## **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      |  |
| BROWN, RONDA K  | 000000991355012 | FCC - Type B Home |  |
| Address         |                 | County            |  |
| 5518 AQUA ST    |                 | FRANKLIN          |  |
|                 |                 |                   |  |
| COLUMBUS        |                 |                   |  |
| OH 43229        |                 |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | cope             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/31/2023             | 10:30 AM                       |                  | 12:00 PM          |              |
| Reviewer:              |                                |                  |                   |              |
| Erica Lampkins         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 1                              | 0                | 0                 | 1            |

| 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   |                  | 1          | 0         | 1     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 4          | 0         | 4     |
| School Age  |                  | 0          | 10        | 10    |
| Total Capacity/Enrollment                                 | 6                | 5          | 10        | 17    |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |  |
|--|-----------------|--------|--|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |  |
| Ronda B.                                     | Mixed Age Group | 1 to 0 |  |  |

## **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**

**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 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 4 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.

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Closure

Corrective Action Plan Due: 03/02/2023

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

| Rule                             | Status    | Documenting Statement(s), If applicable |
|----------------------------------|-----------|---|
| 5101:2-13-02 License Visible     | Compliant |   |
|                                  |           |   |
| Rule                             | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary | Compliant |   |



| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|---------------------------------------|-----------|--|
| 5101:2-13-02 Change of Location       | Compliant | (4,7) - 1,10 - 1 |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-02 Information in OCLQS     | Compliant | <u> </u>   |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| 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               | Compliant |  |
| Requirements                          |           |  |
| ,                                     |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements    | Compliant |  |
| for Type B Homes                      |           |  |
| ,,                                    |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Compliant |  |
| Homes                                 |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | 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 |  |
|                                       |           |  |
|                                       |           |  |
|                                       |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant |  |
| Parent                                |           |  |
|                                       |           |  |
| <u> </u>                              |           |  |
| Rule                                  | Status    | Documenting Statement(s), If applicable  |
|                                       |           |  |

| 5101:2-13-08 Employee Requirements            | Compliant           |  |
|---|---------------------|--|
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff<br>Requirements | Compliant           |  |
| Rule  | Status              | Decumenting Statement(s) If applicable   |
| 5101:2-13-08 Whistle Blower                   | Compliant           | Documenting Statement(s), If applicable  |
| Dida  | Chahan              | Described Statement (a) If and leads   |
| S101:2-13-09 Background Checks                | Status Compliant    | Documenting Statement(s), If applicable  |
| Rule  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-10 Health Training                  | Compliant           | bocamenting statement(s), it applicable  |
|   | -                   |  |
| Rule 5101:2-13-10 Professional Development    | Status Compliant    | Documenting Statement(s), If applicable  |
| Dula  | Chahara             | Description Chatagogat/a) If applicable  |
| Sule 5101:2-13-11 Outdoor Space               | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule<br>5101:2-13-11 Outdoor Equipment        | Status<br>Compliant | Documenting Statement(s), If applicable  |
|   |                     |  |
| S101:2-13-11 Fall Zone                        | Status Compliant    | Documenting Statement(s), If applicable  |
|   |                     |  |
| Rule 5101:2-13-12 Safe Equipment              | Status<br>Compliant | Documenting Statement(s), If applicable  |
| D. J.   | Chalina             | Down the Change of Automatical Change of Aut |
| Rule 5101:2-13-12 Safe Environment            | Status<br>Compliant | Documenting Statement(s), If applicable  |

| Rule                                     | Status        | Documenting Statement(s), If applicable |
|--|---------------|---|
| 5101:2-13-13 Clean environment and       | Compliant     | bocamenting statement(s), it applicable |
| equipment                                | Compilant     |   |
| equipment                                |               |   |
|  | 1             |   |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                 | Compliant     | 0 (7 11                                 |
|  |               |   |
|  |               |   |
|  |               |   |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free                  | Compliant     |   |
|  |               |   |
|  |               |   |
|  |               |   |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing               | Compliant     |   |
|  |               |   |
|  |               |   |
| Dula                                     | Chahua        | Decumenting Statements of Amelicable    |
| Rule 5101:2-13-14 Requirements for Field | Status        | Documenting Statement(s), If applicable |
| · ·                                      | Compliant     |   |
| and Routine Trips                        |               |   |
|  | 1             |   |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision       | Compliant     | 200amental gottaement(o), ii approaxie  |
| for Field and Routine Trips              | John Pridario |   |
|  |               |   |
|  |               |   |
| 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     |   |
|  |               |   |
|  |               |   |
| Dulo                                     | Chatus        | Decumenting (teterrent/s) If southerly  |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements        | Compliant     |   |
|  |               |   |
| L  | L             |   |
| Rule                                     | Status        | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions           | Compliant     | Documenting Statement(s), it applicable |
| 5101.2 13 13 Health Conditions           | Compilant     |   |
| 1  | <u> </u>      |   |

| Designates:                             |           |  |
|---|-----------|--|
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-15 Child Records Retention    | Compliant | 3 (7, 11                                 |
| and Confidentiality                     | Compilant |  |
| and Confidentiality                     |           |  |
|   |           |  |
| 2.1                                     |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Medical, Dental, and       | Compliant |  |
| General Emergency Plan                  |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Emergency Drills           | Compliant |  |
| 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s) If applicable   |
|   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 First Aid Kit/Standard     | Compliant |  |
| Precautions                             |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Communicable Diseases      | Compliant |  |
|   |           |  |
|   |           |  |
|   | I.        |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
|   |           | bocumenting statement(s), if applicable  |
| 5101:2-13-16 Incident/Injury            | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-16 Disaster Plan              | Compliant |  |
|   |           |  |
|   |           |  |
| -                                       |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Attendance                 |           | bocumenting statement(3), if applicable  |
| 3101.2-13-10 Attelludite                | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-19 Supervision                | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
|   |           | bootamenting statement(s), it applicable |
| 5101:2-13-19 School Age Supervision     | Compliant |  |
|   |           |  |
|   |           |  |

| Rule   | Status    | Documenting Statement(s), If applicable         |
|--|-----------|---|
| 5101:2-13-19 Child Guidance                        | Compliant | 2 1 1 0 2 2 2 2 2 2 1 P P P P P P P P P P P P P |
|  |           |   |
|  |           |   |
|  | •         |   |
| Rule   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-20 Sleep and Nap                         | Compliant | -   |
| Requirements                                       | ·         |   |
| ·  |           |   |
|  |           |   |
| 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   |           |   |
|  |           |   |
| - 1  | 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 | Documenting statement(s), if applicable         |
| 3101.2-13-22 Medis and Shacks                      | Compilant |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-22 Fluid Milk                            | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-22 Food Handling                         | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable         |
| 5101:2-13-23 Infant Daily Care                     | Compliant |   |
|  |           |   |
|  |           |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable         |
|  |           |   |
| 5101:2-13-23 Infant Bottle and Food                | Compliant |   |
| 5101:2-13-23 Infant Bottle and Food<br>Preparation | Compliant |   |
|  | Compliant |   |



| Rule                                   | Status    | 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     | Compliant |  |
| Swimming                               |           |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                | Compliant |  |
| Requirements                           |           |  |
|  |           |  |
| Dul                                    | Chahara   | Daniel Chair (A) (C)                     |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities | Compliant |  |
|  |           |  |
|  |           |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios     | Compliant | Documenting Statement(s), if applicable  |
| 3101.2-13-18 Group Size and Natios     | Compilant |  |
|  |           |  |
|  | l         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and         | Compliant | (2)                                      |
| Procedures                             |           |  |
|  |           |  |
|  |           |  |
| 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 |  |
|  |           |  |
| <u> </u>                               | <u> </u>  |  |
| D. J.                                  | Chahara   | Danish Chahamani ( ) ( )                 |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming               | Compliant |  |
|  |           |  |
| L                                      | <u> </u>  | <u> </u>                                 |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 On-site Pools             | Compliant | bootamenting statement(3), it applicable |
| 3101.2-13-24 OH-SILE FOOIS             |           |  |
|  |           |  |
|  | 1         |  |
| Rule                                   | Status    | Documenting Statement(s), If applicable  |
|  |           |  |



| 5101:2-13-12 Pets           | Compliant |   |
|-----------------------------|-----------|---|
|                             | P         |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| 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  | Compliant |   |
|                             |           |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |