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 |
| GOSHAY, CORA E | 000000989216628 | FCC - Type B Home |
| Address | | County |
| 1511 DREAM CT | | FRANKLIN |
| | | |
| REYNOLDSBURG | | |
| OH 43068 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Attempted | Partial | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/20/2024 | 10:00 AM | | 10:15 AM | |
| Reviewer: | | | | |
| Cristina Boyer | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 1 | 0 | 0 | 0 | 0 |

| 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 | | 0 | 0 | 0 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 6 | 0 | 0 | 0 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| | | | |



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 |
| No Low Risk Non-Compliances were observed during this inspection |
| |
| |



Rule

| | Rules In-Compliance/N | lot Verified |
|---|-----------------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Closure | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 License Visible | Not Verified | |
| D. I. | Chahara | Decomposition Chahamanaha Manaha and Sahala |
| S101:2-13-02 Change of Location | Not Verified | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Not Verified | |
| | I c | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Type A Ownership | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements | Not Verified | |

Status

Documenting Statement(s), If applicable

| 5101:2-13-04 Building Inspections for Type A Homes | Not Verified | |
|---|---------------------|---|
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes | Not Verified | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Inspections for Type A Homes | Not Verified | bocumenting statement(s), ii applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Homes | Not Verified | bocumenting statement(s), ii applicable |
| | C | |
| Rule 5101:2-13-04 Flammable and | Status Not Verified | Documenting Statement(s), If applicable |
| Combustible Materials in a Type B Home | Not verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Rule | Chahua | Decumenting Chatemant(s) If applicable |
| 5101:2-13-07 Staff Records | Not Verified | Documenting Statement(s), If applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and Procedures | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements | Not Verified | Documenting Statement(s), it applicable |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |

| 5101:2-13-07 Type B Provider - Foster Parent | Not Verified | |
|---|------------------------|---|
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff | Not Verified | , , , , , , , , , , , , , , , , , , , |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training | Not Verified | |
| | | |
| | | |
| Rule 5101:2-13-10 Professional | Status Not Verified | Documenting Statement(s), If applicable |
| Development | Not verified | |
| ' | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Not Verified | bocumenting statement(s), it applicable |
| · | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Not Verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Equipment | Not Verified | |
| | | |
| | | |
| Rule 5101:2-13-11 Fall Zone | Status Not Verified | Documenting Statement(s), If applicable |
| 2101.2-12-11 Lall ZOLIG | NOT VEHILER | |

| Rule | Ctatus | Documenting Statement(s) If applicable |
|---|--------------|---|
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Not Verified | |
| | | |
| | | |
| | | 5 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment | Not Verified | |
| | | |
| | | |
| - 1 | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Not Verified | |
| | | |
| | | |
| | 1. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Not Verified | |
| Detectors - Type B Only | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Not Verified | |
| equipment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Not Verified | |
| and Routine Trips | | |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | • | , |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Not Verified | , , , , , , , , , , , , , , , , , , , |
| for Field and Routine Trips | | |
| Tot Ficia and Noutine Trips | | |

| Beginning! | | |
|--------------------------------------|--------------|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(s), it applicable |
| 5101:2-13-14 Driver Requirements | Not verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Not Verified | |
| and Hygiene | Troc remied | |
| and myglene | | |
| | 1 | |
| - 1 | - | 10.00 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Not Verified | |
| | | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | bocumenting statement(s), it applicable |
| 5101:2-13-14 Vehicle Requirements | Not verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and | Not Verified | 3 (" 11 |
| Enrollment Records | 1400 Vermed | |
| Elifolifietit Records | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions | Not Verified | |
| | | |
| | | |
| | 1 | |
| Dula | Status | Desumenting Statement/s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Not Verified | |
| and Confidentiality | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Not Verified | |
| | Not verified | |
| General Emergency Plan | | |
| | 1 | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Not Verified | |
| 3- 7/ | | |
| | | |
| 1 | I | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard | Not Verified | |
| Precautions | | |
| | | i |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5101:2-13-16 Communicable Diseases | Not Verified | |
| | | |
| | | |
| _ | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency | Not Verified | |
| Preparedness and Response Plan | | |
| | | |
| Dula | Chabus | Decume action Chatage and A. If a male also |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Not Verified | Documenting Statement(s), it applicable |
| 5101.2-15-17 Programming | Not verified | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | Decamental & state ment(o), in applicable |
| Equipment | 1100 vermeu | |
| Equipment | | |
| | | <u> </u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and | Not Verified | |
| Equipment | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Not Verified | |
| | | |
| | | |
| | | |

| Rule | Status | Documenting Statement(s), If applicable |
|---------------------------------------|--------------|---|
| 5101:2-13-19 School Age Supervision | Not Verified | Documenting Statement(3), it applicable |
| 1 3101.2-13-13 School Age Supervision | Not verified | |
| | | |
| | ·I | |
| Rule | Status | Decumenting Statement/s) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap | Not Verified | |
| Requirements | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen | Not Verified | |
| Requirements | | |
| <u> </u> | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Not Verified | 3 (" 11 |
| Care | rtot vermed | |
| Care | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Not Verified | bocumenting statement(s), if applicable |
| 5101.2-15-22 Medis dilu Sildcks | Not verified | |
| | | |
| | | |
| | Lau | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling | Not Verified | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Not Verified | |
| <u>'</u> | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Not Verified | 0 2 2 2 2 2 (c), 11 3 pp. 12 2 2 3 |
| Preparation | 1.00 00 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Nuic | Status | Documenting Statement(S), it applicable |

| 5101:2-13-23 Diapering | Not Verified | |
|--|--------------|---|
| | | |
| | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | <u> </u> |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Not Verified | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for Swimming | Not Verified | Booke.m.g statement(s)) ir appsss: |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements | Not Verified | |
| | | , |