

## 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://ifs.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>Taylor Jones Childcare                     | Program Number<br>2200023063 | Program Type<br>FCC - Type B Home |
| Address<br>516 Euclid Street<br><br>Middletown<br>OH 45044 | County<br>BUTLER             |                                   |

| Inspection Information        |                                     |                          |                       |                                  |
|-------------------------------|-------------------------------------|--------------------------|-----------------------|----------------------------------|
| Inspection Type<br>Compliance |                                     | Inspection Scope<br>Full |                       | Inspection Notice<br>Unannounced |
| Inspection Date<br>11/07/2024 |                                     | Begin Time<br>8:51 AM    |                       | End Time<br>10:46 AM             |
| Reviewer:<br>Kristin Gray     |                                     |                          |                       |                                  |
| Summary of Findings           |                                     |                          |                       |                                  |
| No. Rules Verified<br>68      | No. Rules with Non-compliances<br>5 |                          | No. Serious Risk<br>0 | No. Moderate Risk<br>0           |
|                               |                                     |                          | No. Low Risk<br>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)                                 |                  | 1          | 0         | 1     |
| Young Toddler                                             |                  | 0          | 0         | 0     |
| <b>Total Under 2 Years</b>                                | 3                | 1          | 0         | 1     |
| Older Toddler                                             |                  | 1          | 0         | 1     |
| Preschool                                                 |                  | 1          | 0         | 1     |
| School Age                                                |                  | 1          | 0         | 1     |
| <b>Total Capacity/Enrollment</b>                          | 6                | 3          | 0         | 4     |

| Staff-Child Ratios at the Time of Inspection |                 |                |         |
|----------------------------------------------|-----------------|----------------|---------|
| Group                                        | Age Group/Range | Ratio Observed | Comment |
| Taylor                                       | Mixed Age Group | 1 to 2         |         |

### 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: 02 Safe & Sanitary Environment**

Rule: 5101:2-13-12 Pets

Code: The program is required to properly care for pets and prevent any threat to the safety or health of the children by the pet.

Findings: During the inspection, it was determined pets at the program were not properly housed or cared for or posed a threat to the safety or health of the children as noted in number(s) 4 below:

1. The animal's cage was dirty with feces.
2. The aquarium was unclean.
3. The litter box was dirty with feces.
4. A pet posed a threat to the safety of a child in that [ ].
5. A pet requiring a license did not have a current license.
6. Proper inoculation records were not on file at the program for a pet requiring inoculations.
7. Children were exposed to the pet's urine and/or feces.
8. Other [ ].

A pet that poses a threat to the children shall not be at the program. All pets at the program must receive proper care and housing. Submit the program's corrective action plan to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 12/07/2024

#### **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(s) 1 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: 12/07/2024

#### **Domain: 06 Program Information**

Rule: 5101:2-13-14 Requirements for Field and Routine Trips

Code: The program is required to obtain written parental permission before leaving the premises and retain the forms for at least one year from the date of the trip. Routine trip permission forms must be updated annually.

Findings: In review of the program's records, it was determined that requirements for written permission from the parent/guardian for a field trip or routine trip were not met as listed in number(s) 2 below:

1. Written parental permission was not secured for field trips and/or routine trips off the premises.
2. The written permission was missing the child's name.
3. The written permission was missing the date(s) of the trip(s) (field trips only).
4. The written permission was missing the destination(s) of the trip(s).
5. The written permission was missing the departure and return time(s) of the trip(s) (field trips only).
6. The written permission was missing the signature of the parent.
7. The written permission was missing the date on which the permission was signed.
8. The written permission was missing a statement notifying parents how their child will be transported.
9. Permission forms for routine trips were not being updated annually.
10. Written parental permission forms for field trips and/or routine trips were not being maintained on file for at least one year from the date of the trip.
11. Other: [ ].

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

Corrective Action Plan Due: 12/07/2024

#### **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 number(s) 10 and 14 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: 12/07/2024

**Domain: 08 Staff Files**

Rule: 5101:2-13-10 Professional Development

Code: The program staff is required to complete at least six clock hours of training annually.

Findings: In review of records, it was determined the Child Care Staff Member(s) indicated on the Employee Record Chart did not meet the annual professional development requirement as noted in number(s) 1.

1. The child care staff member(s) had not completed at least six hours of professional development.
2. Documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule.
3. Training topic did not meet the requirements listed in appendix A of this rule.
4. Documentation of training did not meet the requirements of this rule.
5. The substitute(s) had been used more than ninety days annually between July first and June thirtieth and had not completed at least six hours of professional development.
6. Other [ ].

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

Corrective Action Plan Due: 12/07/2024

### Rules In-Compliance/Not Verified

| 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 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     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-04 Heaters in a Type B Home                             | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-07 Staff Records                                        | Compliant     |                                                |
| <b>Rule</b>                                                       | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 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> |
| 5101:2-13-11 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> |
| 5101:2-13-12 Safe Environment                                  | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Clean environment and equipment                   | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Handwashing                                       | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-13 Smoke Free                                        | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5180:2-13-13 Toothbrushing                                     | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Driver Requirements                               | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Vehicle Inspections                               | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-14 Vehicle Requirements                              | Compliant     |                                                |
| <b>Rule</b>                                                    | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-15 Child Medical and Enrollment Records              | 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 Medical, Dental, and General Emergency Plan | 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 Emergency Preparedness and Response 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     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Sleep and Nap Requirements         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-20 Crib and Playpen Requirements      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Evening and Overnight Care         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-21 Sanitary Environment and Hygiene   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Meals and Snacks                   | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Fluid Milk                         | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-22 Food Handling                      | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Daily Care                  | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 5101:2-13-23 Infant Bottle and Food Preparation | Compliant     |                                                |
| <b>Rule</b>                                     | <b>Status</b> | <b>Documenting Statement(s), If applicable</b> |
| 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 |
| 5101:2-13-12 Carbon Monoxide Detectors - Type B Only | Compliant |                                         |
| Rule                                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff Requirements           | 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 Swimming Sites                          | Compliant |                                         |

| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|-----------------------------------------|
| 5101:2-13-17 Materials and Equipment | Compliant |                                         |