# **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	
COLBERT'S NORTHSIDE DAYCARE	000000503919		FCC - Type A Home	
Address			County	
1609 N. ERIE ST.			LUCAS	
TOLEDO				
OH 43604				
Building and Fire Approvals apply to Type A Family Chile	d Care Homes only			
Building Approval Date	Use Group/Code	Occupancy Limit	Maximum Under 2 ½	
Fire Inspection Approval Date				
12/18/2020				

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Compliance	Full		Unannounced	
Inspection Date	Begin Time		End Time	
05/18/2021	8:33 AM		11:43 AM	
Reviewer:				
Laura Fitzenrider				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
80	6	0	0	6

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	1	1
Young Toddler		0	1	1
Total Under 2 Years	12	0	2	2
Older Toddler		0	0	0
Preschool		1	2	3
School Age		0	0	0
Total Capacity/Enrollment	12	1	2	5

Staff-Child Ratios at the Time of Inspection			
Group Age Group/Range Ratio Observed Comment			
Edward Colbert	Mixed Age Group	1 to 0	



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

Serious Risk Non-Compliances
erious Risk Non-Compliances were observed during this inspection
Moderate Risk Non-Compliances
Moderate Risk Non-Compliances were observed during this inspection

### **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number

2 below:

1. Monthly fire drills

- 2. Monthly weather emergency drills (March through September) for March and April
- 3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 06/18/2021

#### **Domain: 08 Staff Files**

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number 2 below:

- 1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
- 2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
- 3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/18/2021

#### Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training

Code: The program staff is required to complete the prescribed child abuse and neglect course within the required timeframe.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for trainings listed in numbers 3, 7, 12, and 16 below:

- 1. First Aid expired training
- 2. First Aid not taken First Aid training
- 3. First Aid not have verification of completion of First Aid
- 4. First Aid Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 5. CPR expired training

- 6. CPR not taken CPR training
- 7. CPR not have verification of CPR training
- 8. CPR training taken did not include all age groups the program serves
- 9. CPR Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 10. Management of Communicable Disease expired training
- 11. Management of Communicable Disease not taken CD training
- 12. Managment of Communicable Disease not have verification of completion of the full CD training
- 13. Management of Communicable Disease Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 14. Child Abuse Recognition and Prevention expired training
- 15. Child Abuse Recognition and Prevention not taken Child Abuse training
- 16. Child abuse Recognition and Prevention not have verification of completion of the full CD training
- 17. Child Abuse Recognition and Prevention 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: 06/18/2021

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: In review of the staff records, it was determined that the medical statements for those individuals listed on the Employee Record Chart did not include the required information listed below in numbers 3b and 3c:

- 1. Date of examination;
- 2. Signature, business address, and telephone number of the licensed physician, physician assistant, advanced practice nurse, certified midwife, or certified nurse practitioner who completed the examination;
- 3. A statement that verifies that the employee is:
- a. Physically fit for employment as a provider caring for children;
- b. Immunized against Tetanus, Diphtheria, Pertussis (Tdap);
- c. Immunized against Measles, Mumps, and Rubella (MMR);
- d. Immunized against Pertussis by January 1, 2018.

Submit the program's corrective action plan, which includes a copy of the completed medical statement, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/18/2021



Domain: 09 Children's Files

Rule: 5101:2-13-15 Child's Medical

Code: The program is required to have a completed medical on file for each child.

Findings: In review of 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 numbers 1 and 2 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. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 6. 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
- 7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 8. 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
- 9. 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

10. Other [ ]

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

Corrective Action Plan Due: 06/18/2021

#### **Domain: 09 Children's Files**

Rule: 5101:2-13-15 JFS 01234 'Child Enrollment and Health Information'

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 13 below.

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete parent information
- 4. Complete emergency contact information
- 5. Complete physician information
- 6. Information regarding the parent list
- 7. Health information

- 8. Additional information for all boxes checked "yes"
- 9. Emergency transportation information
- 10. Parent/guardian's signature
- 11. Diapering Statement
- 12. Acknowledgement of Policies and Procedures
- 13. Enrollment form for at least one child was not updated by either the parent or the administrator
- 14. Enrollment form for at least one child was not signed by the administrator
- 15. Other [ ]

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

Corrective Action Plan Due: 06/18/2021

### **Rules In-Compliance/Not Verified**

Rule	Status	Documenting Statement(s), If applicable
5101:2-13-14 Driver Requirements	Compliant	
	I	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-21 Evening and Overnight	Compliant	
Care		
Rule	Status	Decumenting Statement(s) If applies bla
		Documenting Statement(s), If applicable
5101:2-13-02 License Posted	Compliant	
	<u> </u>	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Disaster Plan	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-18 Ratio and Group Size	Compliant	

beginning:		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-18 Ratio and Group Size	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-07 Provider Requirements	Compliant	
310112 13 07 Frontact Requirements	Compilant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-11 Indoor Space	Compliant	bocumenting statement(s), if applicable
3101.2-13-11 mdoor space	Compliant	
	I	
Pulo	Charlie	Decumenting Statement/s) If and leads
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-08 Child Care Staff	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-25 Topical Products and	Compliant	
Lotions		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-04 Fire Inspection for Type	Compliant	
A Homes		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-13 Handwashing	Compliant	
	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-17 Programming	Compliant	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
JIOI.Z-IJ-I/ FIOGIGIIIIIIII	Compilant	
	1	
Dula	Chatus	Decumenting Statements of a reliable
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-24 On-site Pools	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-12 Safe Equipment	Compliant	
		I I

Rule	Status	Documenting Statement(s), If applicable
5101:2-13-24 Parent Permission for	Compliant	
Swimming		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-20 Sleep and Napping	Compliant	bocumenting statement(s), if applicable
Requirements for a Licensed Family	Compilation	
Child Care Provider		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-13 Smoke Free	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Standard Precautions	Compliant	Documenting Statement(s), if applicable
2231.2 13 13 364114414 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Compilation	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-14 Vehicle Inspections	Compliant	
<u>L</u>		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 JFS 00598 'Owner's	Compliant	3 (" 1.
Authorized		
Reqpresentative/Partnership Form for		
Child Care'		
	1.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-08 Review Policies and	Compliant	
Procedures		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 Voluntary Temporary	Compliant	
Closure		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-22 Fluid Milk	Compliant	bocamenting statement(s), if applicable
STOTIL TO EZ FIGIG WIIIK	Compilation	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-20 Crib and Playpen	Compliant	
Requirements		

	T	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-14 Vehicle Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-11 Fall Zone	Compliant	g satement(a), wakpiioadic
	Compilant	
	Ι.	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-08 Staff Records	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Incident/Injury	Compliant	, , , , , , , , , , , , , , , , , , ,
1 2 2 2 2 monderity mjury	- Compilarite	
	1	I
Dula	Chahara	December 5 telephone 1/ ) If I'm I'm I'm
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-04 Building Inspections for	Compliant	
Type A Homes		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-23 Diapering	Compliant	
310112 13 23 Blapering	Compilation	
Pulo	Status	Decumenting Statement(s) If and itself
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-12 Pets	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-24 Swimming Sites	Compliant	
[		
	1	ı
Rule	Status	Documenting Statement(s), If applicable
		bocumenting statement(s), if applicable
5101:2-13-22 Food Handling	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-12 Safe Environment	Compliant	
	'	
<b></b>	I.	
Dulo	Ctatus	Decumenting Statement (s) If any Park I
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-11 Outdoor Equipment	Compliant	

DESILIZADE.		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-19 Child Guidance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 First Aid Kit	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-04 Heaters in a Type B	Compliant	
Home		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-14 Ratio and Supervision	Compliant	
for Field and Routine Trips		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Medical, Dental, and	Compliant	
General Emergency Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-25 Medication Storage	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-19 School Age Supervision	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-23 Infant Bottle and Food	Compliant	
Preparation		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-13 Toothbrushing	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-17 Materials and	Compliant	
Equipment		

Rule	Status	Documenting Statement(s), If applicable
5101:2-13-19 Supervision	Compliant	
	1	
Rule	Status	Desumenting Statement/s) If applicable
	Status	Documenting Statement(s), If applicable
5101:2-13-13 Clean Environment and	Compliant	
Equipment		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Communicable Diseases	Compliant	
5101.2 15 10 communicable biseases	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-21 Sanitary Environment	Compliant	
and Hygiene	·	
1 2 10		
L	1	
Rule	Status	Desumenting Statement/s) If applicable
	Status	Documenting Statement(s), If applicable
5101:2-13-25 Medication	Compliant	
Requirements		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 Information in Provider	Compliant	3 to
	Compilant	
Portal		
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-14 Requirements for Field	Compliant	
and Routine Trips	·	
and nodeline rrips		
<u> </u>	ı	
Rule	Ctatus	Decumenting Statement (a) If and I sale
	Status	Documenting Statement(s), If applicable
5101:2-13-08 Whistle Blower	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-16 Serious Incident	Compliant	
JIOI.2-IJ-IO JEHOUS HICIUEIIL	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-10 Professional	Compliant	
Development	- I	
Development		
L		
2.1		B " " " '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Rule	Status	Documenting Statement(s), If applicable

5101:2-13-20 Use of Crib and Playpen	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-22 Meals and Snacks	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-08 Substitute Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-08 Substitute Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-15 Health Conditions	Compliant	bocumenting statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 Information in OCLQS	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-11 Outdoor Space	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 Provider Medical	Compliant	bocumenting statement(3), ii applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-09 Background Checks	Compliant	Documenting Statement(s), if applicable
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-09 Background Checks	Compliant	
Dula	Chahua	Decumenting Chalenger (A) If any live Live
Rule 5101:2-13-09 Background Checks	Status   Compliant	Documenting Statement(s), If applicable

	1	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-18 Attendance	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-02 Change of Location	Compliant	bocumenting statement(s), it applicable
3101.2-13-02 Change of Location	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-07 Provider Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5101:2-13-03 Inspection	Compliant	, , , , , , , , , , , , , , , , , , ,
Requirements	·	
·		
	Chahara	
Rule	Status	Documenting Statement(s), If applicable
	Status Compliant	Documenting Statement(s), If applicable
Rule		Documenting Statement(s), If applicable
Rule		Documenting Statement(s), If applicable
Rule		Documenting Statement(s), If applicable  Documenting Statement(s), If applicable
Rule Transitional Pandemic Requirements	Compliant	
Rule Transitional Pandemic Requirements  Rule	Compliant	
Rule Transitional Pandemic Requirements  Rule	Compliant	