## **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      |
| COMBS, MONICA       | 000000970731798 | FCC - Type B Home |
| Address             | •               | County            |
| 18 W. DALTON STREET |                 | SUMMIT            |
|                     |                 |                   |
| AKRON               |                 |                   |
| OH 44310            |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         |              |  |
| Inspection Date        | te Begin Time                  |                  | End Time          | End Time     |  |
| 07/09/2021             | 1:30 PM                        |                  | 3:15 PM           |              |  |
| Reviewer:              |                                |                  |                   |              |  |
| Yeremika Hodoh         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 78                     | 1                              | 0                | 1                 | 0            |  |

| 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          | 2         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 2         | 2     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 5         | 6     |
| School Age  |                  | 0          | 1         | 1     |
| Total Capacity/Enrollment                                 | 6                | 1          | 6         | 9     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| Monica                                       |  | 1 to 0 |  |



## **Summary of Non-Compliances**

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

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

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to appropriately store medication.

Findings: During the inspection, it was determined the program did not meet the requirement(s) for administering a medication, food supplement or medical food to a child as noted in number(s) 8 below:

- 1. No JFS 01217 "Request for Administrator of Medication for Child Care" was on file.
- 2. The child's name was missing on the JFS 01217.
- 3. The child's date of birth was missing on the JFS 01217.
- 4. The child's weight was missing on the JFS 01217.
- 5. The name of the medication was missing on the JFS 01217.
- 6. The exact dose was missing on the JFS 01217.
- 7. The time to administer was missing on the JFS 01217. 7. The time period to administer was missing on the JFS 01217.
- 8. The Parent/Guardian's dated signature was missing on the JFS 01217.
- 9. Possible side effects were missing on the JFS 01217.
- 10. Expiration date was missing on the JFS 01217.
- 11. Physician instructions were missing on the JFS 01217.
- 12. Physician's dated signature was missing on the JFS 01217.
- 13. Physician's phone number was missing on the JFS 01217.
- 14. Date medication was administered was missing on the JFS 01217.
- 15. Time medication was administered was missing on the JFS 01217.
- 16. Dosage administered was missing on the JFS 01217.
- 17. Staff member's signature was missing on the JFS 01217.
- 18. A current prescription label was not attached to the prescription medication.
- 19. The medication or product, [ ], was not brought to the program in its original container.

Submit the program's corrective action plan, which includes the completed JFS 01217 for each child needed, verification that the prescription label is now attached, and/or verification that the medication or product is now in its original container, and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/13/2021

| Low Risk Non-Compliances   |  |  |
|--|--|--|
| No Low Risk Non-Compliances were observed during this inspection |  |  |
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## **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 | Compliant |   |
| Care                               |           |   |
|                                    |           |   |
|                                    |           |   |
| 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  |
|                                      |           | Documenting Statement(s), if applicable  |
| 5101:2-13-10 Health Training B       | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 JFS 01234 'Child        | Compliant |  |
| Enrollment and Health Information'   |           |  |
|                                      |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan           |           | bookinenting statement(s), it applicable |
| 5101:2-13-16 Disaster Plan           | Compliant |  |
|                                      |           |  |
|                                      | 1         |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Ratio and Group Size    | Compliant |  |
| '                                    | '         |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement/s) If applicable   |
|                                      |           | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Ratio and Group Size    | Compliant |  |
|                                      |           |  |
|                                      |           |  |
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| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Requirements   | Compliant |  |
|                                      |           |  |
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|                                      | 1         | _1                                       |
| Pule                                 | Ctatus    | Decumenting Statement/s) If a reliable   |
| 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 |  |
| Requirements                         |           |  |
| Nequirements                         |           |  |
| <u> </u>                             | 1         |  |
| 0.1                                  |           |  |
| 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  |
| TUTE                                 | Status    | boodinenting statement(s), it applicable |

| 5101:2-13-25 Topical Products and   | Compliant |   |
|-------------------------------------|-----------|---|
| Lotions                             |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | bocumenting statement(s), if applicable |
| 5101:2-13-17 Programming            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment         | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| <u>-</u>                            |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
| Tiomes                              |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for  |           | bocumenting statement(s), it applicable |
|                                     | Compliant |   |
| Swimming                            |           |   |
|                                     |           |   |
|                                     | T -       |   |
| 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 | bocamenting statement(s), it applicable |
| 2101.5-12-13 SHIOKE LIEE            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| 2.1                                 |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements  | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Standard Precautions   | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections    | Compliant |   |
| 3101.2 13 14 Vehicle Hispections    | Compilant |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Review Policies and        | Compliant                               |   |
| Procedures                              |   |   |
|   |   |   |
| - 1                                     | T                                       |   |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Fluid Milk                 | Compliant                               |   |
|   |   |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-20 Crib and Playpen           | Compliant                               |   |
| Requirements                            |   |   |
|   |   |   |
| Pulo                                    | Ctatus                                  | Decumenting Statement (a) If a well-ality |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-14 Vehicle Requirements       | Compliant                               |   |
|   |   |   |
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| Dula                                    | Chahua                                  | Decumenting Chatemant/s) If annihila      |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-11 Fall Zone                  | Compliant                               |   |
|   |   |   |
|   |   |   |
| Rule                                    | Status                                  | Decumenting Statement/s) If applicable    |
| 5101:2-13-08 Staff Records              |   | Documenting Statement(s), If applicable   |
| 3101.2-13-06 Staff Records              | Compliant                               |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Incident/Injury            | Compliant                               | bocumenting statement(s), it applicable   |
| 3101.2 13 10 melacity injury            | Compilant                               |   |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering                  | Compliant                               |   |
| 3101.2 13 23 Bidpering                  | Compilant                               |   |
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|   | -                                       |   |
| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets                       | Compliant                               | (,,,,,                                    |
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| Rule                                    | Status                                  | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Swimming Sites             | Compliant                               |   |
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| 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      |   |
|                                     |                |   |
|                                     |                |   |
|                                     |                |   |
| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant      |   |
|                                     |                |   |
|                                     |                |   |
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| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant      |   |
|                                     |                |   |
|                                     |                |   |
| 2.1                                 |                |   |
| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit          | Compliant      |   |
|                                     |                |   |
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|                                     | T <sub>a</sub> |   |
| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B    | Compliant      |   |
| Home                                |                |   |
|                                     |                |   |
| Dule                                | Chahua         | Decumenting Statement(s) If applicable  |
| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision  | Compliant      |   |
| for Field and Routine Trips         |                |   |
|                                     |                |   |
| Rule                                | Status         | Documenting Statement(s), If applicable |
|                                     |                | bocumenting statement(s), if applicable |
| 5101:2-13-16 Medical, Dental, and   | Compliant      |   |
| General Emergency Requirements      |                |   |
|                                     |                | I                                       |
| Rule                                | Status         | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and   | Compliant      | bocumenting statement(s), if applicable |
|                                     | Compilant      |   |
| General Emergency Requirements      |                |   |
|                                     |                |   |
| Rule                                | Status         | Documenting Statement(s) If applicable  |
|                                     |                | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Storage     | Compliant      |   |
|                                     |                |   |
|                                     |                |   |
| Pula                                | Status         | Documenting Statement(s), If applicable |
| Rule                                | i oldius       | Documenting Statement(S). If applicable |
| 5101:2-13-19 School Age Supervision | Compliant      | 3 1 8 2 1 4 1 1 1 1 1 1 1 1 1 1         |

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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food   | Compliant |   |
| Preparation   |           |   |
| - Topon and the second |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | bocamenting statement(3), it applicable |
| 5101:2-13-13 Toothbrushing  | Compliant |   |
|   |           |   |
|   |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision  | Compliant | 3 (7 11                                 |
| 310112 10 13 0upervision  |           |   |
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| 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 |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
|   |           | bocamenting statement(s), ii applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider  | Compliant |   |
| Portal  |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field   | Compliant | 5                                       |
|   |           |   |
| and Routine Trips   |           |   |
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| D 1   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower   | Compliant |   |
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|   |           |   |
|   |           |   |

| Rule                                   | Status      | Documenting Statement(s), If applicable |
|--|-------------|---|
| 5101:2-13-16 Serious Incident          | Compliant   | bocumenting statement(s), it applicable |
| 5101.2-15-10 Serious incluent          | Compliant   |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional              | Compliant   | bocumenting statement(s), it applicable |
| Development                            | Compliant   |   |
| Development                            |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen   | Compliant   | Decament, getatement, e.g., in approach |
| 3101.2 13 20 03c 01 0113 dila 1 laypen | Compilation |   |
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| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child's Medical           | Compliant   | ( , , , , , , , , , , , , , , , , , , , |
| STOTIL TO TO CIMIC O WICKING           | Somphanic . |   |
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| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks          | Compliant   | 3 (" 11                                 |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | 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   |   |
|  |             |   |
|  |             |   |
|  |             |   |
| Rule                                   | Status      | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space             | Compliant   |   |
|  |             |   |
|  |             |   |
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| Rule                                   | Status      | Documenting Statement(s), If applicable |

| Status    | Documenting Statement(s), If applicable  |
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| Compliant |  |
| Status    | Documenting Statement(s), If applicable  |
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|           | Documenting Statement(s), If applicable  |
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