## **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      |
| BROOKS, EBONY   | 000000911277370 | FCC - Type B Home |
| Address         |                 | County            |
| 907 BYE STREET  |                 | SUMMIT            |
|                 |                 |                   |
| AKRON           |                 |                   |
| OH 44320        |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/28/2021             | 1:35 PM                        |                  | 3:00 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Kathryn Carey          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 79                     | 3                              | 0                | 0                 | 4            |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 2                | 1          | 0         | 1     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 9          | 0         | 9     |
| Total Capacity/Enrollment                                 | 6                | 14         | 0         | 15    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Ebony brooks                                 | Mixed Age Group | 1 to 6 |  |



## **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  |  |  |  |  |
|---|--|--|--|--|
| 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: 06 Program Information** 

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to have written parental permission for trips on file.

Findings: During the inspection, it was determined that written parental permission was not secured for or routine trips off the premises or out of the areas approved for child care, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/30/2021

**Domain: 06 Program Information** 

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to update routine permission forms annually.

Findings: In review of the program's records, it was determined that permission forms for routine trips were not being updated annually, as required. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/30/2021

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 number(s) 1, 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: 05/30/2021

**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(s) 9. 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: 05/30/2021

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

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-21 Evening and Overnight Care | Compliant |   |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-02 License Posted | Compliant |   |

| Rule                                 | Status    | Documenting Statement(s), If applicable     |
|--------------------------------------|-----------|---|
| 5101:2-13-23 Infant Daily Care       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-10 Health Training B       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| 0.1                                  |           | D " C                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-18 Ratio and Group Size    | Compliant | ,   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-18 Ratio and Group Size    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-07 Provider Requirements   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Indoor Space            | Compliant | bocumenting statement(s), it applicable     |
| 3101.2 13 11 magor space             | Compliant |   |
|                                      |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-04 Flammable and           | Compliant |   |
| Combustible Materials in Type B Home |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-25 Topical Products and    | Compliant |   |
| Lotions                              |           |   |
|                                      |           |   |
| Rule                                 | Ctatus    | Decumenting Statement(s) If and inchis      |
|                                      | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-13 Handwashing             | Compliant |   |
|                                      |           |   |
|                                      | l         | I   |
| Rule                                 | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-17 Programming             | Compliant | 2 ocasional goldstellier (2), it applicable |
| JIJI.Z IJ I/ HOGIGIIIIIIII           | Compliant |   |

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|                                     |               |   |
| D. J.                               | Chatana       | Decree the Ct-to-set of the collection  |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant     |   |
| Homes                               |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Napping      | Compliant     |   |
| Requirements for a Licensed Family  |               |   |
| Child Care Provider                 |               |   |
|                                     | •             |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant     | 3 (" 11                                 |
|                                     | - Compilation |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions   |               | bocumenting statement(s), it applicable |
| 3101.2-13-16 Standard Precautions   | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Ctatus        | Decumenting Statement/s) If applicable  |
|                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary    | Compliant     |   |
| Closure                             |               |   |
|                                     |               |   |
| - 1                                 | I a           |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant     |   |
| Requirements                        |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant     |   |
|                                     |               |   |
|                                     |               |   |
|                                     |               |   |
| Rule                                | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury        | Compliant     | ( , , )                                 |
|                                     |               |   |
|                                     |               |   |
|                                     | L             |   |

| Rule                               | Status           | Documenting Statement(s), If applicable |
|------------------------------------|------------------|---|
| 5101:2-13-23 Diapering             | Compliant        |   |
|                                    |                  |   |
|                                    |                  |   |
|                                    |                  |   |
| Rule                               | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets                  | Compliant        |   |
|                                    |                  |   |
|                                    |                  |   |
|                                    | T                |   |
| Rule                               | Status           | Documenting 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        | Documenting Statement(s), it applicable |
| 5101.2-15-12 Sale Elivirolillelit  | Compilant        |   |
|                                    |                  |   |
|                                    | 1                |   |
| Rule                               | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment     | Compliant        | boodinenting otatement(o), it approads  |
| 3101.2 13 11 Outdoor Equipment     | Compilarit       |   |
|                                    |                  |   |
|                                    | •                |   |
| 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        |   |
|                                    |                  |   |
|                                    |                  |   |
|                                    | 1                |   |
| 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  |
|                                    | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compilant        |   |
| for Field and Routine Trips        |                  |   |
|                                    |                  |   |
| Rule                               | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and  | Compliant        | bocumenting statement(s), if applicable |
| General Emergency Requirements     | Compilant        |   |
| General Linergency Requirements    |                  |   |
| L                                  |                  | 1                                       |
| Rule                               | Status           | Documenting Statement(s), If applicable |
|                                    | 13.000           | 2 000                                   |

| Designating:                               | 1         |   |
|--|-----------|---|
| 5101:2-13-16 Medical, Dental, and          | Compliant |   |
| General Emergency Requirements             |           |   |
|  |           |   |
| Rule                                       | Ctatus    | Decumenting Statement/s) If annice his  |
|  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage            | Compliant |   |
|  |           |   |
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| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision        | Compliant | boomening statement(s), it approase     |
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|  |           |   |
|  |           | ·                                       |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster      | Compliant |   |
| Parent                                     |           |   |
|  |           |   |
|  |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food        | Compliant |   |
| Preparation                                |           |   |
|  | <u> </u>  |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                 | Compliant | Bocamenting Statement(3), if applicable |
| 3101.2 13 13 1000118103111118              |           |   |
|  |           |   |
|  |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and                 | Compliant |   |
| Equipment                                  |           |   |
|  |           |   |
| 2.1  |           | 2 6/ \ 15 15                            |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision                   | Compliant |   |
|  |           |   |
|  | I .       |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and         | Compliant | 0 (-1)                                  |
| Equipment                                  |           |   |
|  |           |   |
|  |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases         | Compliant |   |
|  |           |   |
|  |           |   |
| D. I.                                      |           |   |
| Rule                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment          | Compliant |   |
| and Hygiene                                |           |   |

| bedinners.                           |           |   |
|--------------------------------------|-----------|---|
|                                      |           |   |
|                                      |           |   |
| Rule                                 | 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 |   |
| Portal                               |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Serious Incident        | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional            | Compliant |   |
| Development                          |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-09 Background Checks     | Compliant | <u> </u>                                |
| <u> </u>                           | '         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| 3                                  | '         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| · ·                                | ·         |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks     | Compliant |   |
| 9                                  | ·         |   |
|                                    |           |   |
|                                    |           |   |
| 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 |   |
| G                                  | , '       |   |
|                                    |           |   |
|                                    |           |   |
| 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                       |           |   |
| -                                  |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| Transitional Pandemic Requirements | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |