Department of Children & Youth

# Center 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<br>FAMILY CHILD CARE AND DEVELOPMENT CENTER | Program Number<br>000000410516 | Program Type<br>Child Care Center |
| Address<br>8571 ST RT 335 MINFORD<br>OH<br>45653 | | County<br>SCIOTO |

| | | | |
|---|---|---|---|
| Building Approval Date<br>03/08/2010 | Use Group/Code<br>E | Occupancy Limit<br>46 | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>03/06/2017 | Food Service Risk Level<br>Level III | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Follow-up | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/13/2026 | Begin Time<br>9:15 AM | End Time<br>4:20 PM |
| Reviewer:<br>Sarena Powhida | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 10 | 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) | | 5 | 0 | 5 |
| Young Toddler | | 4 | 0 | 4 |
| **Total Under 2 ½ Years** | 51 | 9 | 0 | 9 |
| Older Toddler | | 6 | 0 | 6 |
| Preschool | | 28 | 0 | 28 |
| School Age | | 0 | 22 | 22 |
| **Total Capacity/Enrollment** | 74 | 34 | 22 | 65 |

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

| | | | |
|---|---|---|---|
| 4's | 4 years to < 5 years | 1 to 11 | ~9:15 |
| 4's | 4 years to < 5 years | 1 to 7 | ~3:45 |
| 3's | 3 years to < 4 years | 1 to 5 | ~9:15 |
| 3's | 3 years to < 4 years | 1 to 3 | ~3:45 |
| Schoolage | School-Age to < 11 years | 1 to 12 | ~3:45 |
| Toddlers | 18 months to < 30 months | 1 to 4 | ~3:45 |
| Toddlers | 18 months to < 30 months | 1 to 4 | ~9:15 |
| Infants | 0 to < 12 months | 1 to 3 | ~3:45 |
| Infants | 0 to < 12 months | 1 to 5 | ~9:15 |

## 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 5180:2-12-03 and 5180:2-13-03 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

**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records
Code: The program is required to have a completed medical on file at the program for each child enrolled.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 8 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified
nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of
conscience, including religious convictions
11. Other [ ]

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

Corrective Action Plan Due: 06/13/2026

## Rules In-Compliance/Not Verified

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 License Posted | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 Building Department Inspection | Compliant | Documenting Statement: On the day of the inspection, the program was operating in compliance with the current building approval(s). |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 Current Information | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-03 Inspection Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-04 Food Service Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-05 Denial, Revocation and Suspension | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Qualifications | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | Documenting Statement: The Employee Record Chart was current. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Written Program Policies and Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Medical Statement | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-10 Health Training Requirements | Compliant | Documenting Statement: The program had at least one Child Care Staff Member with currently valid training in First Aid, Management of Communicable Disease, CPR, and Child Abuse Prevention present and readily accessible during all hours of operation. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Indoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Separation of Children Under 2 1/2 Years | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Space Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Equipment | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Handwashing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Toothbrushing Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Smoke Free Environment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Driver Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation and Field Trip Procedures | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-14 Transportation - Vehicle Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-15 Medical/Physical Care Plans | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Medical, Dental, and General Emergency Plan | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Emergency Drills | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Incident/Injury Reporting | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 First Aid/Standard Precautions | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Management of Communicable Disease | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Materials and Equipment | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 License Capacity | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Ratio | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Schedule | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Attendance Records | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cots and Napping | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Child Guidance | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-20 Cribs | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-21 Evening and Overnight Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Meal and Snack Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Safe Food Handling/Storage | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Daily Care | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Infant Bottle and Food Preparation | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-23 Diapering and Toilet Training | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-24 Swimming and Water Safety Requirements | Not Verified | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-25 Medication Administration | Not Verified | |