

# 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      |
| MURRELL, BRANDI      | 00000932121429 | FCC - Type B Home |
| Address              |                | County            |
| 1004 COLONIAL AVENUE |                | MARION            |
|                      |                |                   |
| MARION               |                |                   |
| OH 43302             |                |                   |

|                     | Inspection Information         |                  |                   |              |
|---------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type     | Inspection Se                  | соре             | Inspection Notice |              |
| Compliance          | Full                           |                  | Unannounced       |              |
| Inspection Date     | Begin Time                     |                  | End Time          |              |
| 12/13/2023          | 11:00 AM                       |                  | 11:55 AM          |              |
| Reviewer:           |                                |                  |                   |              |
| Lisa Myers          |                                |                  |                   |              |
| 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 2          | 0         | 2     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 5     |

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



#### **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** 

No Moderate Risk Non-Compliances were observed during this inspection

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 & 9 below, were in the unlocked bathroom vanity in 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: Large refill bottle of liquid soap (with twist off cap) in unlocked bathroom vanity in restroom.

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: 01/12/2024

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have running water below the temperature of 120 degrees Fahrenheit.

Findings: During the inspection, it was determined the water temperature was 122.1 degrees Fahrenheit in the following room(s) restroom. This temperature exceeds the requirement of remaining below 120 degrees Fahrenheit. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/12/2024

## **Rules In-Compliance/Not Verified**

| Rule<br>5101:2-13-02 License Visible | Status<br>Compliant | Documenting Statement(s), If applicable |
|--------------------------------------|---------------------|---|
| Rule                                 | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-02 Voluntary Temporary<br>Closure                             | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-02 Information in OCLQS                               | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | -                   |   |
| Rule<br>5101:2-13-02 Provider Medical                                   | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection<br>Requirements                                 | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-04 Building Requirements<br>for Type B Homes          | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule<br>5101:2-13-04 Fire Safety for Type B<br>Homes                    | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and<br>Combustible Materials in a Type B<br>Home | Compliant           |   |
| Bula  | Status              | Documenting Statement(a) If englischie  |
| Rule<br>5101:2-13-04 Heaters in a Type B<br>Home                        | Status<br>Compliant | Documenting Statement(s), If applicable |
|   | -                   |   |
| Rule<br>5101:2-13-07 Staff Records                                      | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-07 Type B Provider - Foster<br>Parent | Compliant           |   |
|---|---------------------|---|
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements              | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-08 Child Care Staff                   | Compliant           | Documenting Statement(s), If applicable |
| Requirements                                    | Compliant           |   |
| ······································          |                     |   |
|   | -                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                     | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 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                       | Compliant           |   |
| Development                                     |                     |   |
|   |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                      | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Dula  | Status              | Desumenting Statement(s) If smilles his |
| Rule<br>5101:2-13-11 Outdoor Equipment          | Status<br>Compliant | Documenting Statement(s), If applicable |
|   |                     |   |
|   |                     |   |
| · · · · · · · · · · · · · · · · · · ·           |                     |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                          | Compliant           |   |
|   |                     |   |
|   | L                   |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                     | Compliant           |   |



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|---|---------------------|---|
| 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           | Documenting statement(s), if applicable |
| 5101.2-13-13 TOOLIDI USINING                          | 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                    | 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 Child Medical and                        | Status<br>Compliant | Documenting Statement(s), If applicable |
| 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                         |                     |  |
|   |                     |  |
| Dula  | Chatura             | Descusses the state of set (s) if small solution |
| Rule  | Status              | Documenting Statement(s), If applicable          |
| 5101:2-13-16 Medical, Dental, and           | Compliant           |  |
| General Emergency Plan                      |                     |  |
| Dula  | Chatura             |  |
| 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                                 |                     |  |
|   | I                   | I  |
| 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           |  |
|   |                     |  |
|   |                     |  |
| Rule  | Status              | Documenting Statement(s), If applicable          |
| 5101:2-13-18 Attendance                     | Compliant           |  |
|   |                     |  |
| Dulo  | Ctatus              |  |
| Rule  | Status              | Documenting Statement(s), If applicable          |
| 5101:2-13-19 Supervision                    | Compliant           |  |
|   |                     |  |
|   | 1                   | 1  |
|   |                     |  |
| Rule<br>5101:2-13-19 School Age Supervision | Status<br>Compliant | Documenting Statement(s), If applicable          |



| 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                        |                     |   |
|                                     |                     |   |
|                                     | -                   |   |
| 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           |   |
|                                     |                     |   |
|                                     |                     |   |
| Dula                                | Chathar             | Descusser time Statement (a) If a calibrate |
|                                     | Status              | Documenting Statement(s), If applicable     |
| 5101:2-13-22 Fluid Milk             | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Bula                                | Status              | Documenting Statement(c) If englished       |
| Rule                                | Status<br>Compliant | Documenting Statement(s), If applicable     |
| 5101:2-13-22 Food Handling          | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(c) If applicable      |
| 5101:2-13-23 Infant Daily Care      |                     | Documenting Statement(s), If applicable     |
| STOT.2-TS-25 IIIIallt Dally Care    | Compliant           |   |
|                                     |                     |   |
| L                                   |                     | I   |
| Rule                                | Status              | Documenting Statement(s), If applicable     |
|                                     |                     |   |
| 5101:2-13-23 Infant Bottle and Food | Compliant           |   |
| Preparation                         |                     |   |
| <u> </u>                            |                     |   |
|                                     |                     |   |



| Rule                                   | Status    | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-23 Diapering                 | Compliant |   |
|  | compliant |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant |   |
| Swimming                               |           |   |
|  |           |   |
|  |           | ·                                       |
| 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 |   |
|  |           |   |
|  |           |   |
|  |           |   |
| 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 |
| 5101:2-13-12 Carbon Monoxide           | Compliant |   |
| Detectors - Type B Only                |           |   |
|  |           |   |
|  |           |   |
| 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    | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools             | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule                                   | Status    | Documenting Statement(s), If applicable |
|  |           |   |



Department of Education Department of Job and Family Services

| 5101:2-13-12 Pets           | Compliant |   |
|-----------------------------|-----------|---|
|                             | -         |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
| 5                           |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
|                             |           |   |
| Equipment                   |           |   |
| [ <u>]</u>                  |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |