliant |                                         |

| Rule                                                              | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |                                         |

| Rule                                  | Status    | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-04 Heaters in a Type B Home | Compliant |                                         |

| 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 |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13 Written Policies and Procedures    | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Child Care Staff Requirements   | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Employee Requirements           | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-08 Whistle Blower                  | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-09 Background Checks               | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Health Training                 | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-10 Professional Development        | Compliant |                                         |
| Rule                                         | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-11 Indoor Space                    | Compliant |                                         |

|                                                       |               |                                                |
|-------------------------------------------------------|---------------|------------------------------------------------|
|                                                       |               |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Outdoor Equipment                        | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-11 Fall Zone                                | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Equipment                           | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Safe Environment                         | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only  | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-12 Pets                                     | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Clean environment and equipment          | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                            | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-14 Requirements for Field and Routine Trips | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Smoke Free                               | Compliant     |                                                |

| Rule                     | Status    | Documenting Statement(s), If applicable |
|--------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Handwashing | Compliant |                                         |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |

| 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 |                                         |

| Rule                                              | Status    | Documenting Statement(s), If applicable |
|---------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Medical and Enrollment Records | Compliant |                                         |

| Rule                           | Status    | Documenting Statement(s), If applicable |
|--------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Health Conditions | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |

| Rule                          | Status    | Documenting Statement(s), If applicable |
|-------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 Emergency Drills | Compliant |                                         |

| Rule                                            | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------|-----------|-----------------------------------------|
| 5180:2-13-16 First Aid Kit/Standard Precautions | Compliant |                                         |

| 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 Preparedness and Response Plan | Compliant |                                         |
| 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 Equipment                  | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios                    | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 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 |
| 5180:2-13-19 Child Guidance                           | Compliant |                                         |
| Rule                                                  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Sanitary Environment and Hygiene         | Compliant |                                         |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Sleep and Nap Requirements         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-20 Crib and Playpen Requirements      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-21 Evening and Overnight Care         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Meals and Snacks                   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-24 On-site Pools                      | Compliant     |                                                |

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