



## 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<br>GOMEZ, LILIANA                              | Program Number<br>000000983446337 | Program Type<br>FCC - Type B Home |
| Address<br>1017 HIDDEN COVE WAY<br><br>COLUMBUS<br>OH 43228 |                                   | County<br>FRANKLIN                |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>10/13/2021 | Begin Time<br>8:38 AM    | End Time<br>8:47 AM              |
| Inspection Date<br>10/18/2021 | Begin Time<br>9:48 AM    | End Time<br>11:00 AM             |
| Reviewer:<br>PARNELL SHIRECE  |                          |                                  |
| Reviewer:<br>PARNELL SHIRECE  |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>78 | No. Rules with Non-compliances<br>7 | No. Serious Risk<br>0 | No. Moderate Risk<br>1 | No. Low Risk<br>6 |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           | Total |
|   | Totals           | Full Time  | Part Time |       |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 2          | 1         | 3     |
| <b>Total Under 2 Years</b>                                | 3                | 2          | 1         | 3     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 2         | 2     |
| School Age  |                  | 3          | 3         | 6     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 3          | 5         | 11    |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Gomez, Liliana                               |                 | 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**

#### Moderate Risk Non-Compliances

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to meet all requirements for carbon monoxide detectors.

Findings: During the inspection, it was determined that the Type B Home did not have a working carbon monoxide detector on the basement floor where care is provided. Carbon monoxide detector was not maintained in accordance with manufacturer's recommendations. A working carbon monoxide detector must be maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 11/17/2021

#### Low Risk Non-Compliances

**Domain: 00 License & Approvals**

Rule: 5101:2-13-04 Fire Safety for Type B Homes

Code: The program is required to maintain smoke detectors in the appropriate areas of the program building.



Findings: During the inspection, it was determined the following space, basement and 3rd floor did not contain a working smoke detector. Obtain a smoke detector and submit the purchase receipt as part of the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/17/2021

**Domain: 05 Health & Safety**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Requirements

Code: The program is required to complete and document the required drills.

Findings: During the inspection, it was determined that the required drills were not completed for item number 2 below:

1. Monthly fire drills
2. Monthly weather emergency drills (March through September)
3. Quarterly emergency/lockdown drills.

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

Corrective Action Plan Due: 11/17/2021

**Domain: 08 Staff Files**

Rule: 5101:2-13-09 Background Checks

Code: Individuals are required to completed the background check process and obtain complete results.

Findings: In review of the staff records, it was determined that background check requirements were incomplete for the individuals listed on the Employee Record Chart, as noted in number 2 below:

1. The JFS 01176 "Program Notification of Background check Review for Child Care" was not on file at the program, but was on file at the county agency and the individual is eligible.
2. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the program and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.
3. The JFS 01176 was not on file at the program, but the BCI and FBI results were on file at the county agency and the individual had no prohibitive offenses which did not meet the rehabilitation criteria.

Submit the program's corrective action plan, which includes a statement that the correct form is now on file, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021



**Domain: 08 Staff Files**

Rule: 5101:2-13-10 Health Training B

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings listed in numbers 10 and 14 below:

1. First Aid - expired training
2. First Aid - not taken First Aid training
3. First Aid - not have verification of completion of First Aid
4. First Aid - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
5. CPR - expired training
6. CPR - not taken CPR training
7. CPR - not have verification of CPR training
8. CPR - training taken did not include all age groups the program serves
9. CPR - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
10. Management of Communicable Disease - expired training
11. Management of Communicable Disease - not taken CD training
12. Management of Communicable Disease - not have verification of completion of the full CD training
13. Management of Communicable Disease - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
14. Child Abuse Recognition and Prevention - expired training
15. Child Abuse Recognition and Prevention - not taken Child Abuse six-hour training
16. Child Abuse Recognition and Prevention - Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.

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

Corrective Action Plan Due: 11/17/2021

**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 number 13 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: 11/17/2021

**Domain: 09 Children's Files**

Rule: 5101:2-13-15 Child's Medical

Code: The program is required to have a completed medical on file for each child.

Findings: In review of of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 2 below:

1. No medical was on file for at least one child
  2. Medical(s) on file was not updated every 13 months
  3. Medical(s) were missing child's name and date of birth
  4. Medical(s) were missing the date of the medical examination
  5. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
  6. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
  7. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
  8. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
  9. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
  10. Other [ ]
- Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/17/2021



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**Rules In-Compliance/Not Verified**

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Driver Requirements        | Compliant |   |
| 5101:2-13-21 Evening and Overnight Care | Compliant |   |
| 5101:2-13-02 License Posted             | Compliant |   |
| 5101:2-13-23 Infant Daily Care          | Compliant |   |
| 5101:2-13-16 Disaster Plan              | Compliant |   |
| 5101:2-13-18 Ratio and Group Size       | Compliant |   |
| 5101:2-13-18 Ratio and Group Size       | Compliant |   |
| 5101:2-13-07 Provider Requirements      | Compliant |   |
| 5101:2-13-11 Indoor Space               | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-08 Child Care Staff Requirements  | Compliant |   |
| 5101:2-13-04 Flammable and Combustible Materials in Type B Home                       | Compliant |   |
| 5101:2-13-25 Topical Products and Lotions   | Compliant |   |
| 5101:2-13-13 Handwashing  | Compliant |   |
| 5101:2-13-17 Programming  | Compliant |   |
| 5101:2-13-24 On-site Pools  | Compliant |   |
| 5101:2-13-12 Safe Equipment   | Compliant |   |
| 5101:2-13-24 Parent Permission for Swimming   | Compliant |   |
| 5101:2-13-20 Sleep and Napping Requirements for a Licensed Family Child Care Provider | Compliant |   |
| 5101:2-13-13 Smoke Free   | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-08 Employee Requirements          | Compliant |   |
| 5101:2-13-16 Standard Precautions           | Compliant |   |
| 5101:2-13-14 Vehicle Inspections            | Compliant |   |
| 5101:2-13-08 Review Policies and Procedures | Compliant |   |
| 5101:2-13-02 Voluntary Temporary Closure    | Compliant |   |
| 5101:2-13-22 Fluid Milk                     | Compliant |   |
| 5101:2-13-20 Crib and Playpen Requirements  | Compliant |   |
| 5101:2-13-14 Vehicle Requirements           | Compliant |   |
| 5101:2-13-11 Fall Zone                      | Compliant |   |
| 5101:2-13-08 Staff Records                  | Compliant |   |
| 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 |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling                                       | Compliant |   |
| 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 |
| 5101:2-13-16 First Aid Kit                                       | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home                            | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips   | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-25 Medication Storage                 | Compliant |   |
| 5101:2-13-19 School Age Supervision             | Compliant |   |
| 5101:2-13-07 Type B Provider - Foster Parent    | Compliant |   |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| 5101:2-13-13 Toothbrushing                      | Compliant |   |
| 5101:2-13-17 Materials and Equipment            | Compliant |   |
| 5101:2-13-19 Supervision                        | Compliant |   |
| 5101:2-13-13 Clean Environment and Equipment    | Compliant |   |
| 5101:2-13-16 Communicable Diseases              | Compliant |   |
| 5101:2-13-21 Sanitary Environment and Hygiene   | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |



|   |               |  |
|---|---------------|--|
| 5101:2-13-25 Medication Requirements                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-02 Information in Provider Portal           | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Whistle Blower                           | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Serious Incident                         | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Professional Development                 | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Use of Crib and Playpen                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                         | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Substitute Requirements                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Substitute Requirements                  | Compliant     |  |
| <b>Rule</b>   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-15 Health Conditions                        | Compliant     |  |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-02 Information in OCLQS    | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space           | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical        | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks       | Compliant |   |
| 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 |
| 5101:2-13-18 Attendance              | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location      | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements   | Compliant |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements | Compliant |   |



Department of Education  
Department of Job and Family Services

