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 |
| JONES, TATASHA | 000000991064002 | FCC - Type B Home |
| Address | | County |
| 217 Isabelle St | | JEFFERSON |
| | | |
| Brilliant | | |
| OH 43913 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/30/2023 | 10:00 AM | | 11:30 AM | |
| Reviewer: | | | | |
| Shawn Hannan | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 2 | 0 | 0 | 2 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 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 | | 4 | 0 | 4 |
| Total Capacity/Enrollment | 6 | 4 | 0 | 4 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment | | | |
| Tatasha Jones | Mixed Age Group | 1 to 4 | |



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 |
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| No Serious Risk Non-Compliances were observed during this inspection |
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| Moderate Risk Non-Compliances |
| No Moderate Risk Non-Compliances were observed during this inspection |
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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 4 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; Please update schedule with most recent information.
- 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 within 7 days.

Corrective Action Plan Due: 06/29/2023

Domain: 08 Staff Files

Rule: 5101:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in

the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 11 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not created or updated the program's organizational dashboard in the OPR.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.
- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.
- 11.Other: Resident Timothy W.'s OPR account must be added to program.

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule within 7 days.

Corrective Action Plan Due: 06/29/2023

Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-02 License Visible | Compliant | Documenting Statement(s), it applicable |
| 3101.2-13-02 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 | bocumenting statement(s), it applicable |
| 5101.2-13-02 Change of Location | Compilant | |
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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 | - comment of the comm |
| 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 |
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| 5101:2-13-04 Flammable and | Compliant | |
| Combustible Materials in a Type B | | |
| 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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| Dula | Chahara | Decree of the late |
| Rule F101:2 12 07 Type P Provider Foster | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
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| Rule | Status | Documenting Statement(s), If 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 | bocumenting statement(s), if applicable |
| Requirements | Compilant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks | Compliant | |
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| Pulo | Chatus | Decumenting Statement/s) If a reliable |
| Rule 5101:2-13-10 Health Training | Status Compliant | Documenting Statement(s), If applicable |
| STOT.2-13-10 Health Hallillig | Compilant | |
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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 |
| Raic | Status | bocumenting 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 | bocumenting statement(s), it appreciate |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone | Compliant | Documenting Statement(3), if applicable |
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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 |
| 5101:2-13-12 Safe Environment | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) |
| equipment | · | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | Documenting Statement(s), if applicable |
| 5101.2 13 13 Handwashing | Compliant | |
| D. J. | Chabin | Daniel Chahaman Mahalifan Misahila |
| Rule 5101:2-13-13 Smoke Free | Status Compliant | Documenting Statement(s), If applicable |
| 3101.2-13-13 SHIOKE FIEE | Compilant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 13 100thbrushing | Compium | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | bocamenting statement(s), it applicable |
| and Routine Trips | | |
| Rule | Status | Documenting Statement/s). If applicable |
| Nuic | Status | Documenting Statement(s), If applicable |

| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant | |
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| Rule | Status | Documenting Statement(s) If applicable |
| 5101:2-13-14 Driver Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | Documenting Statement(s), if applicable |
| Dula | Chahara | Decrease time Chateman (A) If a multiple |
| Sule 5101:2-13-14 Vehicle Requirements | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and Enrollment Records | Compliant | bocumenting statement(s), it applicable |
| D.J. | Ctatura | Decision Chahaman Mah If a militaria |
| Sule 5101:2-13-15 Health Conditions | Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention and Confidentiality | Compliant | bocumenting statement(s), if applicable |
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| Rule 5101:2-13-16 Medical, Dental, and General Emergency Plan | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
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| Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant | Documenting Statement(s), If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | Documenting Statement(s), it applicable |

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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury | Compliant | |
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| Rule | Chahua | Described Chatamantic) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan | 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 |
| | | bocamenting statement(s), it 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 | |
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| Dula | Chahua | Description Chatamant/a) If applicable |
| 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 |
| 5101:2-13-20 Crib and Playpen | Compliant | |
| Requirements | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | booking statement(s), it applicable |
| | Compliant | |
| Care | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment | Compliant | |
| and Hygiene | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| STOTIC TO LE MICAIS ANA SHACKS | | |
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| Rule | Ctatus | Desumenting Statement(s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care | Compliant | Decamenang etatement(e)) is approach |
| 3101.2 13 23 midne bany care | 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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| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(3), if applicable |
| 5101:2-13-24 Parent Permission for | Compliant | |
| Swimming | | |
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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 | |
| 3101.2 13 07 1 TOVIDE NESPONSIBILITIES | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 | |
| Detectors - Type B Only | | |
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| Rule | Ctatus | Decumenting Statement/s) If applicable |
| | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | 200amental gottae mention in approach |
| 3101.2 13 17 17051411111115 | 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 | Compliant | |
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