# **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      |  |
| ALMONTE, FRANCIZ  | 000000947351786 | FCC - Type B Home |  |
| Address           |                 | County            |  |
| 6216 PRITCHARD DR |                 | FRANKLIN          |  |
|                   |                 |                   |  |
| GALLOWAY          |                 |                   |  |
| OH 43119          |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 10/31/2022             | 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                     | 9                              | 0                | 0                 | 11           |

| 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  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Franiz                                       | Mixed Age Group | 1 to 5 |  |

# **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances  |
|---|
| 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 an operating sink, refrigerator, and stove or microwave oven.

Findings: During the inspection it was determined the item noted in number 3 below were not in working condition

- 1. Kitchen Sink;
- 2. Refrigerator;
- 3. Stove
- 4. Other [ ].

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

Corrective Action Plan Due: 11/30/2022

# **Domain: 04 Indoor/Outdoor Space**

Rule: 5101:2-13-11 Outdoor Equipment

Code: The program is required to place equipment away from main traffic patterns that would create unsafe conditions.

Findings: During this inspection, it was observed that the following equipment, patio furniture, was placed in the main traffic pattern, which created an unsafe condition. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/30/2022

## Domain: 05 Health & Safety

Rule: 5101:2-13-16 Communicable Diseases

Code: The program is required to post the Ohio Communicable Disease Chart in a noticeable area.

Findings: During the inspection, it was determined that the Ohio Communicable Disease Chart was not posted as required, as indicated in the number 2 below:

- 1. In a location readily available to provider, child care staff members, employees, and residents;
- 2. The chart was not posted.
- 3. The posted chart was not the current version.
- 4. The posted chart was not displayed in the size available in the ODJFS forms central to be easily read.

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

Corrective Action Plan Due: 11/30/2022



**Domain: 07 Diapering & Infant Care** 

Rule: 5101:2-13-23 Infant Daily Care

Code: The program staff is required to provide a daily written record for each infant in care.

Findings: During the inspection, it was determined that there was no daily written record for each infant provided to the parent or person picking up the infant on a daily basis. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/01/2022

# **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 milk 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: 11/30/2022

#### **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: 11/30/2022

# **Domain: 08 Staff Files**

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number 1.

1. The child care staff member(s) had not completed at least six hours of professional development.



- 2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
- 3. Training topic did not meet the requirements listed in appendix A of this rule.
- 4. Documentation of training did not meet the requirements of this rule.
- 5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
- 6. Other [ ].

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

Corrective Action Plan Due: 11/30/2022

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

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933

"Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not obtain the required liability insurance/have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for 6 children in care. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/30/2022

# **Domain: 08 Staff Files**

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not maintained as noted in number 2 and below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.

- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

11.Other: []

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

Corrective Action Plan Due: 12/01/2022

## Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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 item in number 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other [ ]

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

Corrective Action Plan Due: 11/30/2022

Domain: 09 Children's Files

Rule: 5101:2-13-15 Child Medical and Enrollment Records

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 11 below

:

- 1. No medical was on file for at least one child 2
- 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. The date of the exam was more than 13 months prior to the date the form was signed
- 6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
- 7. 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

- 8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
- 9. 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

10. 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

11.Not on the current form.

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

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Corrective Action Plan Due: 11/30/2022

| Rule                                | Status    | Documenting Statement(s), If applicable |
|-------------------------------------|-----------|---|
|                                     |           | bocumenting 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 |   |
|                                     | '         |   |
|                                     |           |   |
|                                     | •         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS   | Compliant |   |
| 3101.2 13 02 miormation in octos    | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | Documenting Statement(s), it applicable |
| 5101:2-13-02 Provider Medical       | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection             | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes                    |           |   |
|                                     |           |   |
|                                     |           |   |
| 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          | Compliant | 2000                                    |
|                                     | Compilant |   |
| Combustible Materials in a Type B   |           |   |
| Home                                |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant |   |
| Home                                |           |   |
|                                     | 1         | 1                                       |

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|---|-----------|---|
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|   | •         | <u> </u>                                  |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Type B Provider - Foster   | Compliant | 2004                                      |
| Parent                                  | Compilant |   |
| Parent                                  |           |   |
|   |           |   |
|   |           | 2   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Employee Requirements      | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Child Care Staff           | Compliant |   |
| Requirements                            |           |   |
|   |           |   |
|   | •         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Whistle Blower             | Compliant | bookinenting ottatement(5), it applicable |
| 3101.2-13-08 Whistie Blower             | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks          | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-10 Health Training            | Compliant |   |
|   | '         |   |
|   |           |   |
|   | l         |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
|   |           | bocumenting statement(s), it applicable   |
| 5101:2-13-11 Outdoor Space              | Compliant |   |
|   |           |   |
|   | <u> </u>  |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Fall Zone                  | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Safe Equipment             | Compliant | 0 (7)                                     |
| 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |           |   |
|   |           |   |
|   | 1         |   |
| Dula                                    | Chahara   | December 61 1 1/2 16 11 11                |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | 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  |
|                                      |           | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant |   |
| and Routine Trips                    |           |   |
| L                                    | 1         | I                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant | bocamenting statement(s), it applicable |
| for Field and Routine Trips          | Compilant |   |
| Tor Freid and Roddine Trips          |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant | 3 (" 11                                 |
| '                                    | '         |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections     | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements    | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| D. I.                                | Chahara   | December 5 Chatan 1/ 1 15 11 11         |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s) If applicable  |
| 5101:2-13-15 Child Records Retention |           | Documenting Statement(s), If applicable |
|                                      | Compliant |   |
| and Confidentiality                  |           |   |
|                                      | 1         | I                                       |
|                                      |           |   |



| Status  Status  Status  Compliant  Compliant  Compliant  Compliant  Compliant  Compliant  Compliant | Documenting Statement(s), If applicable |
|---|---|
| Rule Status   | Documenting Statement(s), If applicable |
|   | Documenting Statement(s), If applicable |
|   | Documenting Statement(s), If applicable |
|   | Documenting Statement(s), if applicable |
| 5101.2-15-16 Emergency Drins   Compilant  |   |
|   |   |
|   |   |
|   | <u> </u>                                |
| 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 Incident/Injury Compliant  | 2 common state mental, in 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 Attendance Compliant   | -                                       |
|   |   |
|   |   |
| Rule Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision Compliant  | Documenting Statement(s), it applicable |
| 3101.2 13 13 Supervision  |   |
|   |   |
|   |   |
| Rule Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision Compliant   |   |
|   |   |
|   |   |
| Rule Status   | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance Compliant   |   |
|   |   |
|   |   |
| Puls Co.  | Downstin City of the Lity               |
| Rule Status  F101:2.13.20 Sloop and Nan Compliant   | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap Compliant  |   |
| Requirements  |   |
|   |   |
| Rule Status   | Documenting Statement(s), If applicable |

| oeginning.                         |           |   |
|------------------------------------|-----------|---|
| 5101:2-13-20 Crib and Playpen      | Compliant |   |
| Requirements                       |           |   |
|                                    |           |   |
| Pula                               | Status    | Documenting Statement/s\ If applicable  |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant |   |
| Care                               |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment  | Compliant | (-),                                    |
| and Hygiene                        |           |   |
| 76 -                               |           |   |
|                                    |           |   |
| 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 Diapering             | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| P. J.                              | Chahara   | Danish City (1) (City (1) )             |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for | Compliant |   |
| Swimming                           |           |   |
|                                    | 1         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication            | Compliant | 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Requirements                       |           |   |
| ,                                  |           |   |
|                                    |           |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant |   |
|                                    |           |   |
|                                    |           |   |
| D. J.                              | Chahara   | Danish City (1) (City (1) )             |
| Rule                               | Status    | Documenting Statement(s), If applicable |

| Compliant |  |
|-----------|--|
|           |  |
| Status    | Documenting Statement(s), If applicable  |
|           | Documenting Statement(S), if applicable  |
| Compliant |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant | Documenting Statement(3), it applicable  |
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| Compliant | Documenting Statement(s), it approaches  |
| Ctatus    | Documenting Statement(s), If applicable  |
| Compliant | Documenting statement(3), ii applicable  |
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| Status    | Documenting Statement(s), If applicable  |
| Compliant |  |
|           | C. towards (Samilian)  |
|           | Documenting Statement(s), If applicable  |
| Compliant |  |
| Status    | Documenting Statement(s), If applicable  |
| Compliant |  |
|           | Status Compliant  Status Compliant |