



## 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<br>Milton's Messengers                              | Program Number<br>2170016358 | Program Type<br>FCC - Type B Home |
| Address<br>5567 Chatford Drive Apt C<br><br>Columbus<br>OH 43232 |                              | County<br>FRANKLIN                |

| Inspection Information        |                          |                                  |
|-------------------------------|--------------------------|----------------------------------|
| Inspection Type<br>Compliance | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>07/27/2023 | Begin Time<br>11:30 AM   | End Time<br>1:30 PM              |
| Reviewer:<br>Angela Staso     |                          |                                  |

| Summary of Findings      |                                     |                       |                        |                   |
|--------------------------|-------------------------------------|-----------------------|------------------------|-------------------|
| No. Rules Verified<br>68 | No. Rules with Non-compliances<br>7 | No. Serious Risk<br>0 | No. Moderate Risk<br>0 | No. Low Risk<br>7 |

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

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| Milton's Messengers                          | Mixed Age Group | 1 to 5         |         |



### 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

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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: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to provide an environment that protects the children in care from any items and conditions that may threaten their health, safety, and well-being.



Findings: Children in care shall be protected from any items and conditions which threaten their health, safety, and well being. During the inspection, it was determined that children were not protected from the following condition which may threaten their health, safety, or well being as noted in the following number 1 below:

1. Surge protectors/outlets did not have childproof receptacle covers;
2. Open pull cords that are not closed loop;
3. Toys or other items small enough to be swallowed were present in the space where infants and/or toddlers were in care;
4. Electrical/extension cords attached to an object that would not likely result in a severe injury if pulled;
5. Stacked chairs;
6. Telephone cords;
7. Stacked chairs;
8. Employee(s) purse(s);
9. Diaper bags;
10. Television not securely anchored;
11. Small or lightweight pieces of shelving units are not securely anchored to the wall;
12. Staff member stepped over a barrier/gate while holding a child;
13. Chipping or peeling paint;
14. An area rug did not have a nonskid backing;
15. An area rug presented a tripping hazard;
16. A floor surface was unsafe in that [ ];
17. No platform was provided for the sink or toilet;
18. The platform provided for the sink or toilet was not sturdy;
19. The platform provided for the sink or toilet posed a safety hazard in that [ ];
20. Emergency exits were blocked by the following furniture in that [ ];
21. A mercury thermometer was being used to take a child's temperature.
22. Methods of ventilation used did not provide protection from rodents, insects, or other hazards.
23. Other [ ].

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

Corrective Action Plan Due: 08/27/2023

**Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-13 Clean environment and equipment

Code: The program is required to have all required items in the restroom(s) and keep them sanitary.

Findings: During the inspection, it was determined that unsanitary conditions, as noted in the following number 3 below, were in the program restroom:

1. There was no liquid soap.
2. There was no toilet tissue.
3. There were no individually assigned towels or disposable towels.
4. The toilet cleaning brush was accessible to the children.



5. The plunger was accessible to the children.
6. The toilet was not flushed.
7. The trash was not emptied from the day before.
8. There was a strong urine odor.
9. Other [ ].

The restroom must be kept sanitary at all times. Submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/27/2023

**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 JFS 01201 "Dental First Aid" was not completed or 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: 08/27/2023

**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 4, 6, 7, 10, 11, 13, 16, 17, 18, & 19 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: 08/27/2023

#### **Domain: 05 Health & Safety**

Rule: 5101:2-13-16 First Aid Kit/Standard Precautions

Code: The program is required to meet the requirements for first aid kits.

Findings: During the inspection, it was determined that the program did not have a first aid kit onsite as required, that included all items listed in the appendix A of the rule. The kit was missing the item listed in number 12 below:

1. One roll of first-aid tape;
2. Individually wrapped sterile gauze; squares in assorted sizes;
3. Sterile adhesive bandages in assorted sizes;
4. Tweezers;
5. Gauze rolled bandage;
6. Triangular bandage;
7. Rounded end scissors;
8. Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth, including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit (for programs serving school age children only);
9. A working digital thermometer;
10. Disposable non-latex gloves;
11. A working flashlight;
12. An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit;
13. Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids;



14. Pocket mask or face shield, appropriate; for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration;
15. Soap or waterless sanitizer (field trip or transporting away from the program only);
16. Bottled water (field trip or transporting away from the program only).

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

Corrective Action Plan Due: 08/27/2023

**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 provider did not have current valid documentation for training(s) listed in numbers 1 & 3 below:

1. First Aid - expired training
2. First Aid - did not have verification of the 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 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 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 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: 08/27/2023



**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 1 & 2 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: 08/27/2023

**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 Closure                          | Compliant |   |
| 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 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 |
| 5101:2-13-07 Staff Records  | Compliant |   |
| Rule  | Status    | Documenting Statement(s), If applicable |





|  |               |  |
|--|---------------|--|
| 5101:2-13-07 Type B Provider - Foster Parent | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Employee Requirements           | Compliant     |  |
| <b>Rule</b>                                  | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-08 Child Care Staff 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> |
| 5101:2-13-09 Background Checks               | 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> |
| 5101:2-13-13 Handwashing                     | Compliant     |  |



| 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 |   |
| 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 Emergency Drills                                  | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-16 Communicable Diseases            | Compliant |   |
| 5101:2-13-16 Incident/Injury                  | Compliant |   |
| 5101:2-13-18 Attendance                       | Compliant |   |
| 5101:2-13-19 Supervision                      | Compliant |   |
| 5101:2-13-19 School Age Supervision           | Compliant |   |
| 5101:2-13-19 Child Guidance                   | Compliant |   |
| 5101:2-13-20 Sleep and Nap Requirements       | Compliant |   |
| 5101:2-13-20 Crib and Playpen Requirements    | Compliant |   |
| 5101:2-13-21 Evening and Overnight Care       | Compliant |   |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant |   |



| Rule  | Status    | Documenting Statement(s), If applicable |
|---|-----------|---|
| 5101:2-13-22 Meals and Snacks                   | Compliant |   |
| 5101:2-13-22 Fluid Milk                         | Compliant |   |
| 5101:2-13-22 Food Handling                      | Compliant |   |
| 5101:2-13-23 Infant Daily Care                  | Compliant |   |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant |   |
| 5101:2-13-23 Diapering                          | Compliant |   |
| 5101:2-13-24 Parent Permission for Swimming     | Compliant |   |
| 5101:2-13-25 Medication Requirements            | Compliant |   |
| 5101:2-13-07 Provider Responsibilities          | Compliant |   |
| 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 |
| 5101:2-13-11 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 |   |
| 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 |   |