



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 Blossoms and Buddies Childcare, LLC | Program Number 2190019989 | Program Type FCC - Type B Home |
| Address 1021 Kunz ave Middletown OH 45044 | | County BUTLER |

| Inspection Information | | |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced |
| Inspection Date 05/20/2021 | Begin Time 9:33 AM | End Time 10:54 AM |
| Reviewer: Kristin Gray | | |

| Summary of Findings | | | | |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified 79 | No. Rules with Non-compliances 3 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 3 |

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

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Deeyah | Mixed Age Group | 1 to 3 | |



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

[Greyed out area]

[Empty area]

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

[Greyed out area]

[Empty area]

Low Risk Non-Compliances

Domain: 05 Health & Safety

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

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

Findings: During the inspection, it was determined that the program did not have a first aid kit [onsite/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were



missing the item(s) or the item(s) were not replaced after use, when expired or damaged listed in number(s) 4,6, and 8 below:

1. One roll of hypoallergenic first-aid tape;
2. Individually wrapped sterile gauze squares in assorted sizes;
3. Sterile adhesive bandages in assorted sizes;
4. Tweezers;
5. Gauze rolled bandage;
6. Triangular bandage;
7. Rounded end scissors;
8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
9. A working digital thermometer;
10. Disposable non-latex gloves;
11. A working flashlight;
12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
15. Soap or waterless sanitizer (field trip or transporting away from the program only);
16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 06/19/2021

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post menu in a noticeable place

Findings: During the inspection, it was determined that the program's weekly menu was not posted in a visible place readily accessible to parents, as required by the rule. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 06/19/2021

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(s) 1 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: 06/19/2021

Rules In-Compliance/Not Verified

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

| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-21 Evening and Overnight Care | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-02 License Posted | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-23 Infant Daily Care | Compliant | |
| Rule | Status | 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 Enrollment and Health Information' | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Ratio and Group Size | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in Type B Home | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-25 Topical Products and Lotions | Compliant | |
| 5101:2-13-13 Handwashing | Compliant | |
| 5101:2-13-17 Programming | Compliant | |
| 5101:2-13-12 Safe Equipment | Compliant | |
| 5101:2-13-04 Fire Safety for Type B Homes | 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 | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-16 Standard Precautions | Compliant | |
| 5101:2-13-14 Vehicle Inspections | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-08 Review Policies and Procedures | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Staff Records | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-22 Food Handling | Compliant | |
| 5101:2-13-12 Safe Environment | Compliant | |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| 5101:2-13-19 Child Guidance | Compliant | |
| 5101:2-13-04 Heaters in a Type B Home | Compliant | |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Requirements | Compliant | |
| 5101:2-13-25 Medication Storage | Compliant | |
| 5101:2-13-19 School Age Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |



| | | |
|---|---------------|--|
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean Environment and Equipment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in Provider Portal | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|-----------|---|
| 5101:2-13-16 Serious Incident | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional Development | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Use of Crib and Playpen | Compliant | |
| 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 | |
| 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 | |
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| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| Transitional Pandemic Requirements | Compliant | |