

# **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      |
| BARROW, JOI      | 000000953404842 | FCC - Type B Home |
| Address          |                 | County            |
| 5563 DEFOREST DR |                 | FRANKLIN          |
|                  |                 |                   |
| COLUMBUS         |                 |                   |
| OH 43232         |                 |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 04/17/2023             | 2:30 PM                        |                  | 2:45 PM           |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/02/2023             | 11:30 AM                       |                  | 11:45 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/18/2023             | 10:00 AM                       |                  | 11:30 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Cristina Boyer         |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Cristina Boyer         |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Cristina Boyer         |                                |                  |                   |              |
| 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   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 1     |



| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Joi Barrow                                   | 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 |
|   |
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#### **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.



Findings: During the inspection, it was determined that the program's first aid kit was missing a item listed in number 9 below:

- 1. One roll of first-aid tape;
- 2. Individually wrapped sterile gauze;

squares in assorted sizes;

- 3. Sterile adhesive bandages in assorted sizes;
- 4.Tweezers;
- 5. Gauze rolled bandage;
- 6. Triangular bandage;
- 7. Rounded end scissors;
- 8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
- 9. A working digital thermometer;
- 10. Disposable non-latex gloves;
- 11. A working flashlight;
- 12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
- 13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;
- 14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
- 15. Soap or waterless sanitizer (field trip or transporting away from the program only);
- 16. Bottled water (field trip or transporting away from the program only).

Correct the violation and submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/17/2023

#### 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 number 15 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: 06/17/2023

### **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                           |           |   |
|                                   |           |   |
| Dula                              | Status    | Decume aution Chatage aut/a) If a calicable |
| Rule                              | Status    | Documenting Statement(s), If applicable     |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   | <u> </u>  | <u> </u>                                    |
| 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 |   |
|                                   |           |   |

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|                                       |           |  |
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| Rule                                  | Status    | Documenting Statement(s), If applicable        |
|                                       |           | Documenting Statement(s), it 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                      |           |  |
| Tot Type Bittomes                     |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable        |
|                                       |           | 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     | 1 1       |  |
| •                                     |           |  |
| Home                                  |           |  |
|                                       |           | <u>,                                      </u> |
| 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 | bocamenting statement(5), it applicable        |
| 3101.2-13-07 Stall Records            | Compilant |  |
|                                       |           |  |
|                                       |           |  |
|                                       | T         |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-07 Type B Provider - Foster | Compliant |  |
| Parent                                |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable        |
|                                       |           | bookinenting statement(s), it applicable       |
| 5101:2-13-08 Employee Requirements    | Compliant |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable        |
| 5101:2-13-08 Child Care Staff         | Compliant |  |
| Requirements                          | ·         |  |
|                                       |           |  |
|                                       | I .       |  |
| Dula                                  | Ctatus    | Decumenting Statement/s) If and isolds         |
| 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   |  |
|                                    |             |  |
|                                    |             |  |
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| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Professional          | Compliant   |  |
| Development                        |             |  |
|                                    |             |  |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
|                                    | 0.00.000    | Documenting Statement(s), if applicable  |
| 5101:2-13-11 Outdoor Space         | Compliant   |  |
|                                    |             |  |
|                                    | 1           |  |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Outdoor Equipment     | Compliant   | 2 countries g courte in (c), in approach |
| STOTIE TO TE OUTGOO! Equipment     | Compilant   |  |
|                                    |             |  |
|                                    |             | <u> </u>                                 |
| 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   |  |
|                                    |             |  |
| L                                  |             |  |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Clean environment and | Compliant   | Socialiting statement(3), it applicable  |
| equipment                          | Compilant   |  |
| equipment                          |             |  |
|                                    | 1           |  |
| Rule                               | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-13 Handwashing           | Compliant   | 3 (7) 11                                 |
| J 11 0                             | '           |  |
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| 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  | Compliant |   |
| and Routine Trips                    |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision   | Compliant | bocumenting statement(s), if applicable |
| for Field and Routine Trips          |           |   |
| 101   1614 and Noutine Imps          |           |   |
|                                      | •         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements     | Compliant | 0 (" 11                                 |
| ·                                    | · ·       |   |
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|                                      |           |   |
| 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 |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions       | Compliant | bocumenting statement(s), if applicable |
|                                      |           |   |
|                                      |           |   |
|                                      | •         |   |
| 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               |           |   |
|                                      | 1         |   |
|                                      |           |   |
| 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 Communicable Diseases            | Compliant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Incident/Injury                  | Compliant |  |
| STOTIZ TO THE METACHIN, MIJURY                | Compilant |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan                    | Compliant |  |
|   | T         |  |
| 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 | 5 · · · · · · · · · · · · · · · · · · ·  |
| Rule  | Status    | Decumenting 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 | bootamenting statement(s), it applicable |
| 5101.2-15-17 Clina Galdance                   | Compilant |  |
| 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<br>Requirements | Compliant | , , , , , , , , , , , , , , , , , , ,    |
|   | 1 -       |  |
| Rule  | Status    | Documenting Statement(s), If applicable  |

| 5101:2-13-21 Evening and Overnight Care        | Compliant           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-21 Sanitary Environment and Hygiene  | Compliant           | booumenting otalement(s), it approache    |
| D. J.  | Chahara             |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-22 Meals and Snacks                  | Compliant           |   |
| Dula   | Chatura             | Decumenting Chatement (a) If a malical la |
| 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           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Infant Bottle and Food            | Compliant           |   |
| Preparation                                    |                     |   |
|  | Lac                 |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-23 Diapering                         | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Parent Permission for<br>Swimming | Compliant           |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-25 Medication                        | Status<br>Compliant | bocumenting statement(s), if applicable   |
| Requirements                                   | Compliant           |   |
|  |                     |   |
| Rule   | Status              | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Provider Responsibilities         | Compliant           |   |

| Designation.                       |                  |  |
|------------------------------------|------------------|--|
|                                    |                  |  |
|                                    |                  |  |
| Rule                               | Ctatus           | Decumenting Statement(s) If applicable   |
|                                    | 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        | Bocumenting Statement(s), if applicable  |
| Procedures                         | Compliant        |  |
| Frocedures                         |                  |  |
|                                    |                  |  |
| 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        |  |
|                                    |                  |  |
|                                    |                  |  |
|                                    |                  | 1  |
| Rule                               | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-24 On-site Pools         | Compliant        |  |
|                                    |                  |  |
|                                    |                  |  |
| D 1                                |                  | 5 " 6" " " " " " " " " " " " " " " " " " |
| 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        | bocamenting statement(s), it applicable  |
| 2101.2-13-24 Swilllilling Sites    | Compilant        |  |
|                                    |                  |  |
| L                                  |                  | 1  |
| Rule                               | Status           | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Materials and         | Compliant        | <i>G</i> (- <i>II</i> )                  |
| Equipment                          | 2.2.1.16.1.21.14 |  |
|                                    |                  |  |
|                                    | •                | ·  |
|                                    |                  |  |