## **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 Deta      | ils             |                   |
|---|-------------------|-----------------|-------------------|
| Program Name  | Program Number    |                 | Program Type      |
| COZY CARE NURSERY SCHOOL &                              | 000000200328      |                 | FCC - Type A Home |
| CHILDCARE   |                   |                 |                   |
| Address   |                   |                 | County            |
| 3054 MENTOR AVE.  |                   |                 | HAMILTON          |
|   |                   |                 |                   |
| CINCINNATI  |                   |                 |                   |
| OH 45206  |                   |                 |                   |
| Building and Fire Approvals apply to Type A Family Chil | d Care Homes only |                 |                   |
| Building Approval Date                                  | Use Group/Code    | Occupancy Limit | Maximum Under 2 ½ |
|   |                   |                 |                   |
| Fire Inspection Approval Date                           |                   |                 |                   |
| 02/19/2023  |                   |                 |                   |

| Inspection Information |                                |                  |                   |              |  |
|------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance             | Full                           |                  | Unannounced       |              |  |
| Inspection Date        | Begin Time                     |                  | End Time          |              |  |
| 07/27/2023             | 10:50 AM                       | 10:50 AM         |                   | 11:40 AM     |  |
| Reviewer:              |                                |                  |                   |              |  |
| Eryn Hunt              |                                |                  |                   |              |  |
| Summary of Findings    |                                |                  |                   |              |  |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 66                     | 1                              | 0                | 0                 | 1            |  |

| 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)                                 |                  | 5          | 0         | 5     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 7                | 5          | 0         | 5     |
| Older Toddler   |                  | 2          | 0         | 2     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 12               | 3          | 0         | 8     |

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



| PLACEMENTS 7/27/23 | 2 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: 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(s) 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. 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. Other [ ]

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: 08/27/2023

## **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                          |           |   |
|                                  |           |   |



| 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 |  |
|  |           |  |
| L                                      | <u> </u>  |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical          | Compliant | g content (c), a spp                     |
|  |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Type A Ownership          | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-03 Inspection                | Compliant | bocamenting statement(s), it applicable  |
| Requirements                           | Somphane  |  |
| Troquiro memo                          |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Inspections for  | Compliant |  |
| Type A Homes                           |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Inspections for Type | Compliant | bocamenting statement(s), it applicable  |
| A Homes                                | Somphan.  |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records             | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements     | Compliant | boddinenting statement(s), it applicable |
| 220212 20 00 Employee Requirements     |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff          | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
| Pulo                                   | Chatus    | Decumenting Statement(s) If and itself   |
| Rule                                   | Status    | Documenting 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           | Documenting Statement(s), if applicable  |
| Dula   | Chahua              | Desugneeshing Chahamanahla) If anni-anhla  |
| Rule 5101:2-13-10 Health Training            | Status<br>Compliant | Documenting Statement(s), If applicable  |
| C  | ·                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional Development        | Compliant           | ( )  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Space                   | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment               | Compliant           | Bocamenting statement(3), if applicable  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Fall Zone                       | Compliant           | Bodanienting statement(s), ir applicable   |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-12 Safe Equipment                  | Compliant           |  |
| DI-  | Chahara             | December (technically) If and inchis   |
| Rule 5101:2-13-12 Safe Environment           | Status<br>Compliant | Documenting Statement(s), If applicable  |
|  | ·                   |  |
| Rule   | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and equipment | Compliant           | 2000 Television of the Control of th |
|  |                     |  |
| Rule 5101:2-13-13 Handwashing                | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 2101.2-13-13 Hallamasillik                   | Соттриант           |  |

| <u> </u>                             |           |   |
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| Pula                                 | Ctatus    | Decumenting Statement/s) If applicable  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free              | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           | 2 " 2 " (/ ) "   1   1                  |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing           | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      | T -       |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field  | Compliant |   |
| and Routine Trips                    |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| 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 |   |
| '                                    | '         |   |
|                                      |           |   |
|                                      |           |   |
| 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                  | 23 2      |   |
| and confidentiality                  |           |   |
|                                      | 1         | •                                       |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant | 2 out                                   |
| General Emergency Plan               | Compilant |   |
| General Emergency Plan               |           |   |

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| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills       | Compliant | 3 (" 11                                 |
| STOTIL TO TO Emergency Stills       |           |   |
|                                     |           |   |
|                                     | I.        |   |
| Rule                                | Status    | Decumenting Statement(s) If applicable  |
|                                     |           | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Compliant |   |
| Precautions                         |           |   |
|                                     |           |   |
|                                     | 1         |   |
| 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    | Desumenting Statement/s) If applicable  |
|                                     | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan          | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     | ı         |   |
| 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 | <u> </u>                                |
|                                     |           |   |
|                                     |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
|                                     |           | 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 |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
|                                     | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |

| Rule                                | Status              | Documenting Statement(s), If applicable   |
|-------------------------------------|---------------------|---|
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| - 1                                 | I                   |   |
| 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           | State |
| and Hygiene                         |                     |   |
| 7.5                                 |                     |   |
|                                     |                     |   |
| 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           | Documenting Statement(s), it applicable   |
| 3101.2-13-22 Hala Wilk              | 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 Infant Daily Care      | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| 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                                | Ctatus              | Documenting Statement(s) If annicable   |
| 5101:2-13-24 Parent Permission for  | Status<br>Compliant | Documenting Statement(s), If applicable   |
| Swimming                            | Compilant           |   |
| Jaminining                          |                     |   |
|                                     | l                   |   |
|                                     |                     |   |



| Rule                                   | Status           | Documenting Statement(s), If applicable     |
|--|------------------|---|
| 5101:2-13-25 Medication                | Compliant        |   |
| Requirements                           | ·                |   |
|  |                  |   |
| Rule                                   | Chahua           | Decree entire Chatage ant/a) If a mulicable |
| 5101:2-13-07 Provider Responsibilities | Status Compliant | Documenting Statement(s), If applicable     |
| 3101.2-13-07 Flovider Responsibilities | Compilant        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-18 Group Size and Ratios     | Compliant        |   |
|  |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13 Written Policies and         | Compliant        |   |
| Procedures                             |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-11 Indoor Space              | Compliant        | bocumenting statement(s), if applicable     |
|  |                  |   |
|  |                  |   |
|  | T                |   |
| 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        |   |
|  |                  |   |
|  |                  | 1   |
| Rule                                   | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-08 Review Policies and       | Compliant        |   |
| Procedures                             |                  |   |
|  |                  |   |
| Rule                                   | Status           | Documenting Statement(s), If applicable     |
| 5101:2-13-12 Pets                      | Compliant        | 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -     |
|  | '                |   |
|  |                  |   |
|  |                  |   |
| 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 Equipment | Compliant |  |
|--------------------------------------|-----------|--|
|                                      |           |  |