

# 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      |
| HOWARD, NELIA K     | 00000900626619 | FCC - Type B Home |
| Address             |                | County            |
| 2973 WALLCREST BLVD |                | FRANKLIN          |
|                     |                |                   |
| COLUMBUS            |                |                   |
| OH 43231            |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection Se                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Unannounced       |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 01/26/2023          | 11:20 AM                       |                  | 1:10 PM           |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Meia Wright         |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 2                              | 0                | 1                 | 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)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 1         | 1     |
| Total Capacity/Enrollment                                 | 6                | 4          | 1         | 6     |

| Staff-Child Ratios at the Time of Inspection |  |        |  |
|--|--|--------|--|
| Group Age Group/Range Ratio Observed Comment |  |        |  |
| Nelia K Howard                               |  | 1 to 4 |  |



#### **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

# **Moderate Risk Non-Compliances**

#### Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each health condition for each child.

Findings: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Instructions regarding emergency evacuation, if applicable, were missing.
- 12. Training instructions were missing.
- 13. Dated signature of parent or certified professional who trained the program staff was missing.



- 14. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.
- 15. Directions regarding additional services, if applicable, were missing.
- 16. Dated signature of parent giving permission to perform the procedure was missing.
- 17. Dated signature of program administrator was missing.
- 18. The plan was not implemented.
- 19. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/25/2023

# 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 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 numbers 8 & 10 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 child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator



# 16. Other [ ]

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

Corrective Action Plan Due: 02/25/2023

# **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 |   |
|                                    |           |   |
|                                    |           |   |
|                                    |           |   |
| 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                       |           |   |
|                                    |           |   |
|                                    | -         |   |
| Rule                               | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant |   |
| for Type B Homes                   |           |   |



| Rule                                  | Status    | Decumenting Statement(c) If applicable  |
|---------------------------------------|-----------|---|
|                                       | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |   |
| 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 |
| 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 |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff         | Compliant |   |
| Requirements                          |           |   |
|                                       |           |   |
|                                       |           |   |
| 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 |   |
|                                       |           |   |
|                                       |           |   |
|                                       |           |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant |   |
|                                       |           |   |
|                                       | 1         |   |



| Rule                                       | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-10 Professional                  | Compliant           |   |
| Development                                |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(c) If applicable  |
| 5101:2-13-11 Outdoor Space                 | Compliant           | 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           |   |
|  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                     | Compliant           |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment              | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Dula                                       | Chatura             | Desumenting Statement(s) If emplicable  |
| Rule<br>5101:2-13-13 Clean environment and | Status<br>Compliant | Documenting Statement(s), If applicable |
| equipment                                  | Compliant           |   |
| equipment                                  |                     |   |
|  |                     |   |
| Rule                                       | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                   | Compliant           |   |
|  |                     |   |
|  |                     |   |
| 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           |   |
|  |                     |   |
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| 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 |   |
|  |           |   |
|  | 1         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                  | Compliant | Documenting statement(s), if applicable |
| 5101.2-15-14 Vehicle Requirements                  | 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 Medical, Dental, and                  | Compliant |   |
| General Emergency Plan                             |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                      | Compliant |   |
|  |           |   |
|  | 1         |   |
| Pulo   | Status    | Documenting Statement(a) If applicable  |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard<br>Precautions | Compliant |   |
| FIELdULIUIIS                                       |           |   |
|  | 1         | ıl                                      |
| 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           |   |
|                                     | compliant           |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance             | Compliant           |   |
| S101.2-13-18 Attendance             | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision            | Compliant           |   |
|                                     |                     |   |
|                                     | 1                   |   |
| Rule                                | Status              | 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           |   |
|                                     |                     |   |
|                                     |                     | I                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        | compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     | 1                   | 1                                       |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant           |   |
| and Hygiene                         |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(c) If applicable  |
| 5101:2-13-22 Meals and Snacks       | Status<br>Compliant | Documenting Statement(s), If applicable |
|                                     | Compliant           |   |



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| Rule   | Status              | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5101:2-13-22 Fluid Milk                      | 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           |   |
|  |                     |   |
| L  | 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           | bocumenting statement(s), it applicable |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming  | Compliant           |   |
| Swimming                                     |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                      | Compliant           |   |
| Requirements                                 |                     |   |
|  | I                   |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities       | Compliant           |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios           | Compliant           |   |
|  |                     |   |
|  |                     |   |
|  |                     |   |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and<br>Procedures | Compliant           |   |
|  | 1                   |   |



|   | I                   |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide<br>Detectors - Type B Only | Compliant           |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space                               | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming                                | Compliant           |   |
| Rule  | Status              | Decumenting Statement(c) If applies his |
| 5101:2-13-24 On-site Pools                              | Compliant           | Documenting Statement(s), If applicable |
|   | 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           |   |
| Pulo  | Ctotuc              | Desumenting Statement(s) If emplicable  |
| Rule<br>5101:2-13-17 Materials and                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Equipment   | Compliant           |   |