

## 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://ifs.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<br>COOMES, ERIN                                   | Program Number<br>000000990321253 | Program Type<br>FCC - Type B Home |
| Address<br>6900 State Route 19<br><br>Mount Gilead<br>OH 43338 |                                   | County<br>MORROW                  |

| Inspection Information        |                                     |                          |                        |                                  |
|-------------------------------|-------------------------------------|--------------------------|------------------------|----------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                        | Inspection Notice<br>Unannounced |
| Inspection Date<br>12/04/2024 |                                     | Begin Time<br>10:10 AM   |                        | End Time<br>11:53 AM             |
| Reviewer:<br>Tara Lawyer      |                                     |                          |                        |                                  |
| Summary of Findings           |                                     |                          |                        |                                  |
| No. Rules Verified<br>69      | No. Rules with Non-compliances<br>5 | No. Serious Risk<br>0    | No. Moderate Risk<br>1 | No. Low Risk<br>4                |

| 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     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 0         | 1     |
| Older Toddler                                             |                  | 0          | 0         | 0     |
| Preschool                                                 |                  | 1          | 0         | 1     |
| School Age                                                |                  | 5          | 0         | 5     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 6          | 0         | 7     |

| Staff-Child Ratios at the Time of Inspection |                 |                |                                           |
|----------------------------------------------|-----------------|----------------|-------------------------------------------|
| Group                                        | Age Group/Range | Ratio Observed | Comment                                   |
| Erin's Group                                 | Mixed Age Group | 1 to 0         | no children present during the inspection |

### 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

##### **Domain: 08 Staff Files**

**Rule:** 5101:2-13-09 Background Checks

**Code:** The program is required to receive a preliminary approval from ODJFS prior to allowing an individual to engage in assigned duties or be near children.

**Findings:** In review of the staff records, it was determined that background checks did not meet the requirements of the rule for the person(s) listed on the Employee Record Chart as noted in number(s) 1, 4 below:

1. The request for a background check for child care was not submitted in the OPR.
2. The fingerprints were not submitted electronically according to the process established by BCI.
3. The individual(s) had engaged in assigned duties or were near children and preliminary approval from ODJFS was not on file.
4. Background checks were not updated every five years.

Submit the program's corrective action plan, which includes a copy of the JFS 01176, or a copy of the preliminary approval or a statement that the individual(s) are no longer engaged in assigned duties and are not near children until the preliminary approval has been received, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/04/2025

### Low Risk Non-Compliances

**Domain: 00 License & Approvals**

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.

Findings: During the inspection, it was determined the information in number(s) 5 below was not up to date in the Ohio Child Care Licensing and Quality System:

1. Mailing Address;
2. Telephone Number;
3. Email Address;
4. Days and Hours of Operation;
5. Services Offered;
6. Name of Program, If applicable.
7. Private pay rates.

Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/04/2025

**Domain: 06 Program Information**

Rule: 5101:2-13-24 On-site Pools

Code: The provider and program staff are required to make pools on the premises inaccessible to children.

Findings: During the inspection, it was determined a pool was located on the premises and was accessible to children in care as there was no fence or physical barrier as outlined in rule in that the locked house door is not a sufficient barrier. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/04/2025

**Domain: 08 Staff Files**

Rule: 5101:2-13-07 Provider Responsibilities

Code: The provider is required to maintain the required liability insurance or have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" on file for each child in care.

Findings: During the inspection, it was determined the provider did not [obtain or maintain the required liability insurance/have a completed JFS 01933 "Liability Insurance Statement for Family Child Care Providers" completed for each child in care]. Correct the violation and submit proof of insurance with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 01/04/2025

**Domain: 09 Children's Files**

Rule: 5101:2-13-15 Child Medical and Enrollment Records

Code: The program is required to have a completed medical on file for each child.

Findings: In review of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number(s) 8 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions
11. Other [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 01/04/2025

### Rules In-Compliance/Not Verified

| Rule                                                              | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-02 Provider Medical                                     | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection Requirements                              | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements for Type B Homes               | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Homes                         | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Combustible Materials in a Type B Home | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and Suspension                   | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records                                        | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster Parent                      | Compliant |                                         |
| Rule                                                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Employee Requirements                                | Compliant |                                         |

|                                              |               |                                                |
|----------------------------------------------|---------------|------------------------------------------------|
|                                              |               |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Whistle Blower                  | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Health Training                 | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-10 Professional Development        | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Space                   | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Outdoor Equipment               | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-11 Fall Zone                       | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Equipment                  | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-12 Safe Environment                | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Clean environment and equipment | Compliant     |                                                |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Handwashing                     | Compliant     |                                                |

| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|-----------------------------------------|
| 5101:2-13-13 Smoke Free | Compliant |                                         |

| Rule                       | Status    | Documenting Statement(s), If applicable |
|----------------------------|-----------|-----------------------------------------|
| 5180:2-13-13 Toothbrushing | Compliant |                                         |

| Rule                                                  | Status    | Documenting Statement(s), If applicable |
|-------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-14 Requirements for Field and Routine Trips | Compliant |                                         |

| Rule                                                           | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |                                         |

| 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 Health Conditions | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant |                                         |

| Rule                                                     | Status    | Documenting Statement(s), If applicable |
|----------------------------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant |                                         |

| Rule | Status | Documenting Statement(s), If applicable |
|------|--------|-----------------------------------------|
|------|--------|-----------------------------------------|

|                                                       |               |                                                |
|-------------------------------------------------------|---------------|------------------------------------------------|
| 5101:2-13-16 Emergency Drills                         | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 First Aid Kit/Standard Precautions       | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Communicable Diseases                    | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Incident/Injury                          | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-16 Emergency Preparedness and Response Plan | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-18 Attendance                               | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Supervision                              | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 School Age Supervision                   | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-19 Child Guidance                           | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Sleep and Nap Requirements               | Compliant     |                                                |
| <b>Rule</b>                                           | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Crib and Playpen Requirements            | Compliant     |                                                |

|                                                 |               |                                                |
|-------------------------------------------------|---------------|------------------------------------------------|
|                                                 |               |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Evening and Overnight Care         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Sanitary Environment and Hygiene   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Diapering                          | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-24 Parent Permission for Swimming     | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-25 Medication Requirements            | Compliant     |                                                |

| Rule                                                 | 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 Procedures            | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements           | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections                     | Compliant |                                         |
| 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 |                                         |
| 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 |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and Equipment                 | Compliant |                                         |