

# 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      |
| Little Hands Big Hugs Childcare | 2200022468     | FCC - Type B Home |
| Address                         |                | County            |
| 1358 Seward ave                 |                | SUMMIT            |
|                                 |                |                   |
| akron                           |                |                   |
| OH 44320                        |                |                   |

| Inspection Information |                                |                  |                   |              |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type        | Inspection So                  | соре             | Inspection Notice |              |
| Compliance             | Full                           |                  | Unannounced       |              |
| Inspection Date        | Begin Time                     |                  | End Time          |              |
| 03/14/2023             | 9:50 AM                        |                  | 11:17 AM          |              |
| Reviewer:              |                                |                  |                   |              |
| Kathryn Carey          |                                |                  |                   |              |
| Summary of Findings    |                                |                  |                   |              |
| No. Rules Verified     | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68                     | 6                              | 0                | 0                 | 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)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 1     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|--|-----------------|----------------|---------|
| Group  | Age Group/Range | Ratio Observed | Comment |
| LIttle Hands Big Hugs                        |                 | 1 to 0         |         |



#### **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

**Moderate Risk Non-Compliances** 

No Moderate Risk Non-Compliances were observed during this inspection

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5101:2-13-02 Information in OCLQS

Code: The provider is required to keep their information current in OCLQS.



Findings: During the inspection, it was determined the information in number(s) 4, days and hours of operation are inconsistent, 5 Age groups served was not updated below was not up to date in the Ohio Child Care Licensing and Quality System:

- 1. Mailing Address;
- 2. Telephone Number;
- 3. Email Address;
- 4. Days and Hours of Operation;
- 5. Services Offered;
- 6. Name of Program, If applicable.
- 7. Private pay rates.

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

Corrective Action Plan Due: 04/13/2023

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to protect children in care from items and conditions that 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 item(s) or condition(s) which may threaten their health, safety, or well being as noted in the following number(s) 9 below:

- 1. Telephone cords;
- 2. Stacked chairs;
- 3. Employee(s) purse(s);
- 4. Diaper bags;
- 5. Television not securely anchored;
- 6. Small or lightweight pieces of shelving units are not securely anchored to the wall;
- 7. Staff member stepped over a barrier/gate while holding a child;
- 8. Chipping or peeling paint;
- 9. Other The lock on the cabinet under the sink was not secure

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

Corrective Action Plan Due: 04/13/2023

#### 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(s) 4, and 5 below, were in the downstairs 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(s) 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: 04/13/2023

### Domain: 03 Postings & Equipment

Rule: 5101:2-13-17 Materials and Equipment

Code: The program is required to have play materials accessible.

Findings: During the inspection, it was determined that play materials were not accessible/orderly for the following reason(s) as noted in number(s) 1. below:

1. Play materials were not readily accessible to the children;

2. Play materials were not arranged in an orderly manner so that children have opportunities to select, remove and replace play materials with minimal assistance during the day.

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

Corrective Action Plan Due: 04/13/2023

### Domain: 05 Health & Safety

Rule: 5101:2-13-22 Meals and Snacks

Code: The program is required to post the current menu in a noticeable location that is accessible to parents and note any substitutions at the time of the change.



Findings: During the inspection, it was determined that the program's weekly menu did not meet the requirement as noted in number(s) 3.below.

- 1. The menu was not posted.
- 2. The posted menu was not in a visible place readily accessible to parents.
- 3. The menu was not currently dated.
- 4. The entire menu was substituted.
- 5. At least one item on menu did not match what was served.
- 6. The meal or snack served did not match the posted menu.

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

Corrective Action Plan Due: 04/13/2023

### 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(s) 1. 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: 04/13/2023

# **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    | 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 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                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B | Compliant |   |
| Homes                               |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |



| 5101:2-13-04 Flammable and  | Compliant                                  |   |
|---|--|---|
| Combustible Materials in a Type B   |  |   |
| Home  |  |   |
| Rule  | Status                                     | Decumenting Statement(c) If applicable  |
| 5101:2-13-04 Heaters in a Type B  | Compliant                                  | Documenting Statement(s), If applicable   |
| Home  | Compliant                                  |   |
| Tionic  |  |   |
|   | -  |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Staff Records  | Compliant                                  |   |
|   |  |   |
|   | <u> </u>                                   |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-07 Type B Provider - Foster   | Compliant                                  |   |
| Parent  |  |   |
|   |  |   |
| Rule  | Status                                     | Documenting Statement(a) If any list has  |
| 5101:2-13-08 Employee Requirements  | Compliant                                  | 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  |  |   |
|   | <u> </u>                                   |   |
| Rule  | Status                                     | Documenting Statement(s), If applicable   |
| 5101:2-13-08 Whistle Blower   | Compliant                                  |   |
|   |  |   |
|   |  |   |
| Rule  |  |   |
|   | Status                                     | Documenting Statement(c) If applicable  |
|   | Status<br>Compliant                        | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Status<br>Compliant                        | Documenting Statement(s), If applicable   |
|   |  | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks  | Compliant                                  |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-13-09 Background Checks  | Compliant                                  |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks Rule   | Compliant<br>Status                        |   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant           | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks Rule 5101:2-13-10 Health Training Rule   | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |
| 5101:2-13-09 Background Checks         Rule         5101:2-13-10 Health Training         Rule         5101:2-13-10 Professional | Compliant<br>Status<br>Compliant<br>Status | Documenting Statement(s), If applicable   |



| 5101:2-13-11 Outdoor Space                                     | Compliant           |  |
|--|---------------------|--|
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Outdoor Equipment                                 | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Fall Zone   | Compliant           |  |
| Rule   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Safe Equipment                                    | Compliant           |  |
|  |                     |  |
| Rule   | Status              | Documenting Statement(s), If applicable    |
| 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    |
| 5101:2-13-14 Requirements for Field<br>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           |  |
| Dula   | Ctatus              | Decumenting Statement(a) If any list large |
| Rule   | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 5101:2-13-14 Vehicle Inspections                               | Compliant           |  |
| Dula   |                     |  |
| 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                  | compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant           |   |
| General Emergency Plan               |                     |   |
| L                                    | 1                   | 1                                       |
| 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 First Aid Kit/Standard  | Compliant           |   |
| Precautions                          | compliant           |   |
|                                      |                     |   |
|                                      | 1                   |   |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant           |   |
|                                      |                     |   |
|                                      | 1                   | <u> </u>                                |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant           |   |
|                                      |                     |   |
| L                                    |                     | <u> </u>                                |
| Rule                                 | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-16 Disaster Plan           | Compliant           |   |
|                                      |                     |   |
|                                      |                     |   |
| Dula                                 | Status              | Desumenting Statement(s) If smalleship  |
| Rule<br>5101:2-13-18 Attendance      | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101.2-15-16 Attenuance              |                     |   |
|                                      |                     |   |
|                                      |                     |   |
| 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 |   |
|                                     | compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Child Guidance         | Compliant | v , , , , , , , , , , , , , , , ,       |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        |           |   |
|                                     |           |   |
| 0.1-                                | Chature   |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant |   |
| and Hygiene                         |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant |   |
| 5101.2-15-22 Huid Wilk              | 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 | Compliant |   |
| Preparation                         |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-23 Diapering              | Compliant |   |
|                                     |           |   |
|                                     |           |   |



| Rule                                   | Status     | Documenting Statement(s), If applicable |
|--|------------|---|
| 5101:2-13-25 Medication                | Compliant  |   |
| Requirements                           | F          |   |
|  |            |   |
|  |            |   |
| 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         | Compliant  |   |
| Procedures                             |            |   |
|  |            |   |
|  | <b>C L</b> |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide           | Compliant  |   |
| Detectors - Type B Only                |            |   |
|  |            |   |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-11 Indoor Space              | Compliant  |   |
| STOT'S TI IIIOOL Share                 | Compliant  |   |
|  |            |   |
| L                                      | l          | 1                                       |
| Rule                                   | Status     | Documenting Statement(s), If applicable |
| 5101:2-13-17 Programming               | Compliant  |   |
| 5101.2 15 17 Hogi dinining             |            |   |
|  |            |   |
| L                                      |            | 1                                       |
|  |            |   |
|  |            |   |