

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 |
| FOSTER, TOSHA | 000000994863311 | FCC - Type B Home |
| Address | | County |
| 5353 Birchbend Ct | | MONTGOMERY |
| | | |
| Dayton | | |
| OH 45415 | | |

| | Insp | pection Information | | |
|--------------------|--------------------------------|---------------------|-------------------|--------------|
| Inspection Type | Inspection S | соре | Inspection Notice | |
| Compliance | Full | | Announced | |
| Inspection Date | Begin Time | | End Time | |
| 06/16/2022 | 3:30 PM | | 5:59 PM | |
| Reviewer: | | | | |
| DANIEL SWIGERT | | | | |
| | Su | mmary of Findings | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 3 | 0 | 0 | 3 |

| Lic | ense Capacity and | d Enrollment a | at the Time of I | nspection |
|---------------------------|-------------------|----------------|------------------|-----------|
| 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 | | 1 | 0 | 1 |
| Total Capacity/Enrollment | 6 | 1 | 0 | 1 |

| S | taff-Child Ratios at the Time of Ins | pection | |
|--------------|--------------------------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Tosha's kids | | 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: 08 Staff Files

Rule: 5101:2-13-08 Child Care Staff Requirements

Code: The program staff is required to complete the prescribed orientation within 30 days of starting employment.



Findings: In review of the staff records, it was determined that the provider had not completed the online orientation training as noted in number 3 below:

- 1. The training was not completed within thirty days of the starting employment.
- 2. There was no documentation of completing the training after December 31, 2016.
- 3. Completion of training is not documented with verification from the OPR for the provider, as required.

Submit the program's corrective action plan, which includes copies of verification of training, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 07/17/2022

Domain: 08 Staff Files

Rule: 5101:2-13-10 Health Training Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for training(s) listed in number 10 Communicable Disease (exp 7/13/22) below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer
- qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care

8. CPR - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

9. CPR - audiovisual or electronic media training taken by staff did not include an in-person component of the training

- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training

13. Communicable Disease - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training

16. Child Abuse - documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

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



Corrective Action Plan Due: 07/17/2022

Domain: 09 Children's Files

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

Code: The program is required to have a completed JFS 01234 "Child Enrollment and Health Information for Child Care" on file on the premises for each child.

Findings: In review of the children's records, it was determined that information had not been secured from the parent/guardian on the JFS 01234 "Child Enrollment and Health Information For Child Care", as required, for the items in number 2 (Not on 10/21 version of form JFS 01234):

- 1. No enrollment form was completed for at least one child
- 2. The current JFS 01234 was not completed for at least one child
- 3. Complete child information
- 4. Complete parent information
- 5. Complete emergency contact information
- 6. Complete physician information
- 7. Information regarding the parent list
- 8. Health information
- 9. Additional information for all boxes checked "yes"
- 10. Emergency transportation information
- 11. Parent/guardian's signature
- 12. Diapering Statement
- 13. Acknowledgement of Policies and Procedures
- 14. Enrollment form for at least one child was not updated by either the parent or the administrator
- 15. Enrollment form for at least one child was not signed by the administrator
- 16. Other []

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

Corrective Action Plan Due: 07/17/2022

Rules In-Compliance/Not Verified

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|---|------------------------------|-----------|---|
| | 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location | Compliant | Documenting statement(s), if applicable |
| 5101.2-15-02 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 | |
| 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 |
| 5101:2-13-07 Staff Records | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 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 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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| 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 |
| 5101:2-13-12 Safe Environment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-13 Clean environment and equipment | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free | Compliant | |
| 5101.2-13-13 SHIOKE HEE | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing | Compliant | |
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| 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 | |
| - Poole | Chabus | |
| Rule | Status Compliant | 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 | |
| | compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
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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 and Confidentiality | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills | Compliant | |
| Rule | Status | Decumonting Statement(c) If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard Precautions | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases | Compliant | |
| D. Is | Chature | |
| Rule | Status | Documenting 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 | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| Dulo | Statuc | Decumonting Statement(a) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision | Compliant | |
| 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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| Rule | Status | Documenting Statement(s), If applicable |
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| 5101:2-13-24 Parent Permission for Swimming | Compliant | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication | Compliant | |
| Requirements | | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13 Written Policies and | Compliant | |
| Procedures | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant | |
| Rule | Chabus | |
| 5101:2-13-11 Indoor Space | Status Compliant | Documenting Statement(s), If applicable |
| | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming | Compliant | |
| | 6 | |
| Rule | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | bootinenting statement(s), it applicable |
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| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|---------------------|---|
| 5101:2-13-24 Swimming Sites | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5101:2-13-17 Materials and | Status Compliant | Documenting Statement(s), If applicable |

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