

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 | Program Number | Program Type |
| ALMONTE, FRANCIZ | 00000947351786 | FCC - Type B Home |
| Address | | County |
| 6216 PRITCHARD DR | | FRANKLIN |
| | | |
| GALLOWAY | | |
| OH 43119 | | |

| | Inspection Information | | | |
|--------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection | Scope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/18/2021 | 8:03 AM | | 9:47 AM | |
| Reviewer: | | | | |
| Amber Holsinger | | | | |
| | Summary of Findings | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 78 | 3 | 0 | 0 | 3 |

| Lic | 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) | | 2 | 0 | 2 |
| Young Toddler | | 2 | 0 | 2 |
| Total Under 2 Years | 3 | 4 | 0 | 4 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 2 | 0 | 2 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 2 | 0 | 6 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|-----------------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Franciz Almonte | | 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: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The item in the kit was not replaced when expired in number 8 below:



- 1. One roll of hypoallergenic first-aid tape;
- 2. Individually wrapped sterile gauze

squares in assorted sizes;

3. Sterile adhesive bandages in assorted sizes;

4.Tweezers;

5. Gauze rolled bandage;

6. Triangular bandage;

7. Rounded end scissors;

8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);

9. A working digital thermometer;

10. Disposable non-latex gloves;

11. A working flashlight;

12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;

13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;

14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;

- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 06/17/2021

Domain: 08 Staff Files

Rule: 5101:2-13-07 Provider Requirements

Code: The provider is required to maintain current employee and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records were not entered or updated within five calendar days of the change in the Ohio Professional Registry (OPR) as noted in number 1 below:

1. At least one employee or child care staff member (including substitutes) had not created an employment record in the OPR for the program.

2. At least one resident had not created an employment record in the OPR for the family child care provider within five days of becoming a resident or turning eighteen.

3. The provider had not assigned at least one employee, child care staff member (including substitutes), or resident to the program's organization dashboard.

4. At least one individual's schedule was not current.

5. At least one individual's position or role was not current.

6. At least one individual's employment or residence had not been end dated.



7 .Other: []

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

Corrective Action Plan Due: 06/17/2021

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 numbers 12, 13 and 14 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: 06/17/2021

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-14 Driver Requirements | Compliant | |



| | | · · · |
|--|---------------------|---|
| 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 | |
| Dula | Chabus | |
| Rule 5101:2-13-10 Health Training B | Status Compliant | Documenting Statement(s), If applicable |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |



| Rule | Status | Documenting Statement(c) If applicable |
|---|---------------------|---|
| 5101:2-13-04 Flammable and | Compliant | Documenting Statement(s), If applicable |
| Combustible Materials in Type B Home | Compilant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Topical Products and | Compliant | |
| Lotions | Compliant | |
| Lotions | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
| 5101.2-15-15 Hanuwashing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), it applicable |
| 5101:2-13-17 Programming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| 5101.2 13 24 ON SILE 1 0015 | compliant | |
| 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 | | |
| Dula | Status | Desumenting Statement(s) If applicable |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
| 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 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |



| 5101:2-13-08 Employee Requirements | Compliant | |
|---|---------------------------------------|---|
| Dula | Status | Desumanting Statement(s) If applicable |
| Rule 5101:2-13-16 Standard Precautions | Compliant | Documenting Statement(s), If applicable |
| | - - | |
| Rule 5101:2-13-14 Vehicle Inspections | Status Compliant | Documenting Statement(s), If applicable |
| | | |
| 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 Closure | Compliant | |
| | | |
| Rule 5101:2-13-22 Fluid Milk | Status Compliant | Documenting Statement(s), If applicable |
| 5101.2-13-22 Fluid Wilk | Compliant | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-20 Crib and Playpen | Compliant | Documenting Statement(s), If applicable |
| Requirements | | |
| | | |
| Rule 5101:2-13-14 Vehicle Requirements | Status Compliant | Documenting Statement(s), If applicable |
| S101.2-13-14 Venicle Requirements | Compliant | |
| | | |
| Rule 5101:2-13-11 Fall Zone | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fail Zone | Compliant | |
| | I | |
| 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 | |



| 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 | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| <u> </u> | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-22 Food Handling | Compliant | |
| | | |
| L | 1 | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | |
| 5101.2 15 12 Sale Environment | compliant | |
| | | |
| | | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | 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 | Desumanting Statement(s) If any line bla |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
| | | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|---------------------|---|
| 5101:2-13-16 Medical, Dental, and | Compliant | |
| General Emergency Requirements | | |
| | | |
| Dula | Chabura | Desumenting Statement(s) If emplicable |
| Rule | Status Compliant | 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 |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| Dula | Chathar | |
| Rule 5101:2-13-17 Materials and | Status Compliant | Documenting Statement(s), If applicable |
| Equipment | Compliant | |
| Lyupment | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and | Compliant | |
| Equipment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| | | |
| | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |



Department of Education Department of Job and Family Services

| E101,2,12,21 Conitory Environment | Compliant | |
|--------------------------------------|---------------------|--|
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| | | |
| Dula | Chature | Descriptions (theteropert(a)) if equilibrium |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider | Compliant | |
| Portal | | |
| | | |
| Dula | Chatura | Desumenting Statement(s) If emplicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| Dula | Chabura | |
| Rule | 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 | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Not Verified | |
| 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 |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical | Compliant | |
| | | |
| L | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | |
| 5101:2-13-22 Meals and Snacks | Compliant | |
| | | |
| L | | |
| Bulo | Status | Decumenting Statement/s) If applicable |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |



| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------------|---------------------|---|
| 5101:2-13-08 Substitute | Compliant | |
| Requirements | | |
| | | |
| 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 | |
| | compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
| Sionz-is-in 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 | |
| | | |
| 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 | bocumenting statement(s), it applicable |
| 5101.2-15-09 Background Checks | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
| | | |
| | | |
| Rule 5101:2-13-18 Attendance | Status Compliant | Documenting Statement(s), If applicable |



Department of Education Department of Job and Family Services

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|-----------|---|
| 5101:2-13-02 Change of Location | 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 | |
| | | |