



## Family Child Care Complaint Inspection Summary 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 OGLESBY, DONNA	Program Number 000000932911609	Program Type FCC - Type B Home
Address 1012 ROSELAND AVENUE DAYTON OH 45402		County MONTGOMERY

Inspection Information			
Inspection Type Complaint		Inspection Scope Partial	Inspection Notice Unannounced
Reviewer(s) Dada Lewis	Inspection Day 09/14/2023	Begin Time 4:00 PM	End Time 5:30 PM
Reviewer(s) Avery Wynings	Inspection Day 09/14/2023	Begin Time 4:00 PM	End Time 5:30 PM

Summary of Findings				
No. Rules Verified 4	No. Rules with Non-compliances 3	No. Serious Risk 1	No. Moderate Risk 1	No. Low Risk 1

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
Donna's Group	Mixed Age Group	1 to 8	



### Complaint Allegations

*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.*

#### Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Group Size and Ratios

Code: The program is required to monitor the number of children in care to remain within the licensed capacity.

Allegation: Alleged allegation program being over ratio, having more than 6 children in care at Type B childcare program

Determination: Substantiated

Findings: During the inspection, it was determined there were 8 children in care during the hours of operation, which is over the capacity listed on the license. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 10/26/2023

### Summary of Additional Non-Compliances

#### Serious Risk Non-Compliances

##### Domain: 01 Ratio & Supervision

Rule: 5101:2-13-19 Child Guidance

Code: The program is required to protect children from harm that may result in a serious incident or injury.

Findings: During the inspection, it was determined children were not protected from harm which resulted in a serious incident or injury. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/01/2023

#### Moderate Risk Non-Compliances

**No Additional Moderate Risk Non-Compliances were observed during this inspection**




### Low Risk Non-Compliances

**Domain: 05 Health & Safety**

Rule: 5101:2-13-16 Incident/Injury

Code: The program is required to report serious incidents to the department.

Findings: During the inspection, it was determined that a Serious Incident was not reported in the Ohio Child Licensing and Quality System (OCLQS), as required, by the provider for an incident(s) as listed in number(s) 2, 3 & 4 below:

1. An incident, injury or illness that required professional medical consultation or treatment.
2. An unusual or unexpected incident which jeopardizes the safety of a child, resident, child care staff member or employee of the program.
3. An incident defined as a serious risk non-compliance in appendix A to rule 5101:2-12-03 of the Administrative Code.
4. The program did not submit the report in OCLQS by the next business day as required by rule.

Submit the program's corrective action plan, which includes a statement that the program administrator or designee has completed the Serious Incident Report in OCLQS, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/26/2023