Family Child Care Complaint Inspection Summary 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				
Napoli's Day Care LLC	2190021095	FCC - Type A Home				
Address		County				
2746 Station St Rock Creek OH 44	084	ASHTABULA				

Inspection Information							
Inspection Type Complaint			Inspection Scope Partial		Inspection Notice		
					Un	announced	
, , , , , , , , , , , , , , , , , , , ,		Inspection Da	У	Begin Time 10:45 AM		End Time 11:15 AM	
05/12/2023		1					
Reviewer(s) Christina Conley Inspection Day		У	Begin Time 10:45 AM		End Time 11:15 AM		
		05/12/2023					
Summary of Findings							
No. Rules Verified	No. Rules with No	n-compliances	No. Serious R	Risk	No. Moderate Risk		No. Low Risk
3	3		0		2		1

Staff-Child Ratios at the Time of Inspection					
Group	Age Group/Range	Ratio Observed	Comment		
Napoli's Day Care LLC	Mixed Age Group	3 to 14			



Complaint Allegations

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.

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Group Size and Ratios

Code: The program is required to follow group size requirements.

Allegation: Program was out of ratio

Determination: Substantiated

Findings: During the inspection, it was determined 14 children with 1 under two years of age were in the care of two child care staff members which resulted in more than six children/three children under two years of age per child care staff member. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 06/11/2023

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Group Size and Ratios

Code: The program is required to monitor the number of children in care to remain within the licensed capacity.

Allegation: Program exceeded capacity.

Determination: Substantiated

Findings: During the inspection, it was determined there were 14 children in care during the hours of operation, which is over the capacity listed on the license. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Risk Level: Moderate

Corrective Action Plan Due: 06/11/2023

Summary of Additional Non-Compliances

Serious Risk Non-Compliances

No Additional Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances
No Additional Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 01 Ratio & Supervision

Rule: 5101:2-13-18 Attendance

Code: The program is required to maintain attendance records.

<u>Findings:</u> During the inspection, it was determined the program did not meet the requirements for keeping an attendance record as listed in number 2 below:

- 1. No attendance record was being maintained.
- 2. The attendance record was not being consistently completed.
- 3. The original attendance documentation was not kept at the program for a period of one year.

Submit the program's corrective action plan, which includes a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 06/11/2023