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 | Program Number | Program Type | |
| FURR, NATASHA R | 000000974143312 | FCC - Type B Home | |
| Address | | County | |
| 14458 County Road 155 | | HARDIN | |
| | | | |
| kenton | | | |
| OH 43326 | | | |

| Inspection Information | | | | |
|------------------------|--|-----|-------------------|---|
| Inspection Type | Inspection Sc | ope | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time End Time | | | |
| 02/10/2022 | 8:40 AM | | 10:29 AM | |
| Reviewer: | | | | |
| Victoria Taquino | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances No. Serious Risk No. Moderate Risk No. Low Risk | | No. Low Risk | |
| 68 | 6 | 0 | 1 | 5 |

| 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 | | 5 | 0 | 5 |
| School Age | | 11 | 0 | 11 |
| Total Capacity/Enrollment | 6 | 16 | 0 | 17 |

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



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 | | |
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| No Serious Risk Non-Compliances were observed during this inspection | | |
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Moderate Risk Non-Compliances

Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: Meals and snacks provided are required to include all food groups and must include all of the

recommended daily dietary allowances as specified by the USDA.

Findings: During the inspection, it was determined that a meal or snack at the program did not meet the requirements as noted in number 1 below:

- 1. The breakfast served did not include foods from three of the four good groups.
- 2. Snack served did not include foods from two of the four food groups.
- 3. The meal did not provide 1/3 of the recommended daily dietary allowances as specified by the USDA.
- 4. Juice used to meet the fruit or snack component was not 100% undiluted fruit or vegetable juice.
- 5. The meal served did not include an item from the meat or meat alternative group.
- 6. The meal served did not include an item from the bread or grain group.
- 7. The meal served did not include two items from the fruit/vegetable group.
- 8. The meal served did not include a vegetable (two fruits were served).
- 9. The meal served did not include a serving of fluid milk.

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

Corrective Action Plan Due: 03/13/2022



Low Risk Non-Compliances

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children in care from items and conditions that threaten their health,

safety, and well being.

Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following item or condition which may threaten their health, safety, or well being as noted in the following number 9 below:

- 1. Telephone cords;
- 2. Stacked chairs;
- 3. Employee(s) purse(s);
- 4. Diaper bags;
- 5. Television not securely anchored;
- 6. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 7. Staff member stepped over a barrier/gate while holding a child;
- 8. Chipping or peeling paint;
- 9. Playstation cord was hanging from the tv stand.

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

Corrective Action Plan Due: 03/13/2022

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-13 Toothbrushing

Code: The program is required to label each child's toothbrush.

Findings: During the inspection, it was determined all the toothbrushes were not labeled with the child's name. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/13/2022

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 did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the items or the items were not replaced after use and/or expired listed in numbers 11 and 16 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: 03/13/2022

Domain: 07 Diapering & Infant Care

Rule: 5101:2-13-20 Crib and Playpen Requirements

Code: The program is required to ensure that each mattress has a properly fitted sheet.

Findings: During the inspection, it was determined that sheets did not meet the rule requirement as noted in number below 1 .

- 1. At least one crib or playpen did not have a sheet.
- 2. At least one sheet was too large.
- 3. At least one sheet was too small.
- 4. Sheet was torn.

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

Corrective Action Plan Due: 03/13/2022

Domain: 07 Diapering & Infant Care

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

Code: The program staff is required to provide a daily written record for each infant in care.

Findings: During the inspection, it was determined that there was no daily written record for each infant provided to the parent or person picking up the infant on a daily basis. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 03/13/2022

Rules In-Compliance/Not Verified

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

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements | Compliant | |
| for Type B Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant | |
| Homes | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and | Compliant | G 2(5), appau |
| Combustible Materials in a Type B | Compilant | |
| | | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B | Compliant | |
| Home | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant | |
| Suspension | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | grand a star a star a |
| Parent | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| | | bocamenting statement(s), it applicable |
| 5101:2-13-08 Employee Requirements | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-08 Whistle Blower | Compliant | Bocumenting statement(3), it applicable |
| 3101.2 13 00 Whistic blower | Compilant | |
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| Dulo | Chahua | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| 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 | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | |
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| 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 Clean environment and | Compliant | bocamenting statement(s), it applicable |
| | Compliant | |
| equipment | | |
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| Rule | Status | Documenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-13 Smoke Free | Compliant | |
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| | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | 3 (" 11 |
| for Field and Routine Trips | | |
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| Rule 5101:2-13-14 Driver Requirements | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-14 Driver Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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| Rule 5101:2-13-15 Child Medical and | Status Compliant | Documenting Statement(s), If applicable |
| Enrollment Records | Compilant | |
| Emonnene Records | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
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| Rule 5101:2-12-16 Medical Dental and | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| General Entergeticy Flair | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | 3 (7) |
| Signification in the significant of the significant | Compilation | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | | bocumenting statement(s), it applicable |
| 3101.2-13-10 Disaster Flair | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | bocamenting statement(s), it appreads |
| 3101.2-13-19 Cillia Galdance | Compliant | |
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| Dula | Chahua | Decumenting Chaterrant (-) If a with a life |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-22 Fluid Milk | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Compliant | bocumenting statement(s), if applicable |
| STOT.2 13 22 1 Ood Hariding | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant | |
| Preparation | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering | Compliant | |
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| Pulo | Status | Documenting Statement(s) If and inchis |
| Rule 5101:2-13-24 Parent Permission for | Status Compliant | Documenting Statement(s), If applicable |
| Swimming | Compilant | |
| Swiiiiiiig | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
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| Dula | Chahara | Daniel Mills Chaham (1) If |
| Rule 5101:2-13-18 Group Size and Ratios | Status | Documenting Statement(s), If applicable |
| 5101.2-15-16 Group Size and Katlos | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | boddinenting statement(s), it applicable |
| Detectors - Type B Only | Joniphane | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-17 Programming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Compliant | bocumenting statement(s), it applicable |
| Equipment | Compilant | |
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