## **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      |  |
| BENSON, DONNA        | 000000956530148 | FCC - Type B Home |  |
| Address              | •               | County            |  |
| 4637 ST. JOHN AVENUE |                 | MONTGOMERY        |  |
|                      |                 |                   |  |
| DAYTON               |                 |                   |  |
| OH 45406             |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/19/2022             | 9:50 AM                        |                  | 10:00 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/23/2022             | 11:05 AM                       |                  | 11:25 AM          |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 05/24/2022             | 2:16 PM                        |                  | 4:05 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Tanisha Colvin         |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Tanisha Colvin         |                                |                  |                   |              |
| Reviewer:              |                                |                  |                   |              |
| Tanisha Colvin         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 3                              | 0                | 0                 | 3            |

| 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   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 1          | 0         | 1     |
| School Age  |                  | 4          | 0         | 4     |
| Total Capacity/Enrollment                                 | 6                | 5          | 0         | 5     |



| Staff-Child Ratios at the Time of Inspection |                          |                |         |
|--|--------------------------|----------------|---------|
| Group  | Age Group/Range          | Ratio Observed | Comment |
| Donna's Group                                | School-Age to < 11 years | 1 to 1         |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the

requirement or was missing the information in number(s) [ ] below:

Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/24/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 Employee Requirements

Code: The program is required to obtain completed medical statements for all program staff.

Findings: During the inspection, it was determined that a completed medical examination statement for the employee(s) listed on the Employee Record Chart was not on file, as required by this rule. Submit the program's corrective action plan, which includes a copy of the completed medical statement with all required information, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/24/2022

**Domain: 08 Staff Files** 

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting employment.

Findings: In review of the staff records, it was determined that the child care staff member(s) or substitute child care staff member had not completed the online orientation training as noted in numbers 2 and 3 below:

- 1. The training was not completed within thirty days of the starting employment.
- 2. There was no documentation of completing the training after December 31, 2016.
- 3. Completion of training is not documented with verification from the OPR for the Child Care Staff Member(s) and/or Substitute Child Care Staff Member(s) listed on the Employee Record Chart, as required.

Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

| Corrective Action Plan Due: | Ub. | / Z4. | /2022 |
|-----------------------------|-----|-------|-------|
|-----------------------------|-----|-------|-------|

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

| Rule                              | Status      | Documenting Statement(s), If applicable  |
|-----------------------------------|-------------|--|
| 5101:2-13-02 License Visible      | Compliant   | 2000menting ottatement(e)) ii approante  |
| 3101.2 13 02 Elective Visible     | Compilation |  |
|                                   |             |  |
|                                   | •           |  |
| 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   |  |
|                                   |             |  |
|                                   |             |  |
| Doda                              | Chahara     | D  |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS | Compliant   |  |
|                                   |             |  |
| L                                 | 1           | <u> </u>                                 |
| Rule                              | Status      | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Provider Medical     | Compliant   | Bootamenting statement(3), it applicable |
| 3101.2 13 02 i Tovidei Medicai    | Compliant   |  |
|                                   |             |  |

| - Canada                              |           |   |
|---------------------------------------|-----------|---|
|                                       |           |   |
| 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                      | ·         |   |
|                                       |           |   |
|                                       |           | <u> </u>                                |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B   | Compliant | (-//                                    |
| Homes                                 | Compliant |   |
| nomes                                 |           |   |
|                                       | ı         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            |           | Documenting statement(s), if applicable |
|                                       | 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 |   |
| 3202.2 20 07 010.1 110001 00          |           |   |
|                                       |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | Bocamenting statement(s), it applicable |
|                                       | Compliant |   |
| Parent                                |           |   |
|                                       | 1         |   |
| Rule                                  | Status    | Documenting Statement(s) If applicable  |
|                                       |           | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant |   |
|                                       |           |   |
|                                       |           |   |
|                                       | I         |   |
| 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 |
|                                       |           | G - 1(-1) - 1-1 - 1-1                   |

| 5101:2-13-10 Professional           | Compliant           |   |
|-------------------------------------|---------------------|---|
| Development                         |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-13-11 Outdoor Space          | Compliant           | Documenting Statement(s), If applicable |
| 3101.2-13-11 Outdoor Space          | Compilant           |   |
|                                     |                     |   |
|                                     | 1                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment      | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Decumenting Statement(s) If applicable  |
| 5101:2-13-11 Fall Zone              | Compliant           | Documenting Statement(s), If applicable |
| 3101.2-13-11 Fail 2011e             | Compilant           |   |
|                                     |                     |   |
|                                     |                     |   |
| 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           | Documenting Statement(s), it applicable |
| 3101.2 13 12 Said Environment       | Compilant           |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and  | Compliant           |   |
| equipment                           |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing            | Compliant           | 0 (" 11                                 |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free             | Compliant           |   |
|                                     |                     |   |
|                                     | 1                   | ,                                       |
| 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 | Status<br>Compliant | Documenting Statement(s), If applicable |
| and Routine Trips                   | Compilant           |   |
| and Noutine Trips                   |                     |   |

| Deginturg:                           | 1           |   |
|--------------------------------------|-------------|---|
|                                      |             |   |
|                                      |             |   |
| 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       | Compliant   | (-),                                      |
| Enrollment Records                   |             |   |
| Emoninent Records                    |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Health Conditions       | Compliant   | , , , , , , , , , , , , , , , , , , ,     |
| STOTIL TO TO FEMALE CONTAINED IN     |             |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-15 Child Records Retention | Compliant   |   |
| and Confidentiality                  | Compilant   |   |
| and confidentiality                  |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Medical, Dental, and    | Compliant   | 0 - 111-11-11-11-11-11-11-11-11-11-11-11- |
| General Emergency Plan               | Compilation |   |
| General Emergency Flan               |             |   |
|                                      | 1           |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-16 Emergency Drills        | Compliant   | Documenting statement(s), it applicable   |
| 2101.2-13-10 Liliel Belief Dillis    | Compliant   |   |
|                                      |             |   |
|                                      |             |   |
| Rule                                 | Status      | Documenting Statement(s), If applicable   |
|                                      |             | Documenting Statement(s), if applicable   |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant   |   |
| Precautions                          |             |   |
|                                      |             |   |
|                                      |             |   |

|                                     | 1-          | 1   |
|-------------------------------------|-------------|---|
| 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   | g = stomens(o <sub>f</sub> ) is approache |
|                                     | Compliant   |   |
|                                     |             |   |
|                                     |             |   |
|                                     | 1 -         | 1   |
| 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   |   |
|                                     |             |   |
|                                     |             |   |
|                                     | 1           |   |
| Rule                                | Status      | Documenting Statement(s) If applicable    |
|                                     | 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   |   |
|                                     | ·           |   |
|                                     |             |   |
|                                     |             |   |
| Rule                                | Status      | Documenting Statement(s), If applicable   |
| 5101:2-13-20 Sleep and Nap          | Compliant   | boothering statement(s), it applicable    |
|                                     | Compliant   |   |
| Requirements                        |             |   |
|                                     | L           |   |
|                                     | 1           |   |
| 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                                | Compilation |   |
|                                     |             |   |
|                                     | 1           |   |
| Dula                                | Chahara     | December 64-1                             |
| 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   | J. A. |
| DECENT TO LE IVICAIS AITA SITACIO   | Compilant   |   |

| Rule                                    | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-22 Fluid Milk                 | Compliant |   |
|   |           |   |
|   |           |   |
|   | <u> </u>  | I                                       |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling              | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| D. I.                                   | Chahara   | Decree the Chatemant of the malicular   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care          | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s) If applicable  |
|   |           | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food     | Compliant |   |
| Preparation                             |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
|   |           | 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      |           | bocamenting statement(s), it applicable |
|   | Compliant |   |
| Swimming                                |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                 | Compliant | 3 (" 11                                 |
|   | Compliant |   |
| Requirements                            |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities  | Compliant |   |
| 3101.2 13 07 1 TOVIDE! NESPONSIBILITIES | Compilant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios      | Compliant |   |
|   |           |   |
|   |           |   |
|   | 1         |   |
|   |           |   |
| Rule                                    | Status    | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and          | Compliant |   |
| Procedures                              |           |   |
| Toccures                                |           |   |
|   | <u> </u>  |   |

| Dula                         | Chahus     | Decree entire Statement (-) If a will all |
|------------------------------|------------|---|
| 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  |   |
|                              |            |   |
|                              |            |   |
|                              | T          |   |
| Rule                         | Status     | Documenting Statement(s), If applicable   |
| 5101:2-13-24 On-site Pools   | Compliant  |   |
|                              |            |   |
|                              |            |   |
| 2.1                          | l <b>c</b> | 2   |
| Rule                         | Status     | Documenting Statement(s), If applicable   |
| 5101:2-13-12 Pets            | Compliant  |   |
|                              |            |   |
|                              |            |   |
| Dulo                         | Ctatus     | Desumenting Statement/s) If applicable    |
| Rule                         | Status     | Documenting Statement(s), If applicable   |
| 5101:2-13-24 Swimming Sites  | Compliant  |   |
|                              |            |   |
|                              |            |   |
| Rule                         | Status     | Decumenting Statement(s) If applies his   |
|                              |            | Documenting Statement(s), If applicable   |
| 5101:2-13-17 Materials and   | Compliant  |   |
| Equipment                    |            |   |
|                              |            |   |