# **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      |  |
| YUSUF, HALIMO M     | 000000926267712 | FCC - Type B Home |  |
| Address             |                 | County            |  |
| 3190 BOYLESTON BLVD |                 | FRANKLIN          |  |
|                     |                 |                   |  |
| COLUMBUS            |                 |                   |  |
| OH 43224            |                 |                   |  |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | ection Date Begin Time         |                  | End Time          |              |  |
| 01/12/2022             | 10:00 AM                       | 10:00 AM         |                   | 12:00 PM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Cristina Boyer         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 4                              | 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)                                 |                  | 3          | 0         | 3     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 3          | 0         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Halimo Yusuf                                 | Mixed Age Group | 1 to 2 |  |



## **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  |
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|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
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### **Low Risk Non-Compliances**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that outlets did not have childproof receptacle covers in the kitchen area. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 02/11/2022

**Domain: 03 Postings & Equipment** 

Rule: 5101:2-13-16 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 missing items in number 1, 2, and 3 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: 02/11/2022

### **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the child's name and date of preparation. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/11/2022

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

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to have hours of availability to meet with parents posted in a noticeable place.

Findings: During the inspection, it was determined that the provider did not have hours of availability to meet with parents a noticeable location. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 02/11/2022

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

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-02 License Visible                        | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary                    | Compliant |   |
| Closure   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s) If applicable  |
| 5101:2-13-02 Change of Location                     | Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-02 Change of Location                     | Compliant |   |
|   |           |   |
|   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS                   | Compliant | , , , , , , , , , , , , , , , , , , ,   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical                       | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                             | Compliant |   |
| Requirements  |           |   |
|   |           | 1                                       |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   | Compliant | Documenting Statement(s), it applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Compliant |   |
| Tot Type B Hollies                                  |           |   |
|   | 1         | <b>1</b>                                |
| 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 |

| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B<br>Home                                | Compliant           | bocumenting statement(s), it applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records  | Compliant           | bocumenting statement(s), ii applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster<br>Parent                         | Compliant           | bootimenting otatement(s)) if applicable |
| Dula  | Chahara             | Documenting Statement(s), If applicable  |
| S101:2-13-08 Employee Requirements                                      | Status Compliant    | Documenting statement(s), if applicable  |
|   | l a                 |  |
| Rule 5101:2-13-08 Child Care Staff Requirements                         | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower   | Compliant           | bocumenting statement(s), if applicable  |
|   |                     |  |
| Rule 5101:2-13-09 Background Checks                                     | Status<br>Compliant | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training  | Compliant           | bocumenting statement(s), ii applicable  |
|   |                     |  |
| Rule 5101:2-13-10 Professional  | Status              | Documenting Statement(s), If applicable  |
| Development   | Compliant           |  |
| Dulo  | Chatus              | Decumenting States and A. If and I all a |
| Rule 5101:2-13-11 Outdoor Space   | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101.2 13 11 Oddaooi Space  | Compliant           |  |

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|-------------------------------------|-----------|---|
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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant |   |
|                                     | ,         |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone              | Compliant |   |
| 3101.2 13 11 1 11 20110             | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Ctatus    | Decumenting Statement(s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant |   |
| equipment                           |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant | 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - |
| 5101.2 15 15 Handwashing            | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Chahua    | Decumenting Statement(s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | 5                                       |
| and Routine Trips                   |           |   |
| and Noutine Trips                   |           |   |
| L                                   | ı         | I                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     | Status    | Documenting Statement(s), it applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant |   |
| for Field and Routine Trips         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements    | Compliant |   |
|                                     |           |   |
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| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Vehicle Inspections     | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           | <del>,</del>                               |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Vehicle Requirements    | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-15 Child Medical and       | Compliant |  |
| Enrollment Records                   |           |  |
| Emonnere Records                     |           |  |
|                                      | 1         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-15 Health Conditions       | Compliant | 2 3 danienting statement(5), ii applicable |
| JIOI.Z-IJ-IJ HEARH COHURIOHS         | Compilant |  |
|                                      |           |  |
|                                      | I         |  |
| Pula                                 | Chahus    | Decumenting Statement/s) If a militable    |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-15 Child Records Retention | Compliant |  |
| and Confidentiality                  |           |  |
|                                      |           |  |
|                                      | _         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          | · ·       |  |
|                                      |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Communicable Diseases   | Compliant |  |
| 3101.2 13 10 Communicable Diseases   | Compilant |  |
|                                      |           |  |
|                                      |           |  |
| Pula                                 | Chahus    | Decumenting States and/a) If and States    |
| Rule                                 | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-16 Incident/Injury         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| 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 Attendance              | Compliant | О 11 (1), зарризания                       |
| SISIL IS IS ACCUMUNICE               | Compliant |  |

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| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Supervision   | Compliant     |  |
|  |               |  |
|  |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-19 School Age Supervision  | Compliant     | 3 (7 11                                    |
| a contract the con | - Compilation |  |
|  |               |  |
|  | 1             |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-19 Child Guidance  | Compliant     | botamenting statement(s), it applicable    |
| 3101.2-13-19 Cillia Galdance   | Compliant     |  |
|  |               |  |
|  |               |  |
| Dulo   | Chatus        | Decumenting States ant/a) If any live Live |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Sleep and Nap   | Compliant     |  |
| Requirements   |               |  |
|  |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-20 Crib and Playpen  | Compliant     |  |
| Requirements   |               |  |
| •  |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Evening and Overnight   | Compliant     |  |
| Care   | '             |  |
| Care   |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-21 Sanitary Environment  | Compliant     | g = ssemens(o <sub>ff</sub> in approach    |
|  | Compliant     |  |
| and Hygiene  |               |  |
|  | 1             |  |
| Pulo   | Ctatus        | Decumenting Statement/s) If applicable     |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Meals and Snacks  | Compliant     |  |
|  |               |  |
|  |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Fluid Milk  | Compliant     |  |
|  |               |  |
|  |               |  |
|  |               |  |
| Rule   | Status        | Documenting Statement(s), If applicable    |
| 5101:2-13-22 Food Handling   | Compliant     |  |
|  |               |  |
|  |               |  |
|  |               |  |

| Rule                               | Status    | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-23 Infant Daily Care     | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Ctatus    | Desumenting Statement/s) If applicable  |
|                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant | <u> </u>                                |
|                                    | Compilant |   |
| Swimming                           |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication            | Compliant |   |
| Requirements                       | ·         |   |
|                                    |           |   |
| L                                  | 1         | ı                                       |
| Rule                               | Ctatus    | Desumenting Statement/s) If applicable  |
|                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and     | Compliant | (4), 1Pp                                |
|                                    | Compilant |   |
| Procedures                         |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide       | Compliant |   |
| Detectors - Type B Only            |           |   |
| 7,600 0,                           |           |   |
| L                                  | 1         | ı                                       |
| Rule                               | Status    | Documenting Statement(s), If applicable |
|                                    |           | Documenting Statement(s), it applicable |
| 5101:2-13-11 Indoor Space          | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming           | Compliant | 0                                       |
| JIOI.Z-IJ-I/ HOGHAIIIIIIIII        | Compliant |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools         | Compliant |   |
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| D. I.                              | Chahua    | Description Chatan (1) If It II         |
| 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 |   |
|                             | '         |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
|                             |           |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |