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 | Program Number | Program Type |
| APRIL'S HAPPY SMILES DAYCARE | 2210023997 | FCC - Type B Home |
| Address | | County |
| 402 SCOTT AVENUE | | HARDIN |
| | | |
| KENTON | | |
| OH 43326 | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Compliance | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 09/08/2022 | 11:15 AM | | 12:46 PM | |
| Reviewer: | | | | |
| Bobbi Burke | | | | |
| Summary of Findings | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 68 | 2 | 0 | 1 | 1 |

| 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 | | 2 | 0 | 2 |
| School Age | | 3 | 0 | 3 |
| Total Capacity/Enrollment | 6 | 5 | 0 | 6 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|--|--------|---------|
| Group Age Group/Range Ratio Observed Comment | | | Comment |
| April Marsh | | 1 to 0 | |



Summary of Non-Compliances

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

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

Moderate Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-13-15 Health Conditions

Code: The program is required to have a completed JFS 01236 "Medical/Physical Care Plan" on file for each

health condition for each child.

Findings: A written, signed and dated JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be on file for any child having health conditions which require monitoring for symptoms, or a medical procedure be performed, or ongoing administration of medication or medical foods at the program. In review of the children's records, it was determined that the required written information was either not on file, implemented or followed, for at least one child indicated on the Children Records Review, as noted in number 1 below:

- 1. No plan was on file.
- 2. Child's name was missing.
- 3. Child's date of birth was missing.
- 4. Name of the condition was missing.
- 5. Symptoms to watch for were missing.
- 6. Action to be taken if symptoms to occur were missing.
- 7. Activities/foods/environmental conditions to avoid, if applicable, were missing.
- 8. Medical procedures to be followed were missing.
- 9. Expected benefit was missing.
- 10. Name of any applicable medication was missing.
- 11. Instructions regarding emergency evacuation, if applicable, were missing.
- 12. Training instructions were missing.
- 13. Dated signature of parent or certified professional who trained the program staff was missing.
- 14. Dated signature(s) of child care staff member(s) trained to perform the procedure were missing.

- 15. Directions regarding additional services, if applicable, were missing.
- 16. Dated signature of parent giving permission to perform the procedure was missing.
- 17. Dated signature of program administrator was missing.
- 18. The plan was not implemented.
- 19. The plan was not followed.

Submit the program's corrective action plan, which includes a copy of the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care", to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 10/09/2022

Low Risk Non-Compliances

Domain: 09 Children's Files

Rule: 5101:2-13-25 Medication Requirements

Code: The program is required to have a current and completed JFS 01217 on file.

Findings: During the inspection, it was determined that the program did not meet the requirements for the JFS 01217 "Request for Administration of Medication for Child Care" as noted in number 1 below:

- 1. The JFS 01217 was missing or incomplete for a medical food that was not required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care".
- 2. The program used an old version of the JFS 01217.
- 3. The signature date on the JFS 01217 exceeded more than 12 months.
- 4. The time period to administer medication on the JFS 01217 was exceeded.
- 5. The JFS 01217 included more than one child's name.
- 6. The JFS 01217 included more than one medication or medical food.
- 7. The prescription label was not current.

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

Corrective Action Plan Due: 10/09/2022

Rules In-Compliance/Not Verified

| Rule Status Documen 5101:2-13-02 License Visible Compliant | nting Statement(s), If applicable |
|--|---------------------------------------|
| | ting Statement(s), If applicable |
| | · · · · · · · · · · · · · · · · · · · |
| STOTIZE TO DE EICENSE VISIBLE | |
| | |
| | |
| | |
| | |
| Rule Status Documen | iting Statement(s), If applicable |
| 5101:2-13-02 Voluntary Temporary Compliant | (-), ·· approximation |
| | |
| Closure | |
| | |
| | |
| Rule Status Documen | iting Statement(s), If applicable |
| 5101:2-13-02 Change of Location Compliant | and etatement(e), it applies are |
| 5101.2-15-02 Change of Location Compliant | |
| | |
| | |
| | |
| Rule Status Documen | iting Statement(s), If applicable |
| | otatement(5), ii applicable |
| 5101:2-13-02 Information in OCLQS Compliant | |
| | |
| | |
| | |
| Rule Status Documen | sting Statement(s) If applicable |
| | iting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical Compliant | |
| | |
| | |
| | |
| Deciment Deciment | ting Chatamant/a) If applicable |
| | iting Statement(s), If applicable |
| 5101:2-13-03 Inspection Compliant | |
| Requirements | |
| | |
| | |
| | 6 |
| | iting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements Compliant | |
| for Type B Homes | |
| 101 Type 5 Homes | |
| | |
| | |
| | ting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B Compliant | |
| Homes | |
| Homes | |
| | |
| | |
| Rule Status Documen | iting Statement(s), If applicable |
| 5101:2-13-04 Flammable and Compliant | |
| | |
| Combustible Materials in a Type B | |
| Home | |
| | |
| Rule Status Documen | iting Statement(s), If applicable |
| | iting statement(s), if applicable |

| 5101:2-13-04 Heaters in a Type B | Compliant | |
|---------------------------------------|-----------|---|
| Home | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-05 Denial, Revocation, and | Compliant | |
| Suspension | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster | Compliant | |
| Parent | | |
| | | |
| Rule | Status | 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 | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower | Compliant | |
| | | |
| | | |
| 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 | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional | Compliant | |
| Development | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space | Compliant | |

| | T | |
|-------------------------------------|-----------|---|
| | | |
| | | |
| | T | |
| 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 | 6 1 1 1 1 1 1 1 1 1 1 |
| 3101.2 13 12 3are Equipment | Compilant | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Environment | Compliant | bocamenting statement(s), it applicable |
| 3101.2-13-12 Sale Elivirolillelit | Compliant | |
| | | |
| | | |
| Dulo | Ctatura | Decumenting Chatemant/a) If annihinghis |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-13 Clean environment and | Compliant | |
| equipment | | |
| | | |
| | I | |
| 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 |
| 5101:2-13-13 Toothbrushing | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field | Compliant | |
| and Routine Trips | | |
| | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision | Compliant | |
| for Field and Routine Trips | Compilant | |
| Tot Fleid and Roddille Hips | | |

| | 1 | |
|--|--|---|
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), if applicable |
| 5101:2-13-14 Driver Requirements | Compliant | |
| | | |
| | | |
| | • | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(S), if applicable |
| 5101:2-13-14 Vehicle Inspections | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | Documenting Statement(S), if applicable |
| 5101:2-13-14 Vehicle Requirements | Compliant | |
| | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | | bocumenting statement(s), if applicable |
| 5101:2-13-15 Child Medical and | Compliant | |
| Enrollment Records | | |
| | | |
| | 1 | |
| Dula | Chahus | Decumenting Statement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-15 Child Records Retention | Compliant | |
| and Confidentiality | | |
| , | | |
| | 1 | |
| Dulo | 1 | |
| | | Decumenting Ctatement(s) If applicable |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | | Documenting Statement(s), If applicable |
| | | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and | | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan | Compliant | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills | Status Compliant Status Status | |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills | Status Compliant | Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard | Status Compliant Status Status | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule | Status Compliant Status Status | Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard | Status Compliant Status Status | Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule 5101:2-13-16 Communicable Diseases | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions | Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule 5101:2-13-16 Communicable Diseases | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule 5101:2-13-16 Communicable Diseases | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S101:2-13-16 Medical, Dental, and General Emergency Plan Rule 5101:2-13-16 Emergency Drills Rule 5101:2-13-16 First Aid Kit/Standard Precautions Rule 5101:2-13-16 Communicable Diseases | Status Compliant Status Compliant Status Compliant Status Compliant | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |

| 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 | |
| | | |
| | | |
| D. J. | Chahara | Decrease in a Chahaman that if any live his |
| 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 | |
| 22212 23 23.13017 Ngc 34 pc. 17131011 | | |
| | | |
| | | · |
| 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 | |
| Requirements | | |
| | | |
| Rule | Status | Decumenting Statement(s) If applicable |
| 5101:2-13-20 Crib and Playpen | | Documenting Statement(s), If applicable |
| , . | Compliant | |
| Requirements | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight | Compliant | |
| Care | | |
| | | |
| | | |
| 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 Meals and Snacks | Compliant | |
| | | |
| | 1 | |
| | | |



| Rule | Status | Documenting Statement(s), If applicable |
|--|-------------|---|
| 5101:2-13-22 Fluid Milk | Compliant | bootinenting ottatement(o)) ii applicable |
| 3101.2 13 22 11010 141110 | Compilation | |
| | | |
| | | |
| 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 | | |
| | | |
| Dulo | Chatus | Decumenting Statement (a) If a well-all- |
| 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 | Compliant | Documenting Statement(s), if applicable |
| | Compilant | |
| Swimming | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-07 Provider Responsibilities | Compliant | |
| | Compilario | |
| | | |
| | | |
| 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 | | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Carbon Monoxide | Compliant | |
| Detectors - Type B Only | | |
| L | <u> </u> | |
| | | |
| 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 | bocumenting statement(s), if applicable |
| 3101.2 13 17 110gramming | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-24 On-site Pools | Compliant | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5101:2-13-12 Pets | Compliant | Boodinenting otatement(o), it approaches |
| | | |
| | | |
| | | |
| 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 | | |
| | | |
| | | |