# **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      |  |
| Golden Angel Daycare  | 2200022131     | FCC - Type B Home |  |
| Address               |                | County            |  |
| 3194 Valley Park Ave. |                | FRANKLIN          |  |
|                       |                |                   |  |
| Columbus              |                |                   |  |
| OH 43231              |                |                   |  |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection Sc                  | ope              | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 01/24/2023             | 12:30 PM                       |                  | 2:49 PM           |              |
| Reviewer:              |                                |                  |                   |              |
| Erica Lampkins         |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 5                              | 0                | 2                 | 6            |

| 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)                                 |                  | 2          | 0         | 2     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 2          | 0         | 2     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 3          | 0         | 3     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 4          | 0         | 6     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |  |
|--|-----------------|--------|--|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |  |
| Fatu   | 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**

**Domain: 02 Safe & Sanitary Environment** 

Rule: 5101:2-13-12 Carbon Monoxide Detectors - Type B Only

Code: The program is required to meet all requirements for carbon monoxide detectors.

Findings: During the inspection, it was determined that the Type B Home did not have a carbon monoxide detector in the living room where care is provided. A working carbon monoxide detector must be placed, installed, tested, and maintained in accordance with manufacturer's recommendations. Submit the program's corrective action plan to verify compliance with this rule.

Corrective Action Plan Due: 02/23/2023

Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children from any items and conditions which threaten their health, safety, and well-being.

Findings: Children in care shall be protected from any item which threaten their health, safety, and well-being. During the inspection, it was determined the program did not protect children from an unsafe item due to the following number 15 and 17 below:

1. Pull cord(s) on the window blind(s).

- 2. Extension cord(s); electrical cord(s) attached to an object that could result in a severe injury if pulled.
- 3. Stacked tables.
- 4. Folding tables.
- 5. Matches and/or a lighter.
- 6. Power tool(s).
- 7. Live wires.
- 8. Stove(s) that are either on or able to be turned on by a child.
- 9. Asbestos.
- 10. Traffic.
- 11. A body of water.
- 12. A well.
- 13. Environmental hazard(s) confirmed by local authorities having jurisdiction over the hazard.
- 14. A crockpot used to heat bottles.
- 15. Immediate access to a knife.
- 16. Large or heavy pieces of shelving units are not securely anchored to the wall.
- 17. Other screw driver

Any hazardous equipment must be removed, and must be made inaccessible to children. Submit the program's corrective action plan, which includes a statement that the item has been removed and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

### **Low Risk Non-Compliances**

### **Domain: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 02/23/2023

**Domain: 02 Safe & Sanitary Environment** 



Rule: 5101:2-13-12 Safe Environment

Code: The program staff is required to refrain from using aerosol spray when children are in attendance.

Findings: During the inspection, it was determined that an aerosol spray product was used in an area where children were in attendance. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

### **Domain: 02 Safe & Sanitary Environment**

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

Code: The program is required to store trash outside of the areas approved for child care.

Findings: During the inspection, it was determined that storage of trash did not meet the requirement as 3 below.

- 1. Trash cans/wastebaskets were not emptied daily, or more frequently as needed.
- 2. Accumulated trash or garbage was stored in an area approved for child care.
- 3. Other no lid

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

Corrective Action Plan Due: 02/23/2023

#### 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, was not in the upstairs 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: 02/23/2023

## **Domain: 07 Diapering & Infant Care**

Rule: 5101:2-13-23 Infant Daily Care

Code: The program staff is required to provide a daily written record for each infant in care.

Findings: During the inspection, it was determined that there was no daily written record for each infant provided to the parent picking up the infant on a daily basis. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/23/2023

#### 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 number 2, 3, 9, 13 and 14 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: 02/23/2023

# Rules In-Compliance/Not Verified

| Rule                               | Status    | Documenting Statement(s), If applicable  |
|------------------------------------|-----------|--|
| 5101:2-13-02 License Visible       | Compliant | Joseph State Manager State Sta |
|                                    |           |  |
|                                    |           |  |
|                                    |           |  |
| 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 | bocumenting statement(s), if applicable  |
| Requirements                       | Compliant |  |
|                                    |           |  |
|                                    |           |  |
| Rule                               | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Building Requirements | Compliant |  |
| for Type B Homes                   |           |  |
|                                    |           |  |
|                                    |           |  |



| Rule                                  | Status              | Documenting Statement(s), If applicable  |
|---------------------------------------|---------------------|--|
| 5101:2-13-04 Fire Safety for Type B   | Compliant           | 3 (" 11                                  |
| Homes                                 | ·                   |  |
|                                       |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Flammable and            | Compliant           |  |
| Combustible Materials in a Type B     |                     |  |
| Home                                  |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-04 Heaters in a Type B      | Compliant           |  |
| Home                                  |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Staff Records            | Compliant           | boddinenting statement(s), it applicable |
| 3101.2 13 07 Stair Necords            | Compliant           |  |
|                                       |                     |  |
|                                       |                     |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Type B Provider - Foster | Compliant           |  |
| Parent                                |                     |  |
|                                       |                     |  |
| Pulo                                  | Chatus              | Decumenting Statement(s) If applicable   |
| Rule                                  | Status<br>Compliant | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Employee Requirements    | Compilant           |  |
|                                       |                     |  |
|                                       | ,                   |  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Child Care Staff         | Compliant           |  |
| Requirements                          |                     |  |
|                                       |                     |  |
| D. J.                                 | Chahara             | Decree while Chahaman (1) if             |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
| 5101:2-13-08 Whistle Blower           | Compliant           |  |
|                                       |                     |  |
|                                       | 1                   |  |
| 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           |  |
|                                       |                     |  |
|                                       | <u> </u>            | 1  |
| Rule                                  | Status              | Documenting Statement(s), If applicable  |
|                                       |                     | (a)) akbaa.                              |

| 5101:2-13-10 Professional<br>Development                            | Compliant           |  |
|---|---------------------|--|
| Dula  | Chahua              | Decumenting Chateneout/s) If a militable         |
| Sule 5101:2-13-11 Outdoor Space                                     | Status Compliant    | Documenting Statement(s), If applicable          |
| Duly  | Chathar             | December 5 Chahamant (a) 16 and inchia           |
| Rule 5101:2-13-11 Outdoor Equipment                                 | Status Compliant    | Documenting Statement(s), If applicable          |
| Doda  | Chahara             | Decree of the Chateron and (a) If an alternation |
| S101:2-13-11 Fall Zone  | Status Compliant    | Documenting Statement(s), If applicable          |
| Dula  | Chahua              | Described States and (a) If a malicular          |
| Sule 5101:2-13-12 Safe Equipment                                    | Status Compliant    | Documenting Statement(s), If applicable          |
|   |                     |  |
| Rule 5101:2-13-13 Handwashing                                       | Status Compliant    | Documenting Statement(s), If applicable          |
| D.J.  | Chatara             |  |
| Rule 5101:2-13-13 Smoke Free  | Status Compliant    | Documenting Statement(s), If applicable          |
|   |                     |  |
| Rule<br>5101:2-13-13 Toothbrushing                                  | Status<br>Compliant | Documenting Statement(s), If applicable          |
|   |                     |  |
| Rule 5101:2-13-14 Requirements for Field and Routine Trips          | Status Compliant    | Documenting Statement(s), If applicable          |
|   |                     |  |
| Rule 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Status Compliant    | Documenting Statement(s), If applicable          |
| Rule  | Status              | Documenting Statement(s), If applicable          |
| 5101:2-13-14 Driver Requirements                                    | Compliant           | bocumenting statement(s), if applicable          |

| Dula                                    | Chahua     | Decumenting (teterrentie) if anniable   |
|---|------------|---|
| 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    | Compliant  |   |
| and Confidentiality                     |            |   |
| ,                                       |            |   |
|   |            |   |
| Rule                                    | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and       | Compliant  |   |
| General Emergency Plan                  | '          |   |
| Series as Essential states              |            |   |
|   |            |   |
| Rule                                    | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Emergency Drills           | Compliant  | 3 (" 11                                 |
|   |            |   |
|   |            |   |
|   |            |   |
| 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  |   |
| 2 | - 2        |   |
|   |            |   |
|   | •          | ,                                       |
| Rule                                    | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury            | Compliant  |   |
| 3101.2 13 10 melacity injury            | Compilant  |   |
|   |            |   |
|   | ı          |   |
| Rule                                    | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan              | Compliant  | Documenting Statement(3), if applicable |
| 2101.5-12-10 Disaster Light             | Compilatit |   |
|   |            |   |

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|--------------------------------------|-------------|--|
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
| 5101:2-13-18 Attendance              | Compliant   |  |
| 310112 13 13 / ((c)                  | Compilation |  |
|                                      |             |  |
|                                      |             |  |
| - 1                                  | Ι.          |  |
| 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   | C (" 11  |
| 3101.2 13 13 3chool/rige supervision | Compilant   |  |
|                                      |             |  |
|                                      |             |  |
| Dula                                 | Chahua      | Decree which Chatana and a life in the         |
| 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           | Compliant   | 3 (" 11  |
| Requirements                         | Compilant   |  |
| Requirements                         |             |  |
|                                      |             |  |
| D. J.                                | Chatara     | Decree with a Chatana anti-N of a call and a   |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
| 5101:2-13-20 Crib and Playpen        | Compliant   |  |
| Requirements                         |             |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
| 5101:2-13-21 Evening and Overnight   | Compliant   |  |
| Care                                 |             |  |
| care                                 |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
|                                      |             | Documenting statement(s), it applicable        |
| 5101:2-13-21 Sanitary Environment    | Compliant   |  |
| and Hygiene                          |             |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
| 5101:2-13-22 Meals and Snacks        | Compliant   |  |
|                                      | '           |  |
|                                      |             |  |
|                                      |             |  |
| Rule                                 | Status      | Documenting Statement(s), If applicable        |
|                                      |             | Documenting statement(s), if applicable        |
| 5101:2-13-22 Fluid Milk              | Compliant   |  |
|                                      |             |  |
| T .                                  | i           |  |

| 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 Bottle and Food                  | Compliant |  |
| Preparation  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-23 Diapering                               | Compliant | Bocamenting Statement(3), it applicable  |
| 5101.2-15-25 Diapering                               | Compliant |  |
|  |           |  |
|  | •         |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-24 Parent Permission for                   | Compliant |  |
| Swimming   |           |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-25 Medication                              | Compliant |  |
| Requirements   |           |  |
|  |           |  |
| Rule   | Status    | Decumenting Statement/s) If applicable   |
|  |           | Documenting Statement(s), If applicable  |
| 5101:2-13-07 Provider Responsibilities               | Compliant |  |
|  |           |  |
|  | <u>l</u>  |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-18 Group Size and Ratios                   | Compliant | 0 (7 11  |
| '  | '         |  |
|  |           |  |
|  |           |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13 Written Policies and                       | Compliant |  |
| Procedures   |           |  |
|  |           |  |
| D. I.  | Chahara   | Decomposition Chats (1) 15   |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-11 Indoor Space                            | Compliant |  |
|  |           |  |
|  | <u> </u>  |  |
| Rule   | Status    | Documenting Statement(s), If applicable  |
| 5101:2-13-17 Programming                             | Compliant | 2 out the state of |
| 220212 20 27 110814111111111111111111111111111111111 | Joniphane |  |
|  |           |  |
|  |           |  |



| 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  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |