

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
Koontz Cares LLC	2210024773	FCC - Type B Home
Address	·	County
2000 Eastview Ave		MONTGOMERY
Dayton		
OH 45405		

Inspection Information				
Inspection Type	Inspection So	cope	Inspection Notice	
Compliance	Full	CO MC	Unannounced	
Inspection Date	Begin Time		End Time	
08/22/2025	2:32 PM		4:57 PM	
Reviewer:				
DANIEL SWIGERT				
Summary of Findings				
No. Rules Verified	No. Rules with Non-compliances	No. Serious Risk	No. Moderate Risk	No. Low Risk
68	8	0	3	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		1	0	1
Total Under 2 Years	3	3	0	3
Older Toddler		1	0	1
Preschool		2	0	2
School Age		0	0	0
Total Capacity/Enrollment	6	3	0	6

Staff-Child Ratios at the Time of Inspection			
Group	Age Group/Range	Ratio Observed	Comment
mixed age	Mixed Age Group	2 to 4	



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	o Serious Risk Non-Compliances were observed during this inspection

Moderate Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-13-04 Flammable and Combustible Materials in a Type B Home

Code: The program is required to properly store flammable and combustible materials and substances.

Findings: During the inspection, it was determined flammable and combustible materials and substances were stored near number(s) 3 below:

- 1. Heater;
- 2. Furnace;
- 3. Water Heater;
- 4. Gas Appliance.

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

Corrective Action Plan Due: 09/28/2025

Domain: 02 Safe & Sanitary Environment

Rule: 5180:2-13-12 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 carbon monoxide detector in the basement was installed (mounted) in accordance with manufacturer's recommendations. 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: 09/24/2025

Low Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-13-03 Inspection Requirements

Code: The program is required to respond to all non-compliances by the date noted in the inspection report.

Findings: During the inspection, it was determined the program had not responded to the non-compliances addressed in the inspection report dated 6/17/25. The rule requires the program complete and submit a corrective action plan in OCLQS to address non-compliances detailed in written inspection reports within the timeframe outlined in the report. Submit the program's corrective action plan, which includes a statement that current and future corrective action plans will be submitted timely, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 09/24/2025

Domain: 00 License & Approvals

Rule: 5180:2-13-04 Fire Safety for Type B Homes

Code: The program is required to maintain smoke alarms in the appropriate areas of the program building.

Findings: During the inspection, it was determined that the smoke alarm in the basement was not installed (mounted) in accordance with manufacturer's recommendations. A working smoke alarm 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: 09/24/2025



Domain: 05 Health & Safety

Rule: 5180:2-13-22 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 1 below.

- 1. The menu for the 4th week of August 2025 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: 09/24/2025

Domain: 05 Health & Safety

Rule: 5180:2-13-22 Meals and Snacks

Code: The program is required to refrain from using television, computers, or other devices during meals and snacks.

Findings: During this inspection it was observed that television was on during the afternoon snack. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 09/24/2025

Domain: 08 Staff Files

Rule: 5180:2-13-07 Staff Records

Code: The provider is required to maintain current employee, child care staff members and resident records in

the Ohio Professional Registry.

Findings: During the inspection, it was determined that employment records in the Ohio Professional Registry (OPR) were not created or maintained as noted in number 2 below:

- 1. The provider had not created or updated their individual profile in the OPR.
- 2. The provider had not updated the program's organizational dashboard in the OPR. Need to end date or remove individuals not currently employed as staff, as appropriate.
- 3. At least one employee, child care staff member, or substitute child care staff member had not created or updated their individual profile in the OPR.
- 4. At least one employee, child care staff member, or substitute child care staff member had not created an employment record in the OPR for the program on or before the first day of employment, including date of hire.



- 5. At least one employee, child care staff member, or substitute child care staff member had not updated changes to positions or roles in the OPR within five calendar days of the change.
- 6. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's scheduled days and hours changed.
- 7. The program's organizational dashboard in the OPR was not updated within five business days when at least one employee, child care staff member, or substitute child care staff member's group assignments changed, if applicable.
- 8. The program's organizational dashboard in the OPR was not updated with the employment end date within five business days when at least one employee, child care staff member, or substitute child care staff member ended employment.
- 9. At least one resident over the age of eighteen had not created a profile and employment record for the family child care provider within five days of becoming a resident or turning eighteen.
- 10. The program's organizational dashboard in the OPR was not updated within five calendar days of a change in residency for at least one resident over the age of eighteen.

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: 09/24/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 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 trainings listed in numbers 1 (first aid) and 4 (CPR) 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: 09/24/2025

Rules In-Compliance/Not Verified

Rule	tatus	Documenting Statement(s), If applicable
5180:2-13-02 Voluntary Temporary C	ompliant	
Closure		
	tatus	Documenting Statement(s), If applicable
5180:2-13-02 License Visible	ompliant	
Rule	tatus	Documenting Statement(s), If applicable
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3100.2 13 02 change of Education	Omphant	
Rule	tatus	Documenting Statement(s), If applicable
5180:2-13-02 Information in OCLQS C	ompliant	
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	tatus	Documenting Statement(s), If applicable
5180:2-13-02 Provider Medical C	ompliant	
Rule	tatus	Documenting Statement(s), If applicable
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for Type B Homes	,	
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	tatus	Documenting Statement(s), If applicable
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Home		



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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-07 Provider Responsibilities	Compliant	g coamenant g case many (e), in approach
5180.2-15-07 Flovider Responsibilities	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13 Written Policies and	Compliant	
Procedures		
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Rule	Status	Desumenting Statement/s) If applicable
555200004		Documenting Statement(s), If applicable
5180:2-13-07 Type B Provider - Foster	Compliant	
Parent		
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-08 Employee Requirements	Compliant	
510012 10 00 Employee Requirements	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-08 Child Care Staff	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-08 Whistle Blower	Compliant	Bootimenting Statement(5), in applicable
3180.2-13-08 Willstie Blower	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-09 Background Checks	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
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5180:2-13-10 Professional	Compliant	
Development		
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Indoor Space	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Outdoor Space	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Outdoor Equipment	Compliant	
3100.2 13 11 Outdoor Equipment	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-11 Fall Zone	Compliant	0 ("
5180.2-15-11 all 2011e	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-12 Safe Equipment	Compliant	
3180.2-13-12 Sale Equipment	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-12 Pets	Compliant	1,, 1,
	Compilant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Clean environment and	Compliant	
	Compilant	
equipment		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Smoke Free	Compliant	
313312 13 13 31113KC 1166	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-15 Child Medical and	Compliant	
Enrollment Records		
Enrollment Records		
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Handwashing	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-13 Toothbrushing	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Requirements for Field	Compliant	
and Routine Trips		
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Rule	Status	Documenting Statement(s), If applicable



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5180:2-13-14 Ratio and Supervision	Compliant	
for Field and Routine Trips		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Driver Requirements	Compliant	
Rule	Status	Documenting Statement(s), If applicable
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5180:2-13-14 Vehicle Inspections	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-14 Vehicle Requirements	Compliant	(-),
5100.2 15 14 Vehicle Requirements	Compilant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-15 Health Conditions	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-15 Child Records Retention	Compliant	
and Confidentiality		
Rule	Status	Documenting Statement(s), If applicable
		Bocumenting Statement(3), if applicable
5180:2-13-16 Medical, Dental, and	Compliant	
General Emergency Plan		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-16 Emergency Drills	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-16 First Aid Kit/Standard	Compliant	
Precautions		
Rule	Status	Documenting Statement(s), If applicable
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5180:2-13-16 Communicable Diseases	Compliant	
Rule	Status	Documenting Statement(s), If applicable
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5180:2-13-16 Incident/Injury	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-20 Crib and Playpen	Compliant	
Requirements		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-21 Sanitary Environment	Compliant	
and Hygiene	SSps	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-22 Food Handling	Compliant	bookinenting statement(s), it approasts
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Rule	Status	Documenting Statement(s) If applicable
5180:2-13-22 Fluid Milk		Documenting Statement(s), If applicable
	Compliant	
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35500000	Status	Documenting Statement(s), If applicable
5180:2-13-23 Infant Daily Care	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-23 Infant Bottle and Food	Compliant	
Preparation		
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-23 Diapering	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 On-site Pools	Compliant	
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Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 Swimming Sites	Compliant	
Rule	Status	Documenting Statement(s), If applicable
5180:2-13-24 Parent Permission for	Compliant	
Swimming	,-	
Rule	Status	Documenting Statement(s), If applicable
		AND



5180:2-13-25 Medication Requirements	Compliant	