Department of Children & Youth

# Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | |
|---|---|---|
| Program Name<br>ERICSON, MARETHA | Program Number<br>000000953653114 | Program Type<br>FCC - Type B Home |
| Address<br>780 Leetonia Circle<br><br>Marion<br>OH 43302 | | County<br>MARION |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>05/28/2026 | Begin Time<br>5:40 AM | End Time<br>6:50 AM |
| Reviewer:<br>Lisa Myers | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 1 | 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 |
| **Total Under 2 Years** | 3 | 1 | 0 | 1 |
| Older Toddler | | 2 | 0 | 2 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 3 | 0 | 3 |
| **Total Capacity/Enrollment** | 7 | 6 | 0 | 7 |

| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |
| Maretha's Group | Mixed Age Group | 1 to 5 | Morning rest - 5:55 am |

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## 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

**Domain:**

Rule:
Code:

Findings:

Corrective Action Plan Due:

### Moderate Risk Non-Compliances

**Domain: 02 Safe & Sanitary Environment**

Rule: 5180:2-13-12 Safe Environment
Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item or condition or equipment due to the following number(s) 18 below:

1. Pull cord(s) on the window blind(s).
2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
3. Stacked tables.
4. Folding tables.
5. Matches and/or a lighter.
6. Power tool(s).
7. Live wires.
8. Stove(s) that are either on or able to be turned on by a child.
9. Asbestos.
10. Traffic.
11. A body of water.
12. A well.
13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
14. A crockpot used to heat bottles.
15. Immediate access to a knife.
16. Large or heavy pieces of shelving units are not securely anchored to the wall.

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17. Marijuana was accessible to children.
18. Other: Hammer on kitchen counter beside refrigerator.

Any hazardous equipment must be removed, replaced, or repaired and any hazardous condition must be corrected and must be made inaccessible to children. Provide staff training. Submit the program's corrective action plan, which includes a statement that the item or condition has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/27/2026

**Low Risk Non-Compliances**

**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(s) 9 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 prickers.
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. Other [ ].

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

Corrective Action Plan Due: 06/27/2026

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**Domain: 08 Staff Files**

Rule: 5180:2-13-10 Health Training
Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for training(s) listed in number(s) 4 below:

1. First Aid - expired training
2. First Aid - did not have verification of the completion of First Aid training
3. First Aid - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
4. CPR - expired training
5. CPR - had not taken CPR training
6. CPR - did not have verification of the completion of CPR training
7. CPR - training taken did not include all age groups and developmental levels of all children in care
8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
10. Communicable Disease - expired training
11. Communicable Disease - had not taken CD training
12. Communicable Disease - did not have verification of the completion of CD training
13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
14. Child Abuse - expired training
15. Child Abuse - had not taken Child Abuse training
16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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

Corrective Action Plan Due: 06/27/2026

## Rules In-Compliance/Not Verified

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

| | | |
|---|---|---|
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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-02 License Visible | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-02 Change of Location | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-02 Information in OCLQS | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-02 Provider Medical | Compliant | Documenting Statement: |

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

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

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

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

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Staff Records | Compliant | Documenting Statement: |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Provider Responsibilities | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13 Written Policies and Procedures | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-07 Type B Provider - Foster Parent | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-08 Employee Requirements | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-08 Child Care Staff Requirements | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-08 Whistle Blower | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-09 Background Checks | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-10 Professional Development | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-11 Indoor Space | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-11 Outdoor Equipment | Compliant | Documenting Statement: |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-11 Fall Zone | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Safe Equipment | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-12 Pets | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-13 Clean environment and equipment | Compliant | Documenting Statement: |

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

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

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

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

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

| | | |
|---|---|---|
| 5180:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-14 Driver Requirements | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-14 Vehicle Inspections | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-14 Vehicle Requirements | Compliant | Documenting Statement: |

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

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: |

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

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

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-16 Incident/Injury | Compliant | Documenting Statement: |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-16 Emergency Preparedness and Response Plan | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-17 Programming | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-17 Materials and Equipment | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-18 Group Size and Ratios | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-18 Attendance | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-19 Supervision | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-19 School Age Supervision | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-21 Evening and Overnight Care | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-20 Sleep and Nap Requirements | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-19 Child Guidance | Compliant | Documenting Statement: |

| | | |
|---|---|---|
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-20 Crib and Playpen Requirements | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-21 Sanitary Environment and Hygiene | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Meals and Snacks | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Food Handling | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-22 Fluid Milk | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-23 Infant Daily Care | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-23 Infant Bottle and Food Preparation | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-23 Diapering | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-24 On-site Pools | Compliant | Documenting Statement: |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-24 Swimming Sites | Compliant | Documenting Statement: |

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-13-25 Medication Requirements | Compliant | Documenting Statement: |