## **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      |
| Home Away From Home | 2170014815     | FCC - Type B Home |
| Address             |                | County            |
| 3847 sugarbark dr   |                | FRANKLIN          |
| canal winchester    |                |                   |
| OH 43110            |                |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Announced         |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          | End Time     |  |
| 06/22/2022             | 4:00 PM                        | 4:00 PM          |                   | 6:00 PM      |  |
| Reviewer:              |                                |                  |                   |              |  |
| Erica Lampkins         |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                     | 2                              | 0                | 0                 | 2            |  |

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

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Stephanie                                    | Mixed Age Group | 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   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |
|   |
|   |
|   |

#### **Low Risk Non-Compliances**

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children in care from items and conditions that threaten their health,

safety, and well being.

Findings: Children in care shall be protected from any items which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item which may threaten their health, safety, or well being as noted in the following number 9 below:

- 1. Telephone cords;
- 2. Stacked chairs;
- 3. Employee(s) purse(s);
- 4. Diaper bags;
- 5. Television not securely anchored;
- 6. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 7. Staff member stepped over a barrier/gate while holding a child;
- 8. Chipping or peeling paint;
- 9. Other Blind cords

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

Corrective Action Plan Due: 07/22/2022

#### **Domain: 03 Postings & Equipment**

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

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 07/22/2022

# Rules In-Compliance/Not Verified

| Rule                                | Status    | Documenting Statement(s), If applicable    |
|-------------------------------------|-----------|--|
| 5101:2-13-02 License Visible        | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Voluntary Temporary    | Compliant |  |
| Closure                             |           |  |
|                                     |           |  |
|                                     | T 6: .    |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Change of Location     | Compliant |  |
|                                     |           |  |
|                                     |           | <u> </u>                                   |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Information in OCLQS   | Compliant | bocumenting statement(s), it applicable    |
| 3101.2 13 02 information in Octos   | Compilant |  |
|                                     |           |  |
|                                     | -         |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-02 Provider Medical       | Compliant |  |
|                                     |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-03 Inspection             | Compliant |  |
| Requirements                        |           |  |
|                                     |           |  |
| Dula                                | Ctatura   | Decumenting Chatery and (-) If any live Li |
| 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 | bootinenting statement(s), it applicable   |
| Homes                               |           |  |
|                                     |           |  |
|                                     |           |  |
| Rule                                | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-04 Flammable and          | Compliant |  |
| 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                                  |           |  |
|                                       |           |  |
|                                       | -         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
|                                       |           | bocumenting statement(s), if applicable    |
| 5101:2-13-07 Staff Records            | 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    |
|                                       |           |  |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
| <u> </u>                              | 1         |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-08 Child Care Staff         | Compliant |  |
| Requirements                          |           |  |
| in a quin a manua                     |           |  |
|                                       | 1         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
|                                       |           | bocumenting statement(s), if applicable    |
| 5101:2-13-08 Whistle Blower           | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-09 Background Checks        | Compliant |  |
|                                       | ·         |  |
|                                       |           |  |
|                                       | ı         |  |
| Rule                                  | Status    | Documenting Statement(s) If applicable     |
|                                       |           | Documenting Statement(s), If applicable    |
| 5101:2-13-10 Health Training          | Compliant |  |
|                                       |           |  |
|                                       |           |  |
| [. <u></u>                            |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-10 Professional             | Compliant |  |
| Development                           |           |  |
| Development                           |           |  |
| L                                     | 1         |  |
| Pula                                  | Chahua    | Decree entire Statement (-) If a validable |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Outdoor Space            | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable    |

| 5404.2.42.44 Outdoor Sources                          | Canadiant   | T  |
|---|-------------|--|
| 5101:2-13-11 Outdoor Equipment                        | Compliant   |  |
|   |             |  |
|   | 1           |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone                                | Compliant   |  |
|   |             |  |
|   |             |  |
|   | 1 6         | 15   |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment                           | Compliant   |  |
|   |             |  |
|   | •           |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and                    | Compliant   |  |
| equipment   |             |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing                              | Compliant   | Documenting Statement(S), it applicable  |
| 3101.2 13 13 114114 43111119                          | Compilation |  |
|   |             |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Smoke Free                               | Compliant   |  |
|   |             |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Toothbrushing                            | Compliant   |  |
|   |             |  |
|   |             |  |
| Dula  | Chabina     | Decree of the Chaterine of the Line of the |
| Rule  E101:2.12.14 Paguiroments for Field             | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant   |  |
|   |             |  |
|   | •           |  |
| 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  |
| 5101:2-13-14 Driver Requirements                      | Compliant   | Documenting Statement(s), if applicable  |
| 5101.2 15 14 Driver Requirements                      | Compilant   |  |
|   |             |  |
|   |             |  |
| Rule  | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Inspections                      | Compliant   |  |
|   |             |  |

| - 1                                  | 1         |  |
|--------------------------------------|-----------|--|
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-14 Vehicle Requirements    | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Medical and       | Compliant |  |
| Enrollment Records                   |           |  |
|                                      |           |  |
|                                      |           |  |
| 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 | Compliant |  |
| and Confidentiality                  |           |  |
| ,                                    |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills        | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |  |
| Precautions                          | ·         |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases   | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      |           |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury         | Compliant |  |
|                                      |           |  |
|                                      |           |  |
|                                      | •         |  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan           | Compliant | ( ),                                     |
| 5_61.2 10 10 Disaster Flair          | 20p       |  |
|                                      |           |  |
|                                      | 1         | 1  |
| Rule                                 | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance              | Compliant | bootinenting statement(s), it applicable |
| JIOI.2 IJ IJ Attendance              | Comphant  |  |
|                                      |           |  |
| L                                    | 1         |  |
|                                      |           |  |

| Rule   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-19 Supervision   | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant |   |
|  |           |   |
|  |           |   |
| 2.1  |           | D " C 1 1/ 1/ 1/ 1/ 1/                  |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance  | Compliant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap   | Compliant |   |
| Requirements   |           |   |
| The state of the s |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen  | Compliant |   |
| Requirements   |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight   | Compliant |   |
| Care   |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment  | Compliant |   |
| and Hygiene  |           |   |
|  |           |   |
|  |           |   |
| 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 |   |
|  |           |   |
|  | 1         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling   | Compliant | Documenting Statement(s), it applicable |
| 3101.2 13 22 1 000 Hallalling  | Compilant |   |
|  |           |   |
|  | l         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care   | Compliant |   |
| ,  |           |   |

|  | T -              | 1- 1                                    |
|--|------------------|---|
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food    | Compliant        |   |
| Preparation                            |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Chatus           | Decumenting Statement(s) If applicable  |
| 5101:2-13-24 Parent Permission for     | Status Compliant | Documenting Statement(s), If applicable |
| Swimming                               | Compliant        |   |
| Swiiiiiiig                             |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant        |   |
| Requirements                           |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant        | Bocumenting statement(s), if applicable |
| 5101.2 13 07 Frovider Responsibilities | Compilant        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant        |   |
|  |                  |   |
|  | <u> </u>         |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and         | Compliant        | Section 1 Section 1 Section 1           |
| Procedures                             |                  |   |
|  |                  |   |
|  | I -              |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant        |   |
| Detectors - Type B Only                |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant        |   |
| '                                      | ·                |   |
|  |                  |   |
|  | I -              |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant        |   |
|  |                  |   |
|  |                  |   |

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-24 On-site Pools  | 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 |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |