



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 Shining Stars EDC | Program Number 2190019764 | Program Type FCC - Type A Home | |
| Address 700 Elmhurst RD Dayton OH 45417 | | County MONTGOMERY | |
| <i>Building and Fire Approvals apply to Type A Family Child Care Homes only</i> | | | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date 02/28/2023 | | | |

| Inspection Information | | | | |
|-------------------------------|-------------------------------------|----------------------------------|------------------------|-------------------|
| Inspection Type Compliance | Inspection Scope Full | Inspection Notice Unannounced | | |
| Inspection Date 05/31/2023 | Begin Time 10:30 AM | End Time 12:05 PM | | |
| Reviewer: DANIEL SWIGERT | | | | |
| Summary of Findings | | | | |
| No. Rules Verified 66 | No. Rules with Non-compliances 4 | No. Serious Risk 0 | No. Moderate Risk 0 | No. Low Risk 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 | 6 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 1 | 0 | 1 |
| School Age | | 1 | 0 | 1 |
| Total Capacity/Enrollment | 12 | 2 | 0 | 2 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|----------------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |
| Tanisha's kids | 4 years to < 5 years | 1 to 1 | |



Department of Education
Department of Job and Family Services



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

[Redacted area]

[Redacted area]

Moderate Risk Non-Compliances

No Moderate Risk Non-Compliances were observed during this inspection

[Redacted area]

[Redacted area]

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 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 (not current version of form) 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 in 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: 06/30/2023

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/ on the vehicle/ on a field trip] as required, that included all items listed in the appendix A of the rule. The kit(s) were missing the item(s) or the item(s) were not replaced after use and/or expired listed in number 8 (tooth preservation system) and 14 (CPR mask) 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: 06/30/2023

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 trainings listed in numbers 1,4, and 10 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: 06/30/2023

Domain: 09 Children's Files

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

Code: The program is required to have a completed 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 numbers 2 (not on most current form) and 14 (expired) below:

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: 06/30/2023

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 2 (expired 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: 06/30/2023

Rules In-Compliance/Not Verified

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



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-02 Information in OCLQS | Compliant | |
| 5101:2-13-02 Provider Medical | Compliant | |
| 5101:2-13-02 Type A Ownership | Compliant | |
| 5101:2-13-03 Inspection Requirements | Compliant | |
| 5101:2-13-04 Building Inspections for Type A Homes | Compliant | |
| 5101:2-13-04 Fire Inspections for Type A Homes | Compliant | |
| 5101:2-13-07 Staff Records | Compliant | |
| 5101:2-13-08 Employee Requirements | Compliant | |
| 5101:2-13-08 Child Care Staff Requirements | Compliant | |
| 5101:2-13-08 Whistle Blower | Compliant | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-----------|---|
| 5101:2-13-09 Background Checks | Compliant | |
| 5101:2-13-10 Professional Development | Compliant | |
| 5101:2-13-11 Outdoor Space | Compliant | |
| 5101:2-13-11 Outdoor Equipment | Compliant | |
| 5101:2-13-11 Fall Zone | Compliant | |
| 5101:2-13-12 Safe Equipment | Compliant | |
| 5101:2-13-12 Safe Environment | Compliant | |
| 5101:2-13-13 Clean environment and equipment | Compliant | |
| 5101:2-13-13 Handwashing | Compliant | |
| 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 | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance | Compliant | |
| 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 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen Requirements | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight Care | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment and Hygiene | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks | Compliant | |



| 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 Preparation | 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 Swimming | Compliant | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-25 Medication Requirements | Compliant | |
| 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 Procedures | 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 |
|---|-----------|---|
| 5101:2-13-08 Review Policies and Procedures | 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 | |