# **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      |  |
| Kiara Dickerson  | 2170015088     | FCC - Type B Home |  |
| Address          |                | County            |  |
| 5010 COMSTOCK DR |                | FRANKLIN          |  |
|                  |                |                   |  |
| COLUMBUS         |                |                   |  |
| OH 43232         |                |                   |  |

|                         | Inspection Information         |                  |                   |              |  |
|-------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type         | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance              | Full                           |                  | Unannounced       |              |  |
| Inspection Date         | Inspection Date Begin Time     |                  | End Time          |              |  |
| 04/25/2022              | 11:30 AM                       |                  | 12:50 PM          |              |  |
| Reviewer:               |                                |                  |                   |              |  |
| Jamie Nunamaker-Dukuray |                                |                  |                   |              |  |
| Summary of Findings     |                                |                  |                   |              |  |
| No. Rules Verified      | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                      | 3                              | 0                | 0                 | 5            |  |

| 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   |                  | 1          | 0         | 1     |
| Preschool   |                  | 2          | 0         | 2     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 3          | 0         | 3     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Kiara Dickerson                              | Mixed Age Group | 1 to 3         |         |



## **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

| 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: 03 Postings & Equipment** 

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the fire and weather alert plan with a diagram.

Findings: During the inspection, it was determined the following information was not posted for item numbers 1 and 2 below:

- 1. Fire alert plan
- 2. Weather alert plan
- 3. Weather alert plan was missing a diagram indicating evacuation routes.

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

Corrective Action Plan Due: 05/25/2022

### **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01242 "Medical, Dental, and General Emergency Plan for Child Care" and implement as required by rule.

Findings: During the inspection, it was determined the requirements for the JFS 01242 "Medical, Dental and General Emergency Plan" were not followed as noted in number 7 below:

- 1. The plan was not posted on each level of the home used for child care.
- 2. The name, address and telephone number of the program were not complete.
- 3. The location of the first aid kit, fire extinguisher and fire alarm system, fire alarm pull stations and electrical circuit box were not complete.
- 4. The telephone number for emergency squad, fire department hospital, poison control program, public children services agency, local health department, local emergency management agency and police department were not complete.
- 5. Location of children's records was not complete.
- 6. Emergency information including any medications or supplies needed i the event of an evacuation was not complete.
- 7. The current version of the prescribed form was not used.
- 8. The plan was not implemented when necessary in that [].

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

Corrective Action Plan Due: 05/25/2022

## **Domain: 03 Postings & Equipment**

Rule: 5101:2-13-16 Medical, Dental, and General Emergency Plan

Code: The program is required to post the completed JFS 01201 "Dental First Aid" and implement as required by rule.

Findings: During the inspection, it was determined the current JFS 01201 "Dental First Aid" was not completed and posted. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 05/25/2022

Domain: 05 Health & Safety

Rule: 5101:2-13-16 Disaster Plan

Code: The program is required to have a completed written disaster plan.

Findings: During the inspection, it was determined the program's written disaster plan did not meet the requirement or was missing the information in numbers 9 and 16 below:

#### Procedures:

- 1. The written disaster plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials

Add the missing information to the disaster plan. Submit the program's corrective action plan, which includes the missing information, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 05/25/2022

**Domain: 10 Written Policies & Procedures** 

Rule: 5101:2-13 Written Policies and Procedures

## Code: The program is required to have policies and procedures for all items listed in this rule.

Findings: On the day of the inspection, the program's written policies and procedures provided to the parents/guardians and employees was missing item numbers 14, 15, 17, 20, 21 and 23 below:

### **General Information**

- 1. Name, address, email address and telephone number.
- 2. Description of the provider's program philosophy.
- 3. Days and hours of operation, scheduled closings and basic daily schedule.
- 4. Staff/child ratios and group size.
- 5. Opportunities for parent involvement in activities.
- 6. Opportunities for parents to meet with the provider regarding their child.
- 7. Payment schedule, overtime charges and registration fees if applicable.
- 8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

#### **Provider Policies and Procedures**

- 9. Enrollment including required enrollment information.
- 10. Care of children without immunizations.
- 11. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement and follow up when a child scheduled to arrive from another program or activity does not arrive.
- 12. Supervision of children, including a separate supervision policy for school-age children, if applicable.
- 13. Child guidance.
- 14. Suspension and expulsion.
- 15. Ensure compliance with the Americans and Disabilities (ADA) including administering medication to children with disabilities and administering care procedures for children with disabilities.
- 16. Outdoor play, including limitations placed on outdoor play due to weather or safety issues (considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice).
- 17. Food and dietary policy, including information regarding meeting one-third of the child's recommended daily dietary allowance, policy regarding formula, breast milk, meals, and snacks and policy on providing supplemental food.
- 18. Management of illness including isolation precautions, symptoms for discharge and return, notification of parent of ill child and whether or not the provider will care for sick children.
- 19. Summary of procedures taken in the event of an emergency, serious illness or injury.
- 20. Administration of medication and topical products policy, medical foods, modified diets, and whether school age children are permitted to carry their own medical and ointments.
- 21. Transportation policy for field trips, routine walks, if applicable, and emergencies including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
- 22. Water activities/swimming.
- 23. Infant care, if applicable, including feeding, frequency of diaper checks, and information about daily activities.
- 24. Sleeping, napping and resting.
- 25. Evening and overnight care, if applicable.
- 26. Policy on hours of operation, closing due to weather, school delays or closings and any other factors.
- 27. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations or other time off.

- 28. Situations that may require disenrollment of a child, if applicable.
- 29. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
- 30. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

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

Corrective Action Plan Due: 05/25/2022

## **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 |   |
| Closure                           |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Change of Location   | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| Rule                              | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-02 Information in OCLQS | Compliant |   |
|                                   |           |   |
|                                   |           |   |
|                                   |           |   |
| 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                                  | Chahus              | Decumenting Statement(s) If applicable  |
| 5101:2-13-04 Fire Safety for Type B   | Status<br>Compliant | Documenting Statement(s), If applicable |
| Homes                                 | Compliant           |   |
| Homes                                 |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and            | Compliant           |   |
| Combustible Materials in a Type B     |                     |   |
| Home                                  |                     |   |
| Dula                                  | Chatana             | Danis China (China)                     |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B      | Compliant           |   |
| Home                                  |                     |   |
|                                       | L                   | -                                       |
| 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           | bocumenting statement(s), it applicable |
| Parent                                | Compilant           |   |
|                                       |                     |   |
|                                       |                     |   |
| 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         | Compliant           |   |
| Requirements                          |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower           | Compliant           | Documenting Statement(s), if applicable |
| 3101.2 13 00 Whistic blower           | Compilant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks        | Compliant           |   |
|                                       |                     |   |
|                                       |                     |   |
| Rule                                  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training          | Compliant           | booking statement(s), ii applicable     |
| 3131.2 13 10 Hearth Halling           | Compliant           |   |

| Rule   |                                    |           |  |
|--|------------------------------------|-----------|--|
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| Status Documenting Statement(s), If applicable  Rule Status Documenting Statement(s), If applicable  The status Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable  |                                    |           |  |
| Rule       Status       Documenting Statement(s), If applicable         5101:2-13-13 Smoke Free       Compliant         Rule       Status       Documenting Statement(s), If applicable  | Rule                               | Status    | Documenting Statement(s), If applicable      |
| 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 Handwashing           | Compliant |  |
| Status Documenting Statement(s), If applicable   |                                    | ·         |  |
| Status Documenting Statement(s), If applicable   |                                    |           |  |
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| Status Documenting Statement(s), If applicable   | Dula                               | Ctatus    | Decumenting Statement/s) If a relies bla     |
| Rule Status Documenting Statement(s), If applicable  |                                    |           | Documenting statement(s), ir applicable      |
|  | 5101:2-13-13 Smoke Free            | Compliant |  |
|  |                                    |           |  |
|  |                                    |           |  |
|  |                                    |           |  |
|  | Rule                               | Status    | Documenting Statement(s) If applicable       |
| 3101.2-13-13 TOOLIIDIUSIIING COMPIIANL   |                                    |           | bestimenting statement(s), in applicable     |
|  | 2101:5-13-13 100tubrushing         | Compliant |  |
|  |                                    |           |  |
|  |                                    |           |  |

| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-14 Requirements for Field               | Compliant |   |
| and Routine Trips                                 | ·         |   |
| ·   |           |   |
| _   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision                | Compliant |   |
| for Field and Routine Trips                       |           |   |
|   |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Driver Requirements                  | Compliant |   |
|   |           |   |
|   |           |   |
| Dulo  | Chatus    | Documenting Statement/s) If applicable  |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                  | Compliant |   |
|   |           |   |
| L   | 1         |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                 | Compliant | bocamenting statement(s), it applicable |
| 3101.2 13 14 Vehicle Requirements                 | Compilant |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Medical and                    | Compliant |   |
| Enrollment Records                                | ·         |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                    | Compliant |   |
|   |           |   |
|   | <u> </u>  |   |
| Dula  | Chahua    | Decume autima Chatananatha III          |
| Rule 5101:2-13-15 Child Records Retention         | Status    | Documenting Statement(s), If applicable |
|   | Compliant |   |
| and Confidentiality                               |           |   |
|   | I.        |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills                     | Compliant | g 2335 menters (s), in applicable       |
| 1 - 2 - 2 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |           |   |
|   |           |   |
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| Rule  | 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           |   |
|--|---------------------|---|
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury                       | Compliant           | Documenting statement(s), if applicable |
| Pulo   | Ctatus              | Decumenting Statement(s) If applicable  |
| Rule 5101:2-13-18 Attendance                       | Compliant Compliant | Documenting Statement(s), If applicable |
| Pula   | Chahua              | Described Statement (a) If applicable   |
| Supervision Supervision                            | Compliant Compliant | Documenting Statement(s), If applicable |
|  | 1                   |   |
| Rule 5101:2-13-19 School Age Supervision           | Status<br>Compliant | Documenting Statement(s), If applicable |
|  |                     |   |
| S101:2-13-19 Child Guidance                        | Compliant Compliant | Documenting Statement(s), If applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap<br>Requirements         | Compliant           | Documenting Statement(s), if applicable |
|  |                     |   |
| Rule 5101:2-13-20 Crib and Playpen Requirements    | Status<br>Compliant | Documenting Statement(s), If applicable |
|  | 1                   |   |
| Rule 5101:2-13-21 Evening and Overnight Care       | Status Compliant    | Documenting Statement(s), If applicable |
|  |                     |   |
| Rule 5101:2-13-21 Sanitary Environment and Hygiene | Compliant           | Documenting Statement(s), If applicable |
| Rule   | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks                      | Compliant           | Documenting Statement(s), if applicable |

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| Rule                                   | 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  |   |
|  |            |   |
|  |            |   |
|  |            |   |
| 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  |   |
| Preparation                            | ·          |   |
|  |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering                 | Compliant  | · · · · · · · · · · · · · · · · · · ·   |
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| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-24 Parent Permission for     | Compliant  | (-),                                    |
| Swimming                               | Compilarit |   |
| JWIIIIIIII                             |            |   |
|  | L          | -                                       |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication                | Compliant  |   |
|  | Compilant  |   |
| Requirements                           |            |   |
|  | L          |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant  | Documenting Statement(3), it applicable |
| 3101.2-13-07 Flovider Responsibilities | Compilant  |   |
|  |            |   |
|  | <u> </u>   |   |
| Rule                                   | Status     | Documenting Statement/s) If applicable  |
|  | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-18 Group Size and Ratios     | Compliant  |   |
|  |            |   |
|  |            |   |
| Dula                                   | Chabus     |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant  |   |
| Detectors - Type B Only                |            |   |
|  | <u> </u>   |   |
|  |            |   |

| 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 |
| 5101:2-13-24 On-site Pools  | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
| L                           |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant | 3 3 3 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|                             | '         |   |
|                             |           |   |
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| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |