



## Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <http://jfs.ohio.gov/CDC/childcare.stm>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| Program Name<br>MURRELL, BRANDI                           | Program Number<br>000000932121429 | Program Type<br>FCC - Type B Home |
| Address<br>1004 COLONIAL AVENUE<br><br>MARION<br>OH 43302 |                                   | County<br>MARION                  |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>06/14/2023 | Begin Time<br>10:13 AM   | End Time<br>11:30 AM             |
| Reviewer:<br>Lisa Myers       |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>68 | No. Rules with Non-compliances<br>4 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>4 |

| 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                | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                |                  | 2          | 0         | 2     |
| Older Toddler   | 3                | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 3          | 0         | 3     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 5          | 0         | 7     |

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



### 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: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.



Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number(s) 4 & 5 below, were in the first floor restroom:

1. There was no liquid soap.
2. There was no toilet tissue.
3. There were no individually assigned towels or disposable towels.
4. The toilet cleaning brush was accessible to the children.
5. The plunger was accessible to the children.
6. The toilet was not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [ ].

The restroom(s) must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 07/14/2023

**Domain: 05 Health & Safety**

Rule: 5101:2-13-22 Fluid Milk

Code: The program is to ensure that children are served age-appropriate fluid milk.

Findings: During the inspection, it was determined that the program did not have the type of milk on-site to ensure that all children were served age-appropriate fluid milk requirements. Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Daily Care

Code: The program is required to provide a daily written record for each infant in care to the parents when picking up the infant each day.

Findings: During the inspection, it was observed that the form used to document infant routines and activities, as required by this rule, was incomplete in that the required information regarding 1, 2 & 4 was missing from the form:

1. Food intake;
2. Sleeping patterns;
3. Times and results of diaper changes;
4. Information about daily activities.



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

Corrective Action Plan Due: 07/14/2023

**Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Bottle and Food Preparation

Code: The program staff is required to have all bottles labeled.

Findings: During the inspection, it was determined that bottles containing formula for a particular infant were not labeled with the child’s name and date of preparation. Submit the program’s corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/14/2023

**Rules In-Compliance/Not Verified**

| Rule                                     | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 License Visible             | Compliant |   |
| 5101:2-13-02 Voluntary Temporary Closure | Compliant |   |
| 5101:2-13-02 Change of Location          | Compliant |   |
| 5101:2-13-02 Information in OCLQS        | Compliant |   |
| 5101:2-13-02 Provider Medical            | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-03 Inspection Requirements                              | Compliant |   |
| 5101:2-13-04 Building Requirements for Type B Homes               | Compliant |   |
| 5101:2-13-04 Fire Safety for Type B Homes                         | Compliant |   |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |   |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant |   |
| 5101:2-13-07 Staff Records  | Compliant |   |
| 5101:2-13-07 Type B Provider - Foster Parent                      | Compliant |   |
| 5101:2-13-08 Employee Requirements                                | Compliant |   |
| 5101:2-13-08 Child Care Staff Requirements                        | Compliant |   |
| 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 |   |

| 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 |   |

| 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 |   |

| 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 |   |
| 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 |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| 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 Child Medical and Enrollment Records              | 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 and Confidentiality       | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan       | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |



|   |               |  |
|---|---------------|--|
| 5101:2-13-16 Emergency Drills                   | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Communicable Diseases              | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Incident/Injury                    | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Disaster Plan                      | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-18 Attendance                         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Supervision                        | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 School Age Supervision             | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Child Guidance                     | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Sleep and Nap Requirements         | Compliant     |  |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |





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|---|---------------|--|
| 5101:2-13-20 Crib and Playpen Requirements    | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Evening and Overnight Care       | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                 | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Food Handling                    | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Diapering                        | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 Parent Permission for Swimming   | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-25 Medication Requirements          | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-07 Provider Responsibilities        | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-18 Group Size and Ratios            | Compliant     |  |
| <b>Rule</b>                                   | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |



|  |               |  |
|--|---------------|--|
| 5101:2-13 Written Policies and Procedures            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Indoor Space                            | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-17 Programming                             | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 On-site Pools                           | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Pets                                    | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 Swimming Sites                          | Compliant     |  |
| <b>Rule</b>  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-17 Materials and Equipment                 | Compliant     |  |